Core Generalist Training StAMPS

2023B CGT StAMPS

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 2023B CGT StAMPS exam was held on 11 - 12 November 2023.

Overall Outcome

A total of 97 candidates sat the 2023B exam, with 56 of the candidates passing. The overall pass rate was 57.7%.

Assessment Statistics

The pass mark for 2023B (both exam days) was 196 out of a theoretical maximum of 336. Candidates who scored within 11 points of the cut score (i.e. 185 or higher) were formally reviewed.

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

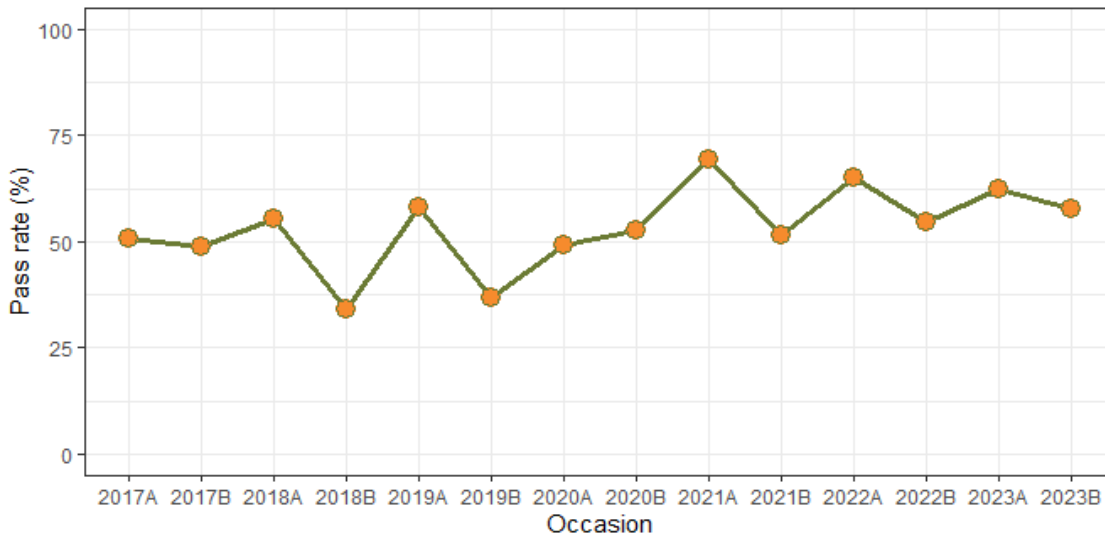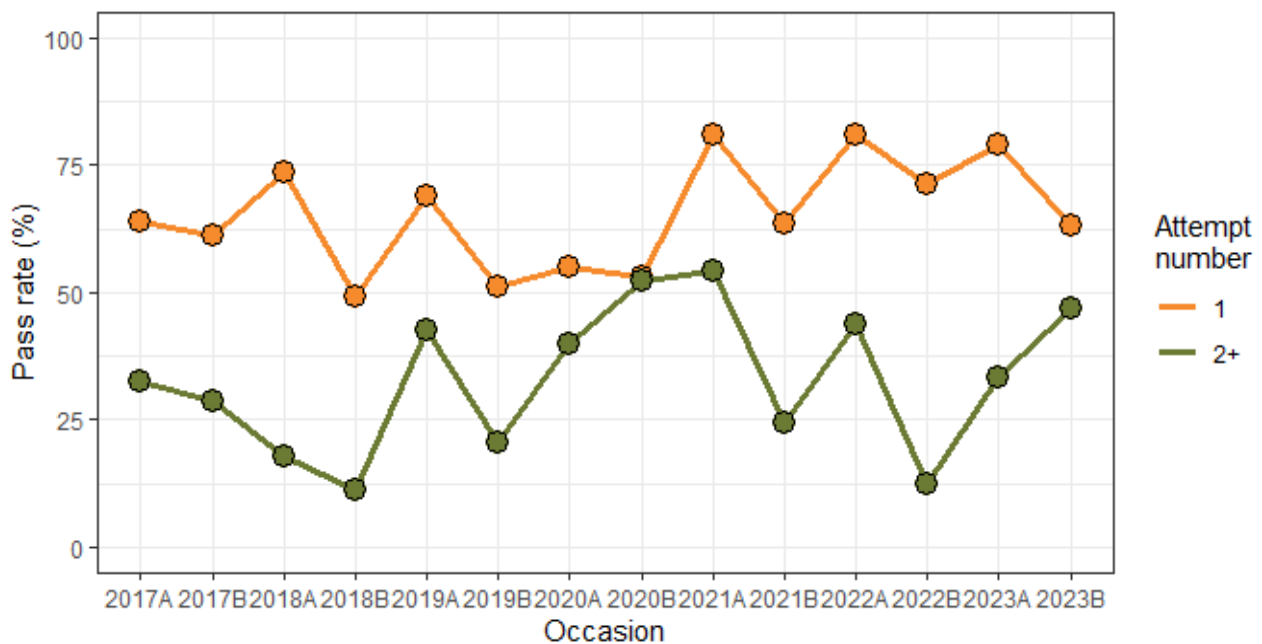*Figure 1   Historical pass rates between 2017 - 2023*

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. The Community Profile used was unchanged from recent previous CGT StAMPS exams. 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 the provided printed material. 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 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 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 then are destroyed.

