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THE TRANSFORMATIVE ASSESSMENT

Making the strategic use of assessment meaningful for learning

PROGRAMME BOOK

CONTENTS

Welcome	04
EBMA 2018 Programme	05
EBMA 2018 Committees	07
European Board of Medical Assessors (EBMA)	08
National Research Network in Medical Education (RIEM)	09
Braga	10
Important Information	11
Keynote Presentations	13
Symposia and Debate	14
Special Interest Group	15
Pre-Conference Courses	16
Workshops	18
Abstracts - Posters & Thematic Presentations	21
Sponsors	67
Map Venue	72
Participants list	74
What's Up in 2019?	77
Notes	78

learning, active learning stimulation, comfortable learning environment and time consuming which each had 4 questions regarding staffs, residents, peers and self-learning. Exploratory factor analysis (EFA) demonstrating component matrix across groups of resource person that had influence on each aspect of perspective focusing on PT and SL effectiveness were subgroup analyzed. An interview with randomized subjects were done in order to provide important information to support the quantitative analysis.

Summary of Result: SL had higher factor loading (λ) on perspectives toward knowledge acquired, active learning stimulation and comfortable learning environment than PT ($\lambda_{SL} = 0.799, 0.781$ and 0.809 respectively and $\lambda_{PT} = 0.707, 0.658$ and 0.632 respectively); however, PT yielded greater factor loading on clinical skills learning and time consuming ($\lambda_{PT} = 0.717$ and 0.858 respectively) in comparison with SL ($\lambda_{SL} = 0.521$ and 0.703 respectively). There were almost an equal factor loading when regard to the perspectives toward accuracy of information given ($\lambda_{PT} = 0.784$ and $\lambda_{SL} = 0.783$).

Discussion and Conclusion: PT and SL had effectiveness in many ways in clinical-years medical students' perspectives. An interview revealed that accuracy of information given were not different because each medical students had the same basic knowledge and online data accessing skills from tablets, standard medical websites and online journals. PT had high impact on clinical skills learning because learners could interact with peer-teachers which could not do when learning from demonstration videos or guidelines. However, PT consumed a lot of time because in group teaching, students would do activities other than learning, thus lengthening the learning time. SL provided much knowledge acquired because researching and summarizing information individually would promoted long-term memories and stimulated active learning in many medical students. Technologies were highly employed in these processes which were also practiced by peer-teachers. Self-learning also lacked competitors and few pressures, thus it made up a more comfortable learning environment.

Take Home Message: Other means of assessing outcomes from PT and SL other than using perspectives could be done in order to yielded results from various aspects for promotion of peers-teaching and self-learning effectiveness.

Clinical department web-site resources of network testing and knowledge control for continuous medical education

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Background: Medical education is the most dynamic and developing field of knowledge. To improve educational process the departments need to create informational web-space such as web-sites which can help to provide network testing and knowledge control for medical education.

Summary of Work - to classification modern methods for network testing and knowledge control for continuous medical education.

Summary of Results: There are several different approaches to control the knowledge at the clinical department of higher medical institution. Testing can be organized based on the LMS platform, or

using integrated site plugins in the platform of the site (TESTME WordPress, etc.), or by creating tests using special platforms with subsequent placement on the web-site file space (for example, iSpring Quizmarker's), or testing organization by external services (SoGo Survey, Classmarker, EasyTestMaker or others). Tests may be public or closed to public viewing.

Due to modern trends there are next tools for creating interactive testing by testing organization with external services - iSpring, SoGo Survey, GOOGLE FORMS with Flubaroo plugin, QUIZLET, Classmarker, ProProfs, EasyTestMaker, Test fromgomel, Let's test, Kahoot!, qzr.com, Constant Contact, Playbuzz.com, PLICKERS, eSurv, Survey Gizmo, Survey Planet, Quiz Revolution, Free Online Surveys, Poll Daddy, Lime Survey. Testing organization may be provide by the LMS platform (Moodle for example) with the access to external tools for test creation and implementation to Moodle platform, such as Mikko Rusama, William Clarke College, Eoin Campbell and other.

The most promising direction in the field of medical education is the introduction of the knowledge-based assessment are implementation to study process practical training simulators, interactive simulators of the clinical cases and medical educational Web-quests.

Practical training simulators is a combination of theoretical material on a specific topic with a large number of clinical situational tasks for testing. Practical training simulators are useful to study a new educational material mainly in undergraduate education. The structure of the interactive simulators of clinical cases may consist in combination next elements: 1) clinical task (complaints, anamnesis, data of objective examination of the concrete patient); 2) data of additional methods of research of a concrete patient with visualization (ECG, etc.); 3) test tasks embedded in the logical structure of the presentation of the clinical case with visual prompts, if necessary. Medical education web-quests can observe a single issue, a topic, some one subject, or be interdisciplinary with test tasks embedded in the logical structure of the web-quest presentation.

Discussion & Conclusion: currently, there are a large number of tools for testing based on modern web-technologies. However, in medical education, the main attention may be deserve by means stimulating active learning such as practical training simulators, interactive simulators of the clinical cases and medical educational Web-quests with test tasks embedded in their logical structure.

The use of augmented reality technology in assessment of O&G residents: The beginning of a new era

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Background: The attainment of knowledge and skills in a surgical field such as Obstetrics and Gynaecology is critical as this will have significant impact on patient care and outcomes. Traditionally, such knowledge and skills were garnered through the conventional methods of didactic lectures, tutorials and observation in the operating theatre as a junior. As one progressed and became senior, one was then expected to be competent in surgical skills and be able to "see one, do one, teach one". Assessment on the competency of residents was mainly through apprenticeship and real-life cases, which can occasionally lead to adverse outcomes or biased assessment.

Summary of work: Our team aimed to develop a set of high fidelity medical simulation and assessment

