PERCEPTION OF FINAL YEAR MEDICAL STUDENTS ABOUT CASE SCENARIO BASED SUMMATIVE ASSESSMENT

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ABSTRACT

Purpose: Traditionally all final year medical student summative assessments have been conducted with real patients. COVID 19 pandemic has led to closing of all medical schools. Online case-based learning continued. As exams are getting postponed indefinitely, case scenario based summative assessment was conducted. **Methods:** All final year undergraduate medical students who appeared for the university summative assessment practical examination of Paediatrics conducted during the pandemic were eligible. Validated and pre piloted questionnaire was sent through Google forms and the perspectives were studied. The perspectives of the students were studied in three domains namely pattern of examination (case scenario based), preparedness by online classes and the actual conduct of the exam. The responses were asked' Yes' 'can't say' or 'no' questions. The data collected was converted into Microsoft excel format from Google form.

Results: 103 students gave consent and filled the questionnaire through google forms. Around $3/4^{\text{th}}$ of the students agreed that online clinical classes have helped them in summative assessment. Around half of them had no difficulty in the performance because of COVID restrictions. . More than half were happy with the case scenario-based assessment and didn't feel exam with actual patients would be better. 21.4% commented the truth that history taking is a skill which couldn't be assessed with case scenarios and hence the traditional way of eliciting history and intervention with patients was not assessed. **Conclusion:** well written case based scenarios that can simulate real patients can be an alternative for real cases in emergency conditions and restriction during pandemics.

Key words: case scenario, summative assessment, Pandemic, google forms, persceptive

Introduction

[]Traditionally all final year medical student summative assessments have been conducted with real patients. In the year 2020 and 2021 unexpected COVID 19 pandemic has led to closing down of all medical schools. Considering the importance of continuing their medical education, online teaching was started. Theory and clinical topics were covered online in various ways possible using mannequins & virtual simulation. Both medical students and faculty had difficulties to begin with and slowly got accustomed with the new method of teaching. Multiple online meeting applications with different innovative facilities (zoom, google meet, MOODLE etc) were used. Case based learning (CBL) has gained interest for the last few years.[1-3] Medical education has changed the mode of teaching with a priority to CBL as it links theory to practice[4], it improves clinical reasoning skills. [5] Pandemic has made everyone to get accustomed in a very fast pace. Internal assessments, assessments at the end of clinical posting were conducted online using CBL. Final year clinical summative assessment of exams traditionally was conducted face to face with clinical case presentations which involved interaction with patients Due to ongoing COVID 19 pandemics and the need to protect patients as well as students or examiners became important. Also the exams could not be postponed indefinitely. medical National commission Hence allowed universities to conduct clinical summative assessment without actual patient interaction by using case-based scenarios

and manikins. Medical schools developed scenarios their own case-based and conducted the clinical summative assessments. To our knowledge in the history of medical education in India, this is the first-time case-based scenarios were used for summative assessment. Hence, we proposed to study the perspectives of the medical students and the difficulties they faced during examination.

Methodology

obtaining After Institutional ethics committee approval (IEC: RC/2021/25) a descriptive study was done in a tertiary care teaching medical college hospital, Puducherry, south India. All final year undergraduate medical students who appeared for the university summative practical examination assessment of Paediatrics conducted during the pandemic (April 2021) were eligible for the study. All the 159 final year medical students were informed about the study through WhatsApp and consent obtained through google form. Validated and pre piloted questionnaire was sent through Google forms and the perspectives were studied. The perspectives of the students were studied in three domains namely pattern of examination (case scenario based), preparedness by online classes and the actual conduct of the exam. The responses were asked' Yes' 'can't say' or 'no' questions. The data collected was converted into Microsoft excel format from Google form. Descriptive statistics like frequency and percentage were used for qualitative variables. Mean and standard deviation were used for quantitative variables. Independent t test was used to find

the significance. p value of <0.05 was considered as statistically significant.

RESULTS

Of the 159 students who appeared for the university case scenario based summative assessment (CSBSA) examination in April 2021, 103 students gave consent and filled the questionnaire through google forms. The female:male ratio is 1.3:1.

The perception about the preparedness for examination, about the actual content of examination and the pattern of examination were summarized in Table I, II & III respectively.

70.8% strongly agreed that online clinical classes have helped them in CSBSA. 53.4% agreed that online theory classes have helped them.

52.4% faced difficulty in having refreshments due to COVID restrictions (N95 face masks and face shields) in between the assessment. 35.9% faced hinderance in their performance for the assessment because of wearing gloves, face masks and face shields. However, 54.4% students revealed there was no difficulty in the performance because of COVID restrictions.

43.7% were neutral about the impact of lack of real patients on overall performance. It was not difficult to demonstrate clinical signs in the mannequin for 42.7% students. 53(51.5%) were happy with the case scenario-based assessment and didn't feel exam with actual patients would be better. 38(37.6%) were able to appreciate the actual feel of examination without real patients. 73 (70.8%) felt the case scenarios were well written and 42(40.8%) students felt that the variety of cases would not have been more if real patients were there.

50.5% felt the scenarios could simulate an actual case presentation. 80.5% agreed that examiners did their best to conduct the examination with case scenarios. Around 40% of the students rated 3/5 for the examiner- student rapport with existing covid protocols.

