

# AST EM StAMPS

## ASSESSMENT PUBLIC REPORT

# 2025A

### Purpose

This public report provides information for candidates, supervisors, educators and training teams and is produced following each Emergency Medicine (EM) Structured Assessment using Multiple Patient Scenarios (StAMPS). It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the assessment. Past public reports are available on the [ACRRM website](#).

### Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented eight realistic rural emergency medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. StAMPS aims to test higher order thinking skills in a highly contextualised framework. Candidates are expected to explain how they would approach a given situation, demonstrating clinical reasoning in the emergency setting, not only knowledge of facts.

The 2025A AST EM StAMPS was held on 5 July 2025.

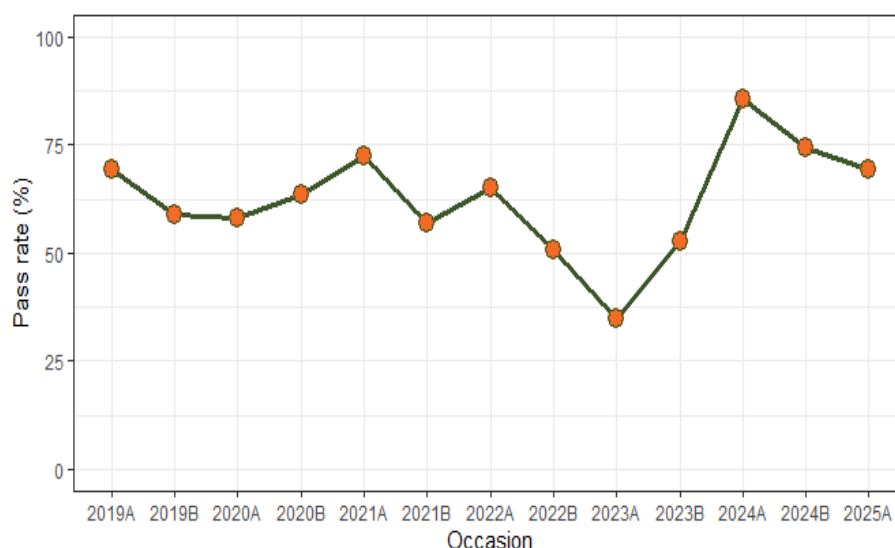
### Overall Outcome

A total of 26 candidates sat the 2025A exam, with 18 of the candidates passing. The overall pass rate was 69.2%.

### Assessment Statistics

The pass mark for 2025A was 192 out of a theoretical maximum of 336. Candidates who scored within 7 points of the cut score (i.e. 185 or higher) were formally reviewed.

For context, the overall pass rates for previous exams are illustrated in the plot below:



## Conduct of the Exam

The StAMPS exam is conducted online over three (3) hours and delivered across a series of rotations over one (1) or two (2) day, dependant upon the number of candidates presenting.

Candidates were provided a 'Community Profile' that described the demographics, logistics and health service availability of a simulated rural community in which the assessment is set. This ensures consistency of assessment delivery and marking for all candidates regardless of their actual practice location. The Community Profile was revised in early 2025 and implemented for the 2025A EM StAMPS onwards and is published on the [ACRRM website](#).

The StAMPS consists of eight (8) scenarios, each of ten minutes duration. Candidates have time at the commencement of the exam to log in and accommodate for any technical issues if required. Candidates are expected to have read and be prepared for their first scenario by the start of the commencement of the first rotation. An interval of 10 minutes is placed between scenarios consisting of 5 minutes for candidates to read the exam material for the following scenario and 5 minutes to allow for any technical issues that may arise. Examiners remained on one continuous connection throughout the assessment with an ACRRM online room monitor. Candidates moved between the rooms. The 2025A EM StAMPS was delivered with no in-person invigilator required.

Further information may be found in the [Handbook for Fellowship Assessment](#).

## Quality Assurance

Examiner Team Leads, each supporting a group of eight examiners, were selected for their considerable experience with the StAMPS modality. The Team Leads were available to assist in nuanced decision-making regarding candidate's scores when required.

Each Team Lead also undertook independent and concurrent scoring ensuring that each case and each examiner had paired data to assess inter-examiner variability/reliability. These QA scores were not included in the candidates' total scores and therefore did not affect the overall outcome, serving only a quality assurance function. All candidates' scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and are then destroyed in line with college policy.

Additional QA checks were performed by a lead reviewer of the narrowest scoring pass performances to ensure that these candidates were indeed meeting the standard to pass.

## Grading and Scoring Overview

Candidate performance is graded against a rubric and behaviour anchors on an 8-point linear scale. Each scenario offers the candidate the opportunity to earn up to 7 points on 6 items/domains which are scored independently.

1. Management in Part 1 that incorporates relevant medical and rural contextual factors
2. Management in Part 2 that incorporates relevant medical and rural contextual factors
3. Management in Part 3 that incorporates relevant medical and rural contextual factors
4. Problem Definition & Systematic Approach
5. Communication & Professionalism
6. Flexibility to changing context

## Curriculum Blueprint

The table below provides a brief overview of the 2025A scenarios and percentage of candidates who examiners deemed "at standard" in each scenario.