The scenario recordings for candidates whose total scores fell within 11 points of the passing score were reviewed by a panel of independent examiners. If majority felt the scenario was 'at standard', then the candidate's overall score was upgraded to a pass**.**

Grading and Scoring Overview

Following from its inception in 2021A, the revised grading and scoring system was used in this exam.

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 2023B 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. All questions then underwent test runs with recent ACRRM Fellows, again selected to ensure diversity in advanced skills and language backgrounds, before being subject to moderation by the team of examiners to deliver the questions on exam day.

Curriculum Blueprint

The table below provides a brief overview of the 2023B scenarios, the domains of the curriculum assessed and percentage of candidates who examiners felt "met the 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

Curriculum Area	Domains Assessed								Implied pass rate (%)
	1	2	3	4	5	6	7	8	
SATURDAY									
1 Haematemesis	✓		✓	✓	✓	✓		✓	73
2 Early pregnancy bleeding	✓	✓	✓	✓				✓	78
3 Paediatric head injury	✓	✓		✓				✓	44
4 Anxiety	✓	✓					✓	✓	68
5 Intracranial hypertension	✓	✓						✓	56
6 Epstein Barr Virus	✓	✓	✓	✓				✓	60
7 Trachoma	✓	✓			✓	✓	✓	✓	79
8 Hypercalcaemia	✓	✓	✓				✓	✓	57
SUNDAY									
	1	2	3	4	5	6	7	8	%
1 Haematuria	✓			✓				✓	62
2 Preeclampsia	✓	✓		✓				✓	88
3 Osgood's Schlatter's disease	✓	✓						✓	41
4 Benzodiazepine dependence	✓	✓	✓				✓	✓	68
5 Prostate Cancer	✓	✓			✓		✓	✓	71
6 Herpes keratitis	✓	✓		✓			✓	✓	71
7 Vaccination	✓	✓			✓	✓		✓	85
8 Renal impairment	✓	✓	✓				✓	✓	47

Candidate and Educator 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.

As always context is essential when answering questions in StAMPSville, and demonstrating clear understanding of facilities available in StAMPSville was key to passing every scenario – for example, there are no birthing facilities locally so all antenatal patients must be referred to the regional centre for delivery, but discussion around shared care option in antenatal questions was key.

Successful candidates were able to demonstrate independent competence managing emergency presentations in resource limited setting, including instituting safe interim care whilst awaiting retrieval of critically ill patients. Strong candidates were able to concisely articulate their plan, as well as any likely complications/deteriorations and how these would be managed, as well as their escalation plan in the event of an unsuccessful procedure (i.e. catheterisation). Specific detail on how to assess and manage the patient was also required - not just what they would do but also how they would go about it. For example: 'I would use an ABCD approach' can be improved by the addition of 'check the airway by look, listen and feel, suction if required, use simple airway manoeuvres to open the airway whilst maintaining c-spine protection. If patient speaking the airway is patent and I move on to breathing. Breathing I would assess rate, saturations, auscultate the chest'.

The ability to demonstrate provision of patient centred care was also key, for example managing symptomatic and biochemical deterioration in elderly patient whilst acknowledging and respecting patient preferences/advanced care plans.

Generally care of antenatal patients was done well, with many candidates demonstrating extensive knowledge of antenatal screening, risk factor management and pregnancy advice. It is important to be specific when describing these things during the assessment of a pregnant patient, not just 'I would ask about alcohol' but 'I would assess current alcohol intake, recommend complete abstinence whilst pregnant and offer any supports required to achieve this…' 'I would ask about nutrition' needs to be followed by 'and advise about food safety in pregnancy and avoidance of listeria prone foods'.

Unsuccessful candidates were not able to incorporate patient safety with legal obligations when managing potentially drug dependent patients, with a tendency to withdraw prescribing without safe dose reduction plan. There was also a tendency to use catch phrase or scattergun approaches that did not demonstrate understanding of the scenario at hand – answers that were not contextualised to differential list or that listed key terms like 'exclude non accidental injury' without justification as to why that may be suspected after a witnessed sports injury for example. All key points in your answers must be specific and relevant to the question being asked. When arranging investigations – especially those requiring the patient to travel out of town – clear justification is required.

Whilst exam technique is not a scoring criterion, having well-structured answers allowed more information to be covered in a shorter timeframe, and ensuring key features were not forgotten.

Survey Feedback

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 2023B cohort, the following themes were identified:

- The support and assistance provided to candidates and invigilators by the Assessment team is adequate.
- The delivery of the assessment was very smooth.
- 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.
- Feedback from Study Groups was inadequate for preparation for StAMPS examination and the tools from MOCK and Study groups did not reflect the exam style or content.

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including the CGT 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 ongoing to review and update the 'Community Profile', examiner recruitment, training, professional development, feedback and to improve qualitative feedback for candidates. Improvements currently in progress include transition to new examination delivery software in 2024.

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 2023B, 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.