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Utility of an Oral Exam During the Surgery Clerkship

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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 ¹
- Need for additional assessment tools
 - OSCE ^{1,2}
- 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

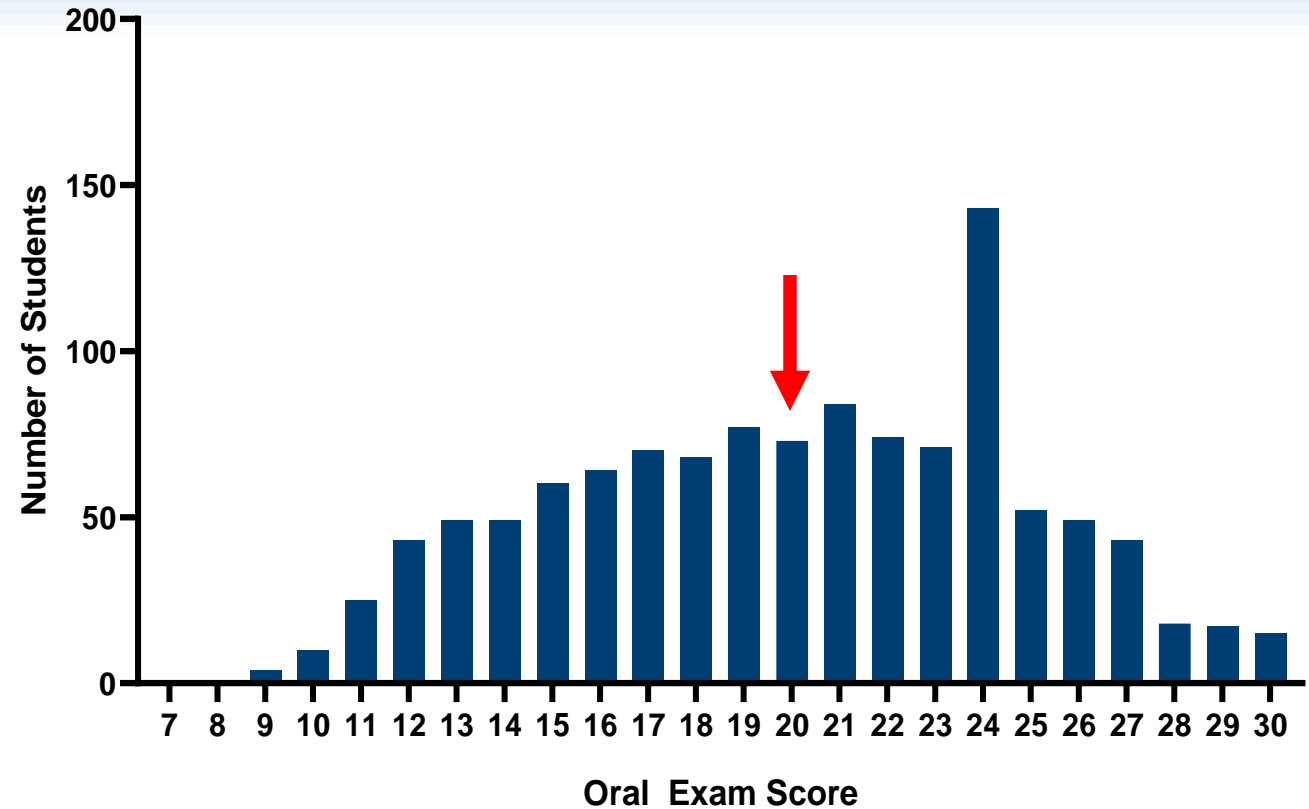


METHODS

- 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

Clinical Evaluation			
	Satisfactory	Outstanding	P-value
Oral Exam Score	19.5 (4.8)	21.1 (4.5)	<0.001

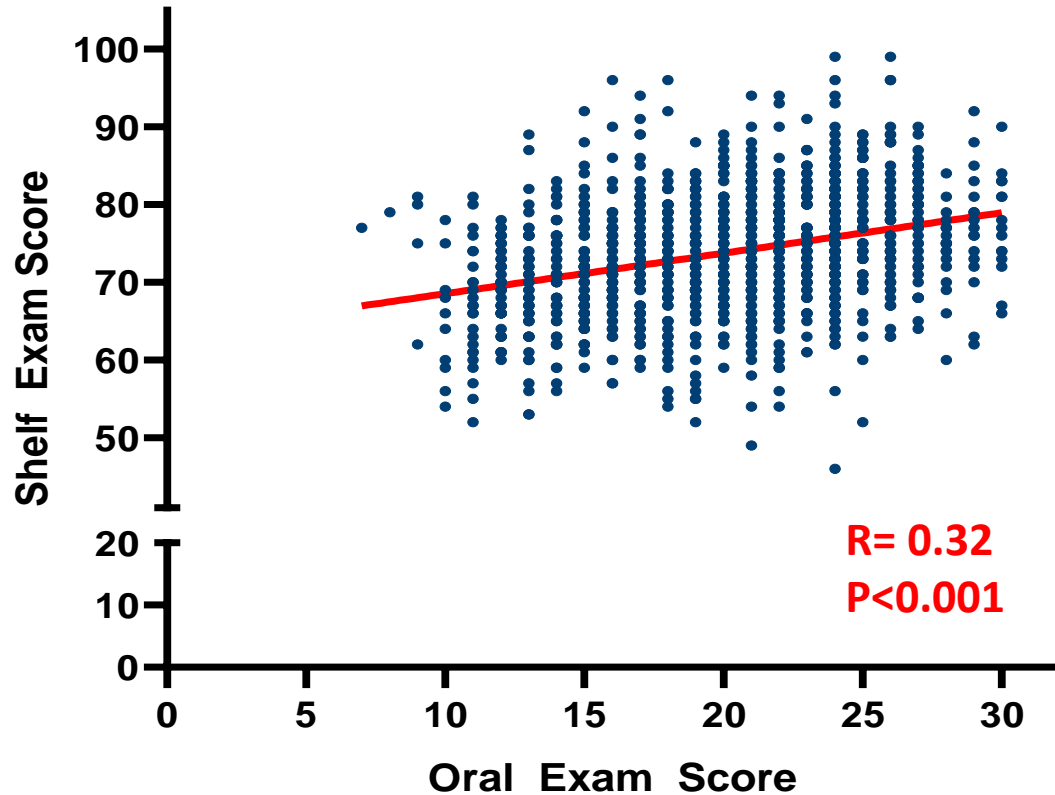
Clinical Sites					
	Site One	Site Two	Site Three	Site Four	P-value
Oral Exam Score	20.6 (4.8)	19.9 (4.5)	19.5 (5.3)	19.1 (5.0)	<0.01

Clerkship Date							
	One	Two	Three	Four	Five	Six	P-value
Oral Exam Score	19.9 (4.8)	19.9 (4.7)	20.7 (4.9)	20.5 (4.9)	19.7 (4.8)	19.3 (4.7)	0.23



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!

