CGT StAMPS

ASSESSMENT PUBLIC REPORT

2023A

Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced following each Core Generalist Training (CGT, formerly Primary Curriculum) Structured Assessment using Multiple Patient Scenarios (StAMPS) exam. It includes information on the conduct, outcome, statistics and commentary for the most recent delivery of the exam. Past public reports are available on the ACRRM website.

Introduction

The StAMPS assessment is an oral assessment in which the candidate is presented realistic rural medicine scenarios. Candidates are asked three questions over 10 minutes for each scenario. The StAMPS assessment 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, not only knowledge of facts.

The 2023A CGT StAMPS exam was held on 17 - 18 June 2023.

Overall Outcome

A total of 98 candidates sat the 2023A exam, with 60 of the candidates passing. The overall pass rate was 61.2%.

Assessment Statistics

The pass mark for 2023A (both exam days) was 194 out of a theoretical maximum of 336. Candidates who scored within 9 points of the cut score (i.e. 185 or higher) were formally reviewed.

A total of 10 Candidates scored in this range and were reviewed.

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

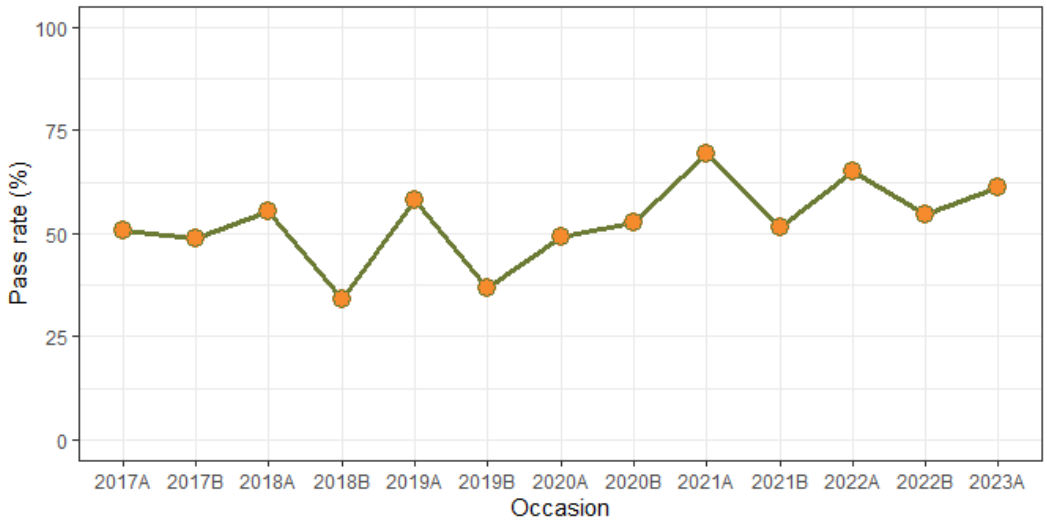

Figure 1: Historical Pass Rates between 2017 – 2023

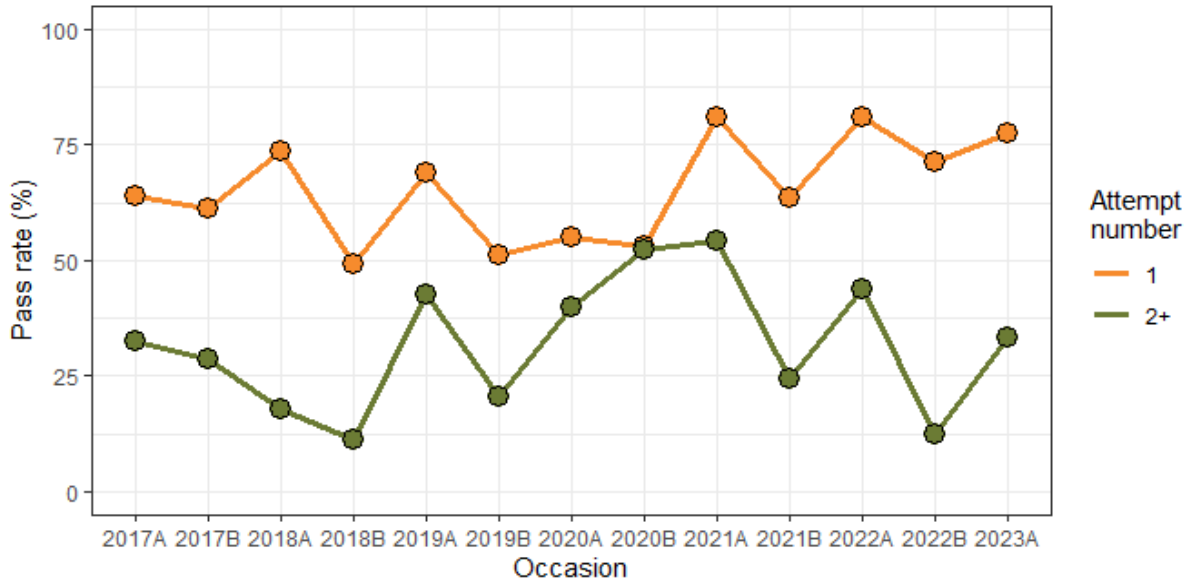

Figure 2: Pass rates by number of attempts 2017 - 2023

Conduct of the Exam

The assessment was conducted according to the previously established processes for CGT-StAMPS delivery via the Zoom platform.

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. For the 2023A exam, a revised version of the Community Profile was used following a review conducted. The current Community Profile is published on the ACRRM website and available to view by the general public.

Candidates were provided with 10 minutes of reading time prior to the start of the first scenario to review. 10 minutes were scheduled between scenarios to ensure there was at least 5 minutes for reading time and a buffer to accommodate for any technical audio-visual issues and/or allow for troubleshooting. Candidates remained on one continuous videoconference link throughout the assessment with an ACRRM room monitor online and a nominated invigilator on-site. Examiners moved between the virtual rooms.

