



Australian College of Rural & Remote Medicine

Assessment for Fellowship of ACRRM



The Assessment Components

Multi-source feedback (MSF)

The MSF is both a formative and summative tool. It is a '360-degree' appraisal tool for assessing the interpersonal and professional behaviour of each candidate within their practice.

The examination has three components:

- 1 colleague assessment (including medical colleagues, clinical colleagues, and administrators);
- 2 patient assessment; and
- 3 self-assessment.

When used formatively, the MSF process provides a focus for discussion and learning.

Mini clinical assessment exercise (miniCEX)

The miniCEX is a practice-based assessment conducted formatively and summatively. Examiners observe the candidate consulting with patients within the candidate's clinical environment. The aim is to assess the candidate's overall clinical competence in areas such as communication skills, history taking, physical examination, clinical judgment, clinical organisation and efficiency. The formative process provides each candidate with detailed feedback on their performance.

Core competencies procedural logbook

The procedural logbook is a summative tool that provides an assessment of the candidate's key psychomotor procedural skills and determines if the candidate meets the level of competency required for independent rural and remote practice. The logbook contains the procedural items that are defined as mandatory skills in the ACRRM Primary Curriculum.

Multiple choice questions (MCQ) examination

This summative process provides an assessment of the candidate's recall, reasoning, and applied clinical knowledge. The assessment is a three-hour exam conducted via a secure website with the candidate located in or near their home community. The exam questions are spread across domains, curriculum areas, process, presentation types, age groups and settings.

Structured assessment using multiple patient scenarios (StAMPS)

StAMPS is a summative examination undertaken by videoconference. It examines higher-order functions in a highly contextualised framework. Candidates have the opportunity to explain what they do and provide an explanation of their clinical reasoning (rather than just evidence of knowledge). Candidates are asked to explain the implications of a series of defined clinical scenarios. The examination is an OSCE/VIVA-type with the candidate located in or near their local community while the panel of examiners is located in a central examination centre.

Online examples

Sample exam questions, StAMPS scenarios, log book pages and assessment forms can be viewed online at: www.acrrm.org.au

Who is eligible for each assessment component?

For registrars, each assessment component has the following eligibility requirements:

- MCQ can be attempted in year 2 or 3 or 4.
- Summative MSF can be attempted in year 3 or 4.
- Summative miniCEX can be attempted in year 3 or 4.
- StAMPS can be attempted only after the logbook summative assessment, MSF, summative miniCEX, and MCQ have all been successfully completed.

Fellowship Assessment

Overview

The ACRRM assessment process has been designed to provide candidates with a valid and reliable assessment of their knowledge, skills and attitudes. The process comprehensively reflects the educational outcomes of the training program and is relevant to the rural and remote context.

The assessment process is conducted over the four years of training and consists of a series of components which are both formative (focussed on monitoring and feedback) and summative (focussed on evaluation and grading).

The FACRRM assessment process


A candidate's competence to provide high quality patient care is determined by assessing and collating their results over a range of assessment modalities. The assessment components are scheduled at intervals throughout the registrar's training program and are subject to a candidate's eligibility to undertake the particular assessment.

The information collected from these assessment components informs the examiner's final decision. This broad, flexible approach accommodates a variety of learning styles and career needs of candidates. Regular feedback is offered as candidates progress towards meeting the requirements of the Fellowship (FACRRM).

Benefits of the FACRRM assessment process

The design of the assessment process offers practical benefits for candidates and ensures high quality professional outcomes.

- Assessments are generally undertaken in the candidate's familiar local training environment, which saves them travel and accommodation costs. This usually eliminates the need for a locum.
- Each candidate is given personal feedback at each of the formative assessment steps. This allows candidates to pace their learning and address any areas of relative weakness as these arise.
- A variety of assessment components have been developed to measure candidates' range of knowledge, skills, attitudes and experience essential to attaining Fellowship. This ensures the depth and breadth of the ACRRM Primary Curriculum is represented across the assessment components resulting in capable and confident doctors being awarded Fellowship.



For more information

For detailed information on the ACRRM assessment process please visit our website at <http://www.acrrm.org.au> or contact us:

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