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Introducing operative skills testing in Urology board examinations: results of five years' experience

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Introduction & Aim

Operative surgical skills are among the most crucial competencies required for the independent practice in surgical specialties, yet they are rarely assessed as part of specialty-training exit / board examinations.

Although there are tools to evaluate surgical training (e.g. logbooks and work-place based assessments), these tools have their shortcomings and may not be sufficient to guarantee adequate operative competency at exit level.

The current report describes the introduction of operative skills testing as part of national Urology board final examinations, with an evaluation of the performance of “operative skills stations” in comparison to other standardized elements.

Patients & Methods

Starting in 2013, an “operative skills” station was introduced as part of the Objective Structured Practical / Clinical Examination (OSP/CE) of the Egyptian Board of Urology’s final examinations.

Feedback was collected from candidates and assessors, and the performance of the “operative skills” station (discriminative ability and reliability) was compared to the remaining stations of the examination.

Results

Candidates were asked to perform a surgical task in a wet lab setting (e.g. suturing a urinary bladder laceration or an intestinal anastomosis) (Fig 1), while being assessed (using a checklist – Fig 2) for various technical aspects.



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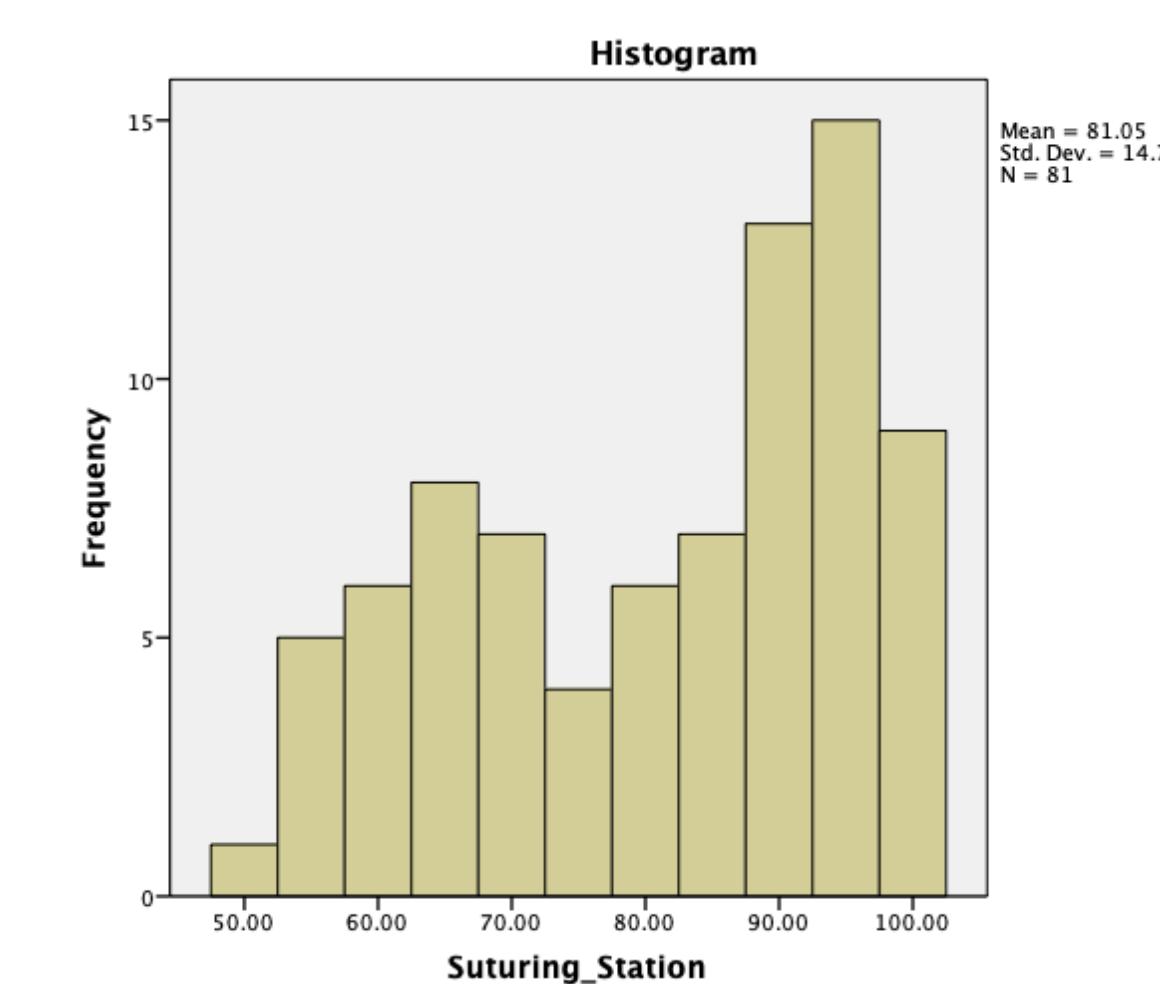
UROLOGY OSCE MARKING SHEET
OSCE (Practical with Assessor) Suturing intestinal anastomosis Marking sheet

Examiner's Name:		Candidate's Name:					
Examiner's Code:		Candidate's Number:					
Performance Area	Items	Clear Pass	Marginal Pass	Marginal Fail	Clear Fail	Comment	
Surgical Technique	Handling of instruments						
	Suturing technique						
	Knott-tying technique						
Knowledge of suture material	Identification of proper suture materials						
	Knowledge of identification of critical point in anastomosis						
Global judgment							
Serious Concern							

Results of “operative skills” OSCE station

Over five examinations (2013-2018), 126 candidates took the clinical (part 3) examination of the Egyptian Fellowship Board of Urology including the “surgical skills” station.

The mark range for this station was 50-100%, with a mean [SD] of 81% [14.7].



Internal reliability of OSCE/OSPE stations:

the OSP/CE stations had high internal reliability (average Cronbach's alpha 0.853), with the “operative skills” station having relatively high item-total correlation (above 0.75), and very high correlation with other practical stations focusing on use of instruments, interpretation and reporting of operative findings

Results

Correlation with other elements of the exam:

Apart from OSC/PE stations, the examination includes 3 “items”: a clinical long case, two clinical short cases and a viva voce. The inter-item reliability was reasonable at coefficient alpha 0.647.

Assessors and Candidates' feedback:

Feedback from assessors and candidates was consistent with an impression of high validity of the “operative skills” station, with most responding “agree” or “strongly agree” to questions on validity: “able to assess surgical competency” and “simulates real-life situation”.

Conclusions

Testing surgical operative skills as part of Urology specialty exit examination is feasible and can add an important dimension to candidates' assessment.

Well-designed operative OSPE stations have high reliability and discriminative ability, complementing the evaluation of other clinical skills and domains.