Further information may be found in the Handbook for Fellowship Assessment.

Quality Assurance

Three 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 Quality Assurance (QA) scores were not included in the candidates' total scores and therefore did not affect the overall outcome, serving only a QA function. All candidates' scenarios were videorecorded. These recordings are retained until reconsideration, review and appeal processes are completed and then are destroyed.

Given the revised scoring system in use, an additional QA check was performed by the Lead Reviewer and team of Review Examiners of the narrowest scoring Pass performances to ensure that these candidates were indeed meeting the standard to pass. Review of the scenario recordings of a total of 10 candidates confirmed that these candidates narrowly met the required standard.

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

As with previous years, the 2023A CGT-StAMPS exam used a combination of new and previously used scenarios. New scenarios were written and standardised by the Lead Writer, with review and approval at every stage by the Lead Examiner and Lead Reviewer. As a quality measure, the new scenarios in this exam underwent review by a Delphi panel of three examiners (selected to optimise diversity) who were asked to recommend changes, grade difficulty, and outline an expected satisfactory answer.

Curriculum Blueprint

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

The table below provides a brief overview of the 2023A scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt "met the standard" in each scenario.

Curriculum Area	Domains Assessed								Implied Pass Rate
	1	2	3	4	5	6	7	8	
SATURDAY									
1 Spinal injury	✓	✓		✓			✓	✓	66%
2 Vaginal discharge	✓	✓			✓		✓	✓	58%
3 Paediatric asthma	✓	✓				✓		✓	76%
4 Risky adolescent behaviour	✓	✓			✓		✓	✓	65%
5 Psoriasis and prenatal care	✓	✓			✓			✓	62%
6 Heart block	✓		✓	✓				✓	75%
7 Lead exposure	✓	✓			✓		✓	✓	70%
8 Insomnia	✓	✓					✓	✓	78%
							Average Scenario Pass		**68.7%**
SUNDAY									
1 Ventricular tachycardia	✓			✓			✓	✓	67%
2 Contraception/endometriosis	✓	✓					✓	✓	70%
3 Molluscum contagiosum	✓	✓			✓	✓	✓	✓	78%
4 Bipolar disorder	✓	✓		✓		✓	✓	✓	67%
5 Gout	✓	✓					✓	✓	63%
6 Q fever	✓		✓		✓		✓	✓	63%
7 Scabies	✓	✓			✓		✓	✓	63%
8 Behavioural symptoms	✓	✓	✓				✓	✓	85%
							Average Scenario Pass		**69.4%**

