ID: 12839

Title: Impact of Accreditation on the Quality of Undergraduate Medical Education: Case Study

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Introduction
The accreditation of undergraduate medical education (UME) is a universal undertaking. There are only few studies focusing on the impact (outcome) of accreditation on UME. Accreditation systems are usually viewed as a method to ensure the quality of UME, while currently there is limited data linking the accreditation with quality of UME and the graduate's performance.

Purpose
This paper aims to analyse the Impact of Accreditation on the Quality of Undergraduate Medical Education in Saudi Arabia and compare it with three other accreditation systems in other countries.

Methods
Available published articles from major databases were systematically analysed. Searching manuscripts' references was also undertaken. Grey literature was included through hand searching data of cognate organizations e.g.: General Medical Council, Australian Medical Council, LCME, FAIMER, and WFME. Qualitative data collected from the stakeholders (deans, policy maker staff, and students) analysed qualitatively. Student's performance (success rate) analysed quantitatively.

Results
Most of the published studies are a commentary or expert opinion articles and mainly (60%) from one geographical area. Moreover, all of the studies evaluated Impact using either data from the site visit reports or data from the opinions of stakeholders or policy makers. None used both sources, and none used additional data. This study uses both the above sources and the preliminary results analysed from the collected data will be presented.

Discussion/Conclusions
There is a clear need for more studies to assess and analyse the long- and short-term impact of accreditation systems on the quality of UME. Current processes do not result in evidence strong enough to draw a clear picture for policy makers. Thus there is a need for more empirical research in this area to move away from speculative claims.

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Title: Do OSCE Assessments Reflect Clinical Maturation of Medical Students? : an Evaluation of Progression in Core Knowledge and Competency Domains

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Introduction/Background
Application of knowledge in clinical settings can be assessed using several different methods. However, constructing an effective evaluation system for an educational program is a challenging task.

Purpose/Objectives
In this study, we aimed to evaluate our medical curriculum by investigating medical students’ progressive acquisition of core clinical competencies in their clinical years, using domain-based and behaviourally anchored checklist and global rating scales in the OSCE format.

Issues/Questions for exploration/Methodology
Three collaboratively developed OSCE cases were administered in the 2012 end of year OSCEs to all 3rd, 4th and 5th year medical students. These OSCEs assessed core clinical competencies. Year of study effect on checklist and global scores as well as competency scores were analysed using the multivariate analysis of variance.

Results
Irrespective of year of study, the results showed similar patterns in student performance across the three OSCE stations. However, performance was significantly affected by year of study (p<0.01) and case difficulty (p<0.001).

Discussion
There was a progressive increase in performance, with the more senior students obtaining higher checklist and global scores. They also demonstrated better performance in more complex clinical skills such as diagnostic skills and investigation plan.

Conclusions
The use of domain-based and behaviourally anchored checklist and global rating scales enhance the validity of the OSCE in measuring progressive clinical competence. It also enables identification of problem areas and provides feedback to faculty on the efficacy of the curriculum.