

**Take-home messages:** Other factors seem more important in accounting for variability in OSCE results.

#### 4FF/11

### Assessing the Validity of a Multidisciplinary mini clinical evaluation exercises (mini-CEX): a Comparison to a Multidisciplinary OSCE

*Myliène Côté (University of Ottawa, Department of Medicine, The Ottawa Hospital - Civic Campus, Department of Medicine, 407A - 737 Parkdale Ave. Ottawa K1Y 1J8, Canada)*

*Debra Pugh (University of Ottawa, Department of Medicine, Ottawa, Canada)*

*Timothy Wood (University of Ottawa, Academy for Innovation in Medical Education, Ottawa, Canada)*

*Melissa Forgie (University of Ottawa, Department of Medicine, Ottawa, Canada)*

*Susan Humphrey-Murto (University of Ottawa, Department of Medicine, Ottawa, Canada)*

**Background:** The mini-CEX is a workplace-based tool designed to assess competency based on direct observation. As with any assessment tool, it is important to collect validity evidence. Although some evidence associated with the mini-CEX has been reported, the purpose of this study was to gather further validity evidence by comparing student performance on the mini-CEX to their performance on other examinations.

**Summary of work:** Data from clinical rotations for third-year medical students was collected. Each mini-CEX form included six items and a global rating. The average rating of items on the forms (mean-items) was calculated for each mini-CEX form, as well as the mean score for the global rating (mean-GR). Using correlations, mini-CEX ratings were compared to scores on two multidisciplinary Objective Structured Clinical Examinations (OSCEs) and five written clerkship exams.

**Summary of results:** There were 1262 mini-CEX forms available for analysis from 147 students. Correlations between the overall OSCE scores and the mini-CEX were 0.30 to 0.34 (mean-items) and 0.30 to 0.35 (mean-GR), respectively ( $p < 0.01$ ). Correlations between the communication component of the OSCE score and the mini-CEX were 0.26 to 0.30 (mean-items), and 0.33 and 0.36 (mean-GR), respectively ( $p < 0.01$ ). Correlations between the mini-CEX and two of the written exams were significant: family medicine 0.21 and surgery 0.22 ( $p < 0.01$ ).

**Conclusions:** Student performance on the mini-CEX is significantly correlated to multi-disciplinary OSCEs, but not consistently with written exam scores.

**Take-home messages:** This study provides further validity evidence for the use of the mini-CEX as a clinical skills assessment tool.

#### 4FF/12

### Evaluating trends of students' performance and quality of an OSCE: Three years of experience in Tehran University of Medical Sciences

*Sara Mortaz Hejri (Tehran University of Medical Sciences, Medical Education Department, Tehran, Iran)*

*Mohammad Jalili (Tehran University of Medical Sciences, Center for Educational Research in Medical Sciences, Third Floor, Ghods Street, Keshavarz Boulevard, Tehran 14138-43941, Iran)*

*Ali Labaf (Tehran University of Medical Sciences, Clinical Skill Center, Tehran, Iran)*

**Background:** Until 2009 all medical students in Tehran University of Medical Sciences had to take a comprehensive written examination before internship. An OSCE was added in 2009 to fill the gap of clinical skills assessment at this stage. We aimed at evaluating the educational impact of these OSCEs by checking if students' scores have improved over these years.

**Summary of work:** To compare students' score over the years, 6 station categories were defined. The candidates' scores in each category were calculated and trends over years were evaluated.

**Summary of results:** Six OSCEs each comprising 11 to 14 stations have been held for a total number of 945 candidates. The range of mean scores were 49.11 ( $\pm 7.92$ ) to 67.48 ( $\pm 7.82$ ) with a pass rate of 48.1% to 98.4%. The Cronbach's alpha ranged from 0.52 to 0.71. During these years, range of mean scores in categories of history taking, physical examination, communication skills, performing procedures, diagnosis, and patient management were 50.27 to 64.37, 49.10 to 73.86, 31.29 to 66.56, 25.86 to 70.67, 33.18 to 65.80, and 41.45 to 61.45, respectively.

**Conclusions:** As illustrated in scores and pass rates, students' performances in most categories have improved during this period of time. This may be attributed to the fact that establishment of this exam drew the attention of students towards the importance of clinical skills, a desirable educational impact.

#### 4FF/13

### Use of objective structured clinical examination for evaluation of medical student communication skills

*Vitaliy Koikov (Republican Center of healthcare development, Centre for Research, Expertise and Health Innovation Development, Imanova str.13, Astana 010000, Kazakhstan)*

*Gulmira Derbissalina (Astana Medical University, General Medicine Department, Astana, Kazakhstan)*

*Zhanagul Bekbergenova (Astana Medical University, General Medicine Department, Astana, Kazakhstan)*

*Lazat Karsakbaeyeva (Astana Medical University, General Medicine Department, Astana, Kazakhstan)*

*Zarema Gabdilashimova (Astana Medical University, Obstetrics and Gynecology Department, Astana, Kazakhstan)*