Utility of an Oral Exam During the Third Year Surgery Clerkship

Elizabeth Ulrich  
*Henry Ford Health System*

Pridvi Kandagatla  
*Henry Ford Health System*

Christopher Steffes  
*Henry Ford Health System*

Lindsay Petersen  
*Henry Ford Health System*

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Recommended Citation

Ulrich, Elizabeth; Kandagatla, Pridvi; Steffes, Christopher; and Petersen, Lindsay. "Utility of an Oral Exam During the Third Year Surgery Clerkship" (2019). *Teaching and Education. 7.*  
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Utility of an Oral Exam During the Surgery Clerkship

ELIZABETH ULRICH MD, PRIDVI KANDAGATLA MD, CHRISTOPHER STEFFES MD, LINDSAY PETERSEN MD

HENRY FORD MEDICAL EDUCATION RESEARCH FORUM
MAY 3, 2019
DISCLOSURES

I do not have any relevant financial relationship(s) with any commercial interest that pertains to the content of my presentation.
BACKGROUND

• National Board of Medical Examiners (NBME) Surgery Shelf Exam is commonly used as an evaluation tool

• NBME exam is criticized as not accurately reflecting surgical knowledge or capturing student’s true clinical knowledge or bedside skill

• Need for additional assessment tools
  • OSCE

• Minimal literature on the use of oral exams in medical student education

• Aim: Assess the utility of the oral exam as a correlate and predictor of NBME shelf exam performance

METHODS

• Oral exam structure
  • Wayne State University School of Medicine medical students at the completion of the surgery clerkship
  • Three scenarios, each graded out of 10 possible points
    • 10: Senior resident level
    • 8: Intern level
    • <3: Fail
  • Overall scoring
    • <8: Fail
    • 8-23: Pass
    • 24+: Honors
METHODS

• WSU/SOM medical student surgery clerkship performances between 2012-2018

• Variables included clinical evaluation, clinical site, clerkship dates, and exam scores
  • Clinical site: 4 different hospital systems
  • Clerkship dates: 8 consecutive weeks
  • Academic year began in July and ended in June

• Data analysis
  • Look for association between variables and oral exam scores
  • Look for correlation between oral exam scores and NBME shelf exam
  • Multivariate analysis to measure association between oral exam scores and NBME shelf exam scores
RESULTS

- 1,160 performance reports over four clinical sites from 2012-2018
- Average oral exam score: 20.0 [4.8]
## RESULTS

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<th>Clinical Evaluation</th>
<th>Satisfactory</th>
<th>Outstanding</th>
<th>P-value</th>
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<td>Oral Exam Score</td>
<td>19.5 (4.8)</td>
<td>21.1 (4.5)</td>
<td>&lt;0.001</td>
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<table>
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<th>Two</th>
<th>Three</th>
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<td>19.7 (4.8)</td>
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<td>0.23</td>
</tr>
</tbody>
</table>
RESULTS

Oral Exam vs Shelf Exam

Oral exam score: independent predictor for shelf exam performance

- $b=0.48$, 95% CI: 0.39-0.57, $p<0.001$
- Adjusted for site, rotation date, and clinical grade
CONCLUSION

• Oral exam performance correlates with and predicts shelf exam performance

• Low performance on an oral exam may allow for targeted intervention

• Limitations
  • Pilot retrospective study
  • Oral examiner bias
  • Unaccounted variables (interest in surgery, gender, age, time dedicated to studying)

• Further evaluation with a prospective study is needed to better delineate the characteristics of high performing students
QUESTIONS?

Thank you!