

Assessing Psychiatry trainee preparedness for digital exams via a virtual mock CASC

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Introduction

The Covid-19 pandemic prompted the change in The Royal College of Psychiatrists final membership exam, the Clinical Assessment of Skills and Competencies (CASC) from in-person to online in September 2020. The CASC runs in a similar manner to standard OSCE exams and is primarily taken by CT3 doctors. It usually happens in Sheffield, requiring Northern Ireland based trainees to travel for it.

Trainees at this level were unlikely to have undertaken online exams at undergraduate level due to them being a recent academic development.

To adequately prepare trainees it was necessary to develop a digital mock, both to simulate how the CASC will be run, and to comply with current social distancing guidelines that prohibited the previously run annual mock that happened in-person.

This poster gives an overview of running a virtual mock CASC using Zoom teleconferencing and also evaluates the views of trainees of the digital CASC and describe the impact participating in a virtual mock exam had on their views.

Objectives and method

- The virtual mock CASC was designed to be both a good preparation for the mixture of stations candidates would face in the CASC, and also a realistic simulation of doing a practical exam digitally, which was likely to be a new experience for most candidates.
- For the virtual mock CASC Zoom was utilised as it has previously successfully been used for medical school OSCEs by several institutes (1). It allows examiners, simulated patients and candidates to participate remotely in line with social distancing requirements and to simulate how the digital CASC will operate. A facilitator set up 8 breakout rooms (one for each station of the exam circuit). Examiner and Simulated patient for each station allocated to their breakout room. Candidates moved between breakout rooms by facilitator.

