Overview of ACRRM Assessment

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GPET Convention 2011
Canberra
Learning outcomes

- Understand the principles behind ACRRM primary assessment
- Recognise some features of ACRRM specific assessment components
- Develop an approach towards sitting for ACRRM primary assessment
Assessment components

- Multi Source Feedback (MSF)
- Mini clinical evaluation exercise (miniCEX)
- Multiple choice questions (MCQ)
- Structured Assessment using Multiple Patient Scenarios by videoconference or face-to-face (StAMPS)
- Logbook
Assessment

Combining the assessment methods

- **Validity**
  - Observation
    - Practice based assessment
    - Mini CEX
    - Multi-Source Feedback
  - OSCE
    - Clinical skills logbook
  - StAMPS, Viva
  - MCQ Exam

- **Miller 1990**
  - KNOWS (Knowledge)
  - KNOWS HOW (Competence)
  - SHOWS HOW (Performance)
  - DOES (Action)

References:
- Miller 1990
<table>
<thead>
<tr>
<th></th>
<th>Enrolment</th>
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<tr>
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<td>any time</td>
<td>any time</td>
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<tr>
<td>Mini CEX</td>
<td>TBC</td>
<td>Feb – July</td>
</tr>
<tr>
<td></td>
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<td>Aug - Dec</td>
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<tr>
<td>MCQ</td>
<td>TBC</td>
<td>Mar 10&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>Sept 8&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>StAMPS</td>
<td>Sept 23&lt;sup&gt;rd&lt;/sup&gt; '11</td>
<td>Dec 3&lt;sup&gt;rd&lt;/sup&gt; &amp; 4&lt;sup&gt;th&lt;/sup&gt; '11</td>
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<td>TBC</td>
<td>Dec 1&lt;sup&gt;st&lt;/sup&gt; &amp; 2&lt;sup&gt;nd&lt;/sup&gt;</td>
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## Assessment Costs 2011

<table>
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<tr>
<td>MSF</td>
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<tr>
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<tr>
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<td>$620</td>
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<tr>
<td>StAMPS</td>
<td>$1170</td>
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Multi Source Feedback

Assessment of interpersonal and professional behaviour and development
Multi Source Feedback

- Colleague feedback
- Patient feedback
- On-line self assessment
Multi Source Feedback

Scored for

- Communication/professional skills
- Clinical skills
Assessment of overall clinical competence which includes communication skills, history taking, physical examination, clinical judgement, clinical organisation and efficiency.
miniCEX

- Date mutually agreeable to candidate and visitor
- 3-4 hours in the candidate’s usual clinical environment
- Nine cases assessed
- Must have patient consent
**miniCEX**

- Minimum of five physical examinations
- At least three of the following –
  - Cardiovascular
  - Respiratory
  - Abdominal
  - Neurological
  - Endocrine
  - Musculoskeletal (region)
  - Mini-mental state
Mini CEX

At least one new patient history

OR

Detailed update of information on a returning patient

(at least medium complexity)
miniCEX

Marking categories –
- Communication skills
- History-taking
- Physical examination
- Clinical management/judgement
- Rural & remote context/ Organisation/ Efficiency
MCQ

Assessment of recall, reasoning and applied clinical knowledge.
MCQ

- 125 questions
- Three hours
- Brisbane, or arrange own venue and invigilator
- Practice exam available when enrolled
- Sample questions on website
Melissa, a 30 year old six month pregnant mother of two, comes in complaining of a heavy vaginal discharge which she describes as having no odour, and is thick and creamy like cottage cheese.

Which one of the following is the most probable diagnosis?

- Candida infection
- Normal physiological changes of pregnancy
- Bacterial vaginosis
- Foreign body in the vagina
- Trichomoniasis
Over to you, Chris
MCQ Assessment
Some insights
MCQ

- can be done after 12 months of training
- advised to leave until after 12 months
- primary rural and remote training
- advised to attempt before other assessments
MCQ

- online
- 125 questions
- across the curriculum
- 3 hours
- pre-exam session
- practice exam / 50 questions
- costs $620
How are questions written?
How is the pass mark decided?
EVERYONE can pass
MCQ

What does a question look like?
MCQ

- a clinical stem
- a question
- 5 options
- single best answer
Jack, a 5 year old indigenous child, has returned after 14 days to the Aboriginal Health Centre in which you work.

His notes record that he had been commenced on oral amoxycillin and chloramphenicol ear drops by the locum doctor for a profuse offensive discharge from the left ear. A small perforation in the anterior tympanic membrane was also noted at the time.

For the last few days he has been lethargic, feverish and refusing to eat or drink. Examination shows a tender left post auricular swelling.

Which of the following is the most important diagnosis to exclude?