### ACRRM Domains:

1. Provide expert medical care in all rural contexts
2. Provide primary care
3. Provide secondary medical care
4. Respond to medical emergencies
5. Apply a population health approach
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
7. Practise medicine within an ethical, intellectual, and professional framework
8. Provide safe medical care while working in geographic and professional isolation

### Topics covered and percentage pass rate:

Scenario		Pass rate
1	Acute onset asthma	73.1%
2	Drug toxicity and acute kidney injury	76.9%
3	Pregnant with preeclampsia	53.8%
4	Drug intoxication and complications	61.5%
5	Newborn resuscitation after delivery	76.9%
6	Upper limb trauma	73.1%
7	Workplace trauma	84.6%
8	Returned traveller with vomiting and diarrhoea	73.1%

## Candidate and Educator Guidance

Passing the EM StAMPS exam presented a rich array of feedback from examiners, offering valuable insights for candidates who sat this exam and registrars preparing for future attempts. The feedback below reinforces that success in the EM StAMPS requires not only clinical knowledge but also structured thinking, clear communication, cultural sensitivity, in addition to the ability to act decisively as a senior rural generalist and being current in EM.

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this assessment and educators who are supporting candidates. Brief individualised feedback is routinely provided. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

### 1. Structured and Systematic Approach

A hallmark of successful candidates was a clear, methodical approach using frameworks such as ABCDE, AMPLE, SOAPME, and Resus-Hx-Exam-Ix-Mx. Those who maintained this structure throughout scenarios were better able to demonstrate safe and comprehensive care, even under pressure. Conversely, candidates who lacked structure appeared disorganised, often omitting key priorities or missing critical diagnoses.

### 2. Clinical Prioritisation and Safety

High-performing candidates demonstrated strong situational awareness—quickly identifying critical illness, prioritising safety (staff and patient), and calling for help appropriately. Use of debriefing, recognising safety incidents, and escalating appropriately to retrieval, ICU, or senior support was crucial. Candidates were expected to act at consultant level in leadership, decision-making, and disposition planning.

### **3. Knowledge of Protocols and Guidelines**

Candidates who confidently discussed standard management pathways—e.g., seizure algorithms, eclampsia protocols (MgSO<sub>4</sub> and antihypertensives), BIPAP settings, and trauma assessment—performed well. Errors included incorrect drug doses (not required for exams), failure to escalate treatment appropriately, and misunderstanding of contraindications (e.g., Droperidol use in serotonin syndrome).

### **4. Radiological and Procedural Competence**

Examiners emphasised the need for systematic image interpretation (especially trauma X-rays), and clear, stepwise discussion of procedures, including pre-, intra-, and post-procedural considerations. Inadequate consent processes and confusion about anatomical details (e.g., umbilical vein insertion) were common pitfalls.

### **5. Communication, Cultural Safety, and Psychosocial Awareness**

Candidates were commended for empathetic communication, use of appropriate terminology, and involving family or Aboriginal Liaison Officers (ALOs) in culturally sensitive scenarios. However, several candidates missed exploring reasons for missed antenatal care, such as coercive control, logistical, or cultural barriers, and failed to involve other team members (e.g., obstetrics, social work, legal support).

### **6. Clinical Leadership and Decision-Making**

Strong candidates demonstrated clear delegation, crisis management, and anticipatory planning (e.g., preparing for intubation, considering fluid limits in renal patients). A common shortfall among borderline candidates was passivity, deferring to retrieval or senior staff without asserting leadership or clinical judgement.

### **7. Time Management and Exam Technique**

Examiners noted that some capable candidates struggled to deliver responses within time limits, often repeating information, lacking succinctness, or drifting from the question asked. Practicing under timed conditions and rehearsing scenario-based answers with a structured plan is strongly recommended.

In addition to the abilities required in the Core Generalist Training (CGT) curriculum for EM, doctors achieving AST in EM are required to be able to competently provide definitive emergency medical care including common emergency medicine procedural interventions for individual patients across all presentations including Australian Triage Category 1 and 2. Further information may be found in the [AST EM Handbook](#).

## **Survey Feedback**

Following the exam, examiners, candidates and staff are encouraged to provide feedback via an online survey. Feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate, invigilator and examiner experience for future exams.

Based on feedback received from the (8) candidates who responded to the survey, the following themes were identified:

- Most candidates who attended a preparation activity found it to be appropriately aligned to the assessment.
- ACRRM staff were helpful, responded to enquiries in a professional and timely manner and provided sufficient technical support and information prior to and on the exam day.
- The EM StAMPS information sessions provided by staff prior to the assessment were helpful.
- The EM StAMPS Community Profile is clear and aligned to and reflects practical experience in placement.
- The EM StAMPS assessment covered the curriculum and measured the elected clinical content.

## **Evaluation**

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the AST EM StAMPS. ACRRM has an ongoing commitment to improve the transparency and reliability of its

assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is continuously ongoing to increase examiner recruitment and training, professional development, increase QA examiners on exam day to reduce post exam QA review requirements and to improve qualitative feedback for candidates.

In the next iteration of the exam, the scoring system will be adjusted by removing the 'flexibility' marking item. This will ensure the majority of a candidate's score will be derived from the accuracy of the answers to the three questions (60%) and remaining 40% of score derived from stylistic components of problem definition and communication/professionalism.

Some improvements include the removal of invigilators in 2024 as part of a 12-month pilot, a revised 'Community Profile' and increased examiner recruitment and training. Further improvements to the examination software are in discussion to simplify the process for candidates and examiners.

## **Acknowledgements**

ACRRM would like to thank everyone who contributed to this assessment including the other Lead Clinical team members, Scenario Writers/Delphi panel, Examiners, Examiner Team Leads (QA), Review Examiners, ACRRM staff, invigilators and organisations who provided the venues.

For 2025A, a special mention must be made of the role played by the Assessment Committee and the Registrar Committee in advising, supporting and endorsing the implementation of the revised scoring system.

The College would also like to thank the Registrars who participated and the Educators who assisted in preparing them for this assessment.