Candidates and Educators guidance

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

Passing the CGT StAMPS assessment requires that a candidate demonstrates the competency of a Rural-Remote Medicine Specialist practicing independently, managing professional and geographic isolation, across all the Rural Generalist contexts (including primary care, inpatient medicine, aged care, emergency care, and community/population health). Therefore, it is recommended that CGT StAMPS be attempted when the candidate is at Fellowship level across all domains.

Key to achieving the standard of Rural-Remote Medicine Specialist, is demonstrating the ability to work in geographically isolated and resource limited settings. Several of the scenarios necessitated either discussion with regional/tertiary teams or for retrieval to be arranged. However, it is essential that candidates demonstrate a safe approach to the initial management of patients, particularly of critical care issues. For example, an appropriate plan of where in the StAMPSville hospital care will occur (resus/ED/wards), goals of interim management, and a clear plan in the event of deterioration. Successful candidates were able to demonstrate the ability to foresee potential deterioration and what management would be required (e.g., deterioration of 2nd degree heart block to complete heart block and what would be required to manage this). Among unsuccessful candidates, there was a tendency to refer early or unnecessarily to specialist colleagues not easily accessed within StAMPSville (e.g., for endometriosis diagnosis in an asymptomatic patient).

Several scenarios required careful consideration of the impact of social circumstances on outcome of disease. Successful candidates were able to integrate the impact of domestic violence risk, overcrowding, unstable accommodation, financial distress, and poverty in a non-judgemental and empathetic manner.

Women's Health was a common knowledge gap for many candidates. Risk factors for recurrent thrush and reasons for treatment failure were not well discussed. Demonstrating the ability to take a non-judgemental sexual history in a sensitive way, whilst remaining professional and neutral to patient concerns of infidelity was also difficult for some candidates to portray in their answers. Standard treatment for gonorrhoea was not consistently known (e.g., penicillin prescribed when gonorrhoea is typically resistant to this drug).

Unsuccessful candidates did not demonstrate a clear approach to conducting a mental state exam or a risk assessment/safety plan for distressed or mentally unwell patients. In scenarios assessing the medicolegal domain, many candidates missed the need to report to the coroner in the event of an unexpected death/unsuccessful resuscitation in ED. Or had an unclear approach to maintaining confidentiality in a rural setting especially when seeking collateral history or contact tracing for STI. There were also several candidates uncertain about processes for making a mandatory report for suspected child abuse (who to report to and how).

Whilst exam technique is not a scoring criterion, successful candidates were able to provide clear justification and prioritisation within their answers. Succinct and structured answers allowed more content to be discussed in each scenario within the allotted time. Many unsuccessful candidates demonstrated a very broad, generic or 'scatter gun' approach to both differential and investigation formulation, which often resulted in repetitive, circular answers or inclusion of information that was not relevant to the scenario. Strong answers provided clear prioritisation of differentials (most likely/most dangerous) and did not include very unlikely diagnoses such as DVT/PE in children presenting with cough. They also were able to provide clear justification for investigations requested and how these would narrow down the differential list, signposting thought processes to allow examiners to prompt more easily if answers were becoming off track.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CGT StAMPS. ACRRM remains committed to improving the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to registrars and medical educators.

Following each assessment, candidates 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 and examiner experience for future assessments.

Based on feedback of candidates from the 2023A cohort, the following themes were identified:

- The support and assistance provided to candidates and invigilators by the Assessment team is adequate.
- The exam was well organised and the College's online processes are smooth and efficient, however more notice could be given for which day candidates are sitting.
- The online delivery remains to be the preferred delivery mode for candidates as it does not require candidates to travel to exam centres to undertake exams.
- ACRRM consider providing increased support to registrars to find an invigilator and reconsider if the use of invigilators is necessary.

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.

The College would also like to thank the registrars who participated and the medical educators who assisted in preparing them for this assessment.