Score: Angoff 80%

- Acute mastoiditis
- Caseating lymphadenitis
- Tonsillitis
- Glandular fever
- Acute lymphocytic leukaemia
AIM   LO 105

Lucy is 48 years old and presents with a painful left ear, headache and left facial droop which were present when she woke up this morning. She was well yesterday.

Examination reveals a temperature of 36.8°C, pulse rate 92/minute with occasional dropped beats, blood pressure 150/94. Cranial nerve examination shows drooping left upper eyelid, marked left facial weakness including her forehead. Lucy’s visual acuity and fields are normal. The left external canal and auricle of the ear is swollen and tender.

Which one of the following is the most likely cause of Lucy’s signs and symptoms?

Angoff score 60%

- Left otitis externa
- Bell’s Palsy
- An intracranial space occupying lesion
- Ramsay Hunt Syndrome
- Myasthenia gravis
You are the GP covering emergency in a town of 3000, with three other doctors available. A 41 year old man is brought in with four paramedics in attendance following a pub brawl. The paramedics state that he was confused but responsive when they arrived at the scene of the brawl.

He has a decreased level of consciousness, is combative and mumbling incoherently. He attempts to pull his hand away when you compress his nail bed but does not open his eyes. He is breathing noisily though with good air entry, has normal peripheral perfusion and is bleeding slightly from the left side of his head. He has a contusion on his left orbital margin. He has an appropriately applied cervical collar though one of the paramedics is concerned about extensive neck swelling. Intravenous access is present. He weighs 64kg.

You have decided that it is necessary to perform an endotracheal intubation.

Which one of the following is the most appropriate sequence of drugs to give in the process of intubation?

Score 40%

Thiopentone sodium, midazolam hydrochloride, suxamethonium chloride
Morphine sulphate, suxamethonium chloride, thiopentone sodium
Fentanyl citrate, midazolam hydrochloride, suxamethonium chloride
Midazolam hydrochloride, suxamethonium chloride, morphine sulphate
Suxamethonium chloride, midazolam hydrochloride, fentanyl citrate
Emergency Medicine LO301

Julie, 2½ year old girl, presents to the emergency department of the regional hospital where you are on duty, 2 hours after ingesting an entire 100ml bottle of paracetamol suspension (containing 120mg/5ml). She appears well, normally keeps good health and has had no other doses of paracetamol in the last 24 hours. Julie’s weight is 12 kg.

Which one of the following is the most appropriate course of action?

Score 60%

- Reassure the parents that the dose falls below the toxic threshold
- Commence immediate N-acetyl cysteine
- Arrange an immediate paracetamol level
- Wait and arrange a paracetamol level to be taken at 4 hours post ingestion
- Give immediate activated charcoal
You are a member of the only practice in a small rural town with x-ray facilities. The nearest specialists and full laboratory facilities are all about 250km away.

Rosie, a nineteen year old student who is 32 weeks pregnant presents to your rural hospital in premature labour and with intact membranes.

Which one of the following is the most important immediate intervention?

Angoff: 60% Score

Oral administration of nifedipine
Oral anti-streptococcal therapy
Amnicator test
Sterile speculum examination
Intravenous fluid administration
Harry, a 69 year old retired Army officer, has chronic heart failure.

Which one of the following is the least common cause of chronic heart failure in Australia?

Ischaemic heart disease
Hypertension
Amyloidosis
Alcoholism
Valvular heart disease
Gary, a 33 year old truckie presents to your small rural emergency department, distressed, with a spontaneous dislocation of his jaw following biting an apple.

What is the most appropriate immediate management?

*Score 40%*

Using both thumbs on the teeth push the mandible downwards and backwards
Using both thumbs on the teeth push the mandible upwards and backwards
Using both thumbs on the teeth push the mandible downwards and forwards
Using both thumbs on the teeth push the mandible medially and downwards
Using both thumbs on the teeth push the mandible laterally and downwards
Joseph, a 27 year old jackaroo, has recently been diagnosed with Q fever.

Which one of the following statements about Q-fever is true?

*Angoff Score*

- It is caused by *Coxiella burnetii*
- It can be transmitted by hoofed, but not domestic, animals
- It can be transmitted only by animals which are obviously unwell
- Inhalation is the only route of transmission
- The incubation period is 9-40 days
Olga, a 56 year old cleaner with no significant previous medical history, presents to your rural emergency department with severe dyspnoea. You apply a pulse oximeter.

Which one of the following statements is TRUE regarding pulse oximetry?

- It is reliable with poor peripheral perfusion
- It detects platelet saturation to give a percentage oxygenation calculation
- It uses light and measures reflectance
- It uses Doppler to calculate oxygenation
- It is a convenient way to calculate the A-a oxygen gradient
MCQ

Preparation
Recommended Reading List – Primary Curriculum

The ACRRM assessment process is designed to ensure that clinical experience remains the principal mode for learning the knowledge, skills and attitudes for proficiency as a rural and remote medical practitioner. However, it is quite reasonable to supplement learning with appropriate texts and other resources. To this end, ACRRM provides an indicative ‘reading list’ of material that would best achieve this goal. Please note that it is not the intention of this list to be the only resource for the answers to examination questions.