Digital Mock CASC flow

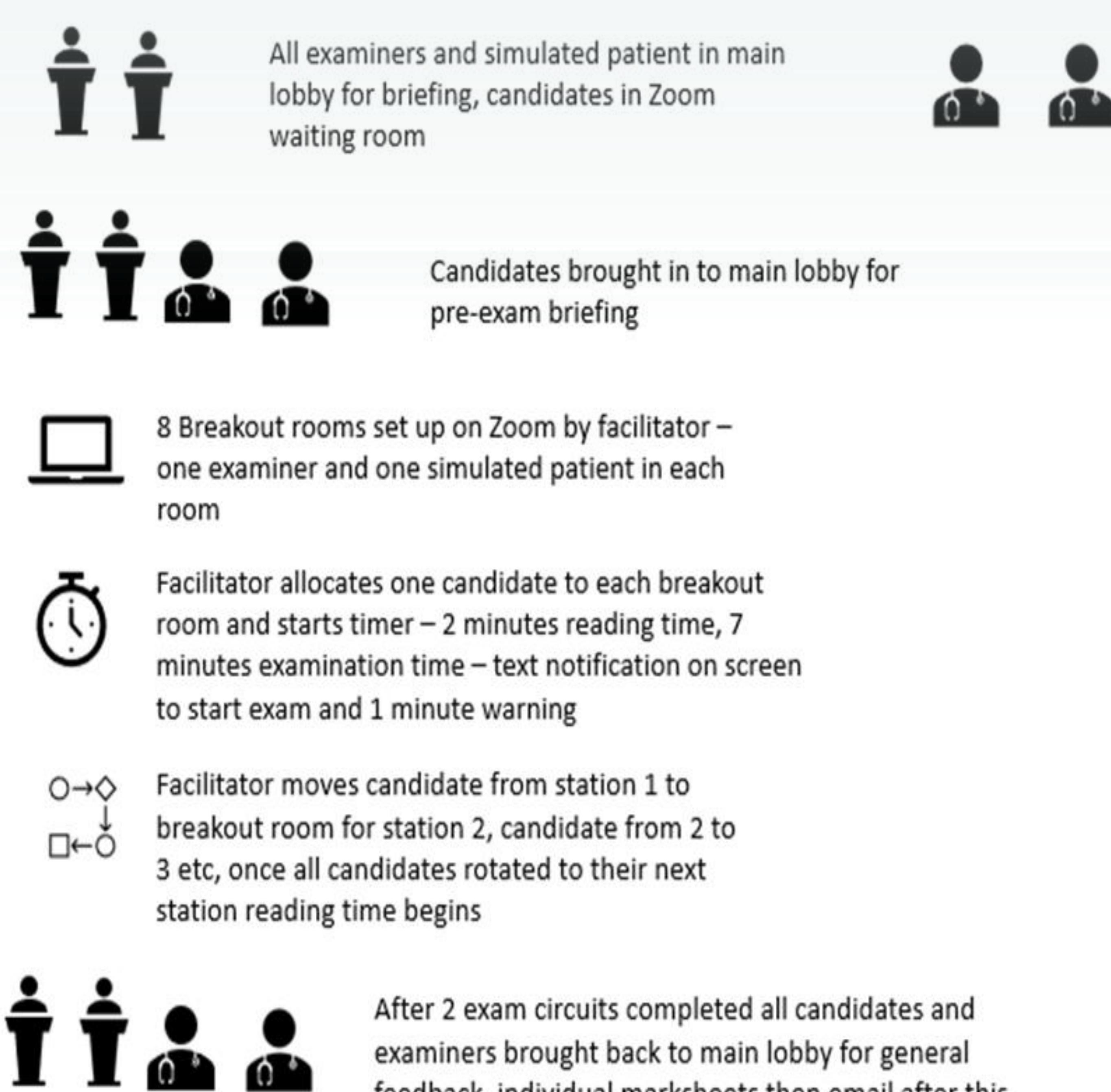


Figure 1 – illustrated with Microsoft Office icons. These icons are free to use and there is no royalty nor copyright



Practical issues identified

- Due to candidates looking at the screen rather than their webcam it appeared to examiners that candidates were not making eye-contact with the patient.
- When using Zoom for breakout rooms there was a slight lag in manually moving candidates between stations meaning the candidate moved to their next station first theoretically had slightly longer reading time than the candidate moved last.
- This lag due to having to manually rotate candidates between digital stations also meant the exam lasted slightly longer than an in-person exam would. Additionally on several occasions a candidate or examiner got disconnected and there was a delay while they got readmitted to the Zoom meeting.
- At in-person CASC examinations there is an audible alert to indicate the start/end of a station and to alert when there is one minute remaining. Limitations of the breakout room function on Zoom meant only being able to use silent on-screen text notifications.

Results

Qualitative feedback was obtained from the candidates after the exam.

Candidates reported feeling “nervous” and “concerned” about doing their exam digitally due to lack of familiarity with this format and having initially anticipated an in-person exam.

After participating in a virtual mock they had changed their perspectives of online exams, and they felt “more at ease ... less worried” and “more familiar” with the logistics of a digital exam.

It provided assurances to candidates that online OSCE style exams can be run in an “efficient and effective” manner.

By running a digital mock CASC it enabled NIMDTA trainees to feel adequately prepared for the new format of CASC and it provided an opportunity to address concerns about potential digital barriers and pitfalls to their CASC success.

Prior to the mock exam they had expressed concern about how they would adapt to doing their exam in a digital format however they found this mock to be beneficial and felt it had prepared them to undertake the actual exam in a similar manner. It was clear from the feedback that by undertaking digital mock exams candidates’ perspectives on sitting a digital exam does become more positive and they feel better equipped to handle sitting their actual CASC exam digitally.

All eight candidates who sat the mock examination were successful in the online CASC sitting which followed in September 2020, with most reporting this mock had changed their perspective of digital exams.

Conclusion

- It is likely that in the short-term future CASC exams will continue to be run in a digital format and therefore it is likely that this model to run mock CASC circuits will be a useful preparation tool for trainees in other deaneries, not just those in the NIMDTA deanery
- While the approach outlined is specifically geared towards psychiatry, it is likely that all medical specialities will face similar issues running in-person membership examinations in the coming months due to ongoing social distancing requirements.
- This approach to running a digital mock exam will be adaptable to other specialities where there is not an emphasis on hands-on physical examinations.
- Virtual examinations are a new development for trainees, but with sufficient preparation can be very successfully tackled, with the added benefit for Northern Ireland trainees of eliminating travel expenses and carbon emissions.