21.4% commented the truth that history taking is a skill which couldn't be assessed with case scenarios and hence the traditional way of eliciting history and intervention with patients was not assessed.

Discussion:

Final year case scenario based summative assessment was done during the covid pandemic. This study describes the perspectives of students.

Ansar et al has done a study from Pakistan among medical engineering and biomedical students revealed that the students were not satisfied with the online teaching and hence recommended to have improvisation if continuing the same.[6]

A study among pharmacists in China by Jiang et al comparing the result of examination during pandemic with the previous year in china revealed that the results are not worse than the previous year.[7]

A study done by Rossettini et al about Online teaching among physiotherapists in Italy satisfies the students during pandemic and had a similar performance compared with other years.[8]

Simulation based classes are gaining priority to enrich online teaching. Innovative methods can be used for the learning process.[9] Though the teaching process is in the traditional way, the pandemic has forced us to do that and around 40% agreed online simulation classes has helped them in examination. Stanley et al also described that there is no replacement for clinical bedside classes.[10]

In a study done by Malhotra et al online orthopaedics exit exam and the students were satisfied with that. The covid protocols of gloves, face masks and shields, social distancing etc did not hinder much of the student's abilities, which was similar to our study.[11]Chauchan et al conducted with scenario, mannequin and models and the students for Plastic surgery Mch examination were reported to be satisfactory.[12] Quality of assessment through hybrid way was appreciable among pathology postgraduates and thev recommended that a similar mode of examination can be applied under similar emergency which was similar to our study.[13]

Nasir et al from AIIMS Rishikesh conducted post graduate Exit exam in paediatrics with spotters and clinical cases, but the external examiners were online. They concluded saying it is one of the best ways to elicit the clinical skills.[14] But we had case scenarios instead of patients, but viva voice was face to face with examiners.

Pre examination meeting for briefing the pattern with students enhanced the acceptability of these type of assessment. Mock assessments would have given further improvement in conducting the summative assessment.

Conclusion:

It is always good to conduct clinical summative assessment face to face with real patients. But during emergency situations and restriction due to covid pandemic, well written case based scenarios that can simulate real patients can be an alternative. **References**

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Sl.No	Questions	Yes	Can't say	No
1	Online Paediatric clinical classes	73(70.8%)	22(21.4%)	8(7.8%)
	helped me in the performance during			
	the case scenario clinical			
	examination			
2	Online Paediatric theory classes	55(53.4%)	41(39.8%)	7(6.78)
	helped me in the performance during			
	the case scenario clinical			
	examination.			
3	Online Paediatric simulation-based	42(40.7%)	43(41.8%)	18(17.5%)
	classes helped me in the performance			
	during the case scenario clinical			
	examination			

Table I: Perspectives about the preparedness for the examination

Sl	Questions	Yes	Can't say	No
No				
1.	Due to the lack of interaction with actual patients during case based examination, my performance was not good	40(38.8%)	39(37.8%)	24(23.4%)
2.	It was difficult to have refreshments during examination while all the covid precautions were on.	54(52.4%)	23(44.7%)	26(25.2%)
3.	Did the use of gloves, face masks and face shields hinder your actual performance skills?	37 (35.9%)	30 (29.1%)	36 (35%)
4.	Did the emphasis on social distancing hinder your performance?	16(15.5%)	31 (30.1%)	56 (54.4%)

Table II : Perspectives about the actual content of examination

Sl No	Questions	Yes	Can't say	No
1.	The overall performance (case	32(31.1%)	45(43.6%)	26(25.3%)
	presentation and viva session)			
	would have been better with real			
	patients			
2.	The examiner did their best to	83(80.5%)	19(18.4%)	1(1%)
	conduct the exam with case			
	scenarios and mannequins.			
3.	Was it difficult to perform the	30 (29.1%)	29 (28.2%)	44 (42.7%)
	clinical signs on mannequins			
	during examination?			
4.	Were you able to appreciate the	38 (37.6%)	27 (26.8%)	36 (35.6 %)
	actual feel of exams without the			
	real patients?			
5.	I was more apprehensive because	22(21.4%)	38 (36.9%)	43 (41.7%)
	the exam was based on case			
	scenarios and there were no real			
	patients for examination.			
6.	Do you think the variety of cases	27 (26.2%)	34 (33%)	42 (40.8%)
	would have been more if it were			
	an exam with real patients?			
7.	Would you have preferred to have	15 (14.6%)	35 (34%)	53 (515%)
	a proper exam with real patients			
	after the pandemic rather than			
	online examination?			
8.	Were the structured case scenarios	73 (70.9%)	21 (20.4%)	9 (8.7%)
	well written?			
9.	Were the details given in the case	52 (505%)	29 (28.2%)	22 (21.4%)
	scenarios enough to simulate an			
	actual case presentation?			
10.	Did the images in the laptop clear	65 (63.1%)	23 (22.3%)	15 (14.6%)
	enough to identify the clinical			
	spotter?			
11.	Do you think OSCE was a better	38 (36.9%)	36 (35%)	29 (28.2%)
	way of assessment than case			
	scenarios?			

Table III: Perspective about the actual pattern of examination