* Key Texts

RRMEO
- Tele-term
- Tele-radiology
- PDA Guidelines
- A large variety of other modules are available

Journals
- Australian Prescriber
- Emergency Medicine Australasia
- Medical Journal of Australia
- Medicine Today
- NPS: RADAR

Textbooks
Aboriginal and Torres Strait Islander Health

Cardiology

Core Clinical Skills
MCQ

- Results can be expected within a month
- All exam questions undergo statistical analysis
- All candidates are given the opportunity to provide feedback following exam
- Feedback is given to unsuccessful candidates
Questions ??

(but only if I can provide a multichoice answer!)
StAMPS

Assessment of higher order functions in a highly contextualised framework.

Provides candidate with an opportunity to explain what they do and demonstrate their clinical reasoning.
StAMPS

- Appointment list of 15 patients
- Eight scenarios used for assessment
- Videoconference in own region
- Written information provided 15 minutes prior to starting assessment
- 10 mins for each scenario, 5 mins between
- 1-2 “simulated” format, remainder are viva
- Discuss general or core principles rather than just the patient
### StAMPS 2010 Practice Examination: Appointment Sheet

#### NOTE: StAMPS candidate is the Senior Doctor in town

<table>
<thead>
<tr>
<th>sex</th>
<th>age</th>
<th>presenting complaint as recorded by your secretary when patient rang to make booking</th>
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<tbody>
<tr>
<td>M</td>
<td>50</td>
<td>Hypertension</td>
</tr>
<tr>
<td>F</td>
<td>19</td>
<td>Confused</td>
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<td>F</td>
<td>4</td>
<td>Vaccination</td>
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<tr>
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<tr>
<td>F</td>
<td>25</td>
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<td>Impotence</td>
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<tr>
<td>F</td>
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<td>Alzheimer disease</td>
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#### Weather:
- Recent cyclonic weather a road to regional centre temporarily closed and airstrip flooded. Both expected to be in service within 24–48 hours

#### Health Services:
- Outpatient service weekdays
- 24/7 emergency department
- 14 Inpatient beds; 6 acute and 8 long stay
- 1 x senior doctor (the StAMPS candidate)
- 1 x 2nd year house officer
- 1 x final year medical student
- 1 x Director of nursing
- 6 x registered nurse
- 4 x nursing assistants
- 3 x Aboriginal Health Workers
- Limited X-ray service for limbs only
- Ultrasound machine but no technician
- iStat pathology on site (blood gas, haemoglobin, electrolytes, treponulin, INR (international normalised ratio))
- Clinic transport vehicle with stretcher, oxygen and other limited resources
- Fully equipped ambulance with trained ambulance paramedics (not located at the hospital)

#### Demographics:
- Total population = 1240
- Indigenous population = 19.5%
- Male : Female ratio = 1.4
- Age < 16 = 24%
- Age > 55 = 7%

#### Local Economy:
- Underground mining operation
- Limited tourism (mostly fishing)
- Limited pastoral activities

#### Geography:
- Northern Australia
- Inland town
- 380km from the regional hospital
- Sealed road access subject to weather
- Sealed airstrip with lights subject to weather
- Surrounding rivers have crocodiles
- Significant numbers of biting insects
You have a large number of Indigenous patients attending your clinic. You note that many of these people have one or more chronic diseases.
Examination scenario

Discuss the key issues that must be addressed in developing and implementing an effective community-based chronic disease management plan.
StAMPS

Domains of rural and remote medicine
- Core clinical skills
- Extended clinical skills
- Emergency care
- Population health
- Aboriginal and Torres Strait Islander health
- Professional, legal and ethical practice
- Rural and remote context
The ambulance crew telephones you to advise that they are on route to a motor vehicle accident. The limited information that they have at this time is that a car collided with a school bus, which was taking children home from school. The number of injured is unknown. They will be at the accident scene in 10 minutes and the return trip to your hospital is about 15 minutes.
Questions to be Answered

1. How will you prepare the emergency department for arrival of the casualties? (five minutes)

2. Explain the principles of triage in relation to this event? (five minutes)
Practice Scenario

- Amy is a 16-year-old adolescent who presents with 12 weeks of lower abdominal pain. After the consultation has begun, your secretary advises that her father is waiting outside and would like to be present during this consultation.
Questions to be answered

1. What are the issues you need to consider when deciding to allow the parent into the consultation?

2. Amy asks to be seen alone and to not reveal her medical problems to her parents. Further history reveals that she has been sexually active and has dysuria. What is the differential diagnosis and what are the key features to help you distinguish between these possible diagnoses?

3. Subsequent investigations reveal a Chlamydia infection. Outline your management plan.
Any questions?
Good luck!