

PACES Station 2 and 4 Scenarios: Survey of international locations

Summary:

Background

An online survey was administered to international Federation Lead Examiners and Administrators that run the MRCP(UK) PACES examination in order to gather information on satisfaction with processes, content and surrogate use. All 18 locations responded, including 2 new locations that recently ran pathfinder exams.

Feedback on Station 2 and 4 scenario processes

- Most locations are satisfied (70%) or very satisfied (21%) with current processes, and the timing (64% satisfied and 21% very satisfied) of providing surrogate information to Central Office
- Most locations are happy with the current process of providing surrogate information in advance of scenario selection; however a few locations feel that it would be better to receive the scenarios first.

Information about PACES Station 2 and 4 surrogates

- Locations tend to use medical and non-medical staff as surrogates; some also use family/friends too. Factors affecting their choice of surrogates include timing/flexibility, fluency in the English language and age. Host examiners are usually responsible for recruiting surrogates.
- In some locations, surrogates are re-used (e.g. in every other/every assessment period), but this varies depending on circumstances. Surrogates are usually recruited less than 11 weeks before the exam and recruitment is affected by the need for training/preparation and availability.

Feedback on scenario content

- Most locations are 'satisfied' or 'very satisfied' with the medical conditions covered in their Station 2 and 4 scenarios.
- Most locations are also 'satisfied' or 'very satisfied' with the cultural, social and religious content.
- Some locations made some useful suggestions as to how content could be made more appropriate for them, including travel/holiday destinations, sporting activities and social activities/hobbies.

Implications and recommendations:

Key finding 1: Centres want to receive scenarios as soon as possible after providing information: The new international vetting guidance recently developed by the Scenario Editorial Committee should help to streamline and speed up the vetting process and the Scenarios Co-ordinator will continue to keep a record of when each location receives its scenarios.

Key finding 2: Centres generally prefer to receive scenarios before they recruit surrogates: This allows the Station 2 and 4 scenarios to be tailored to the surrogates that are known to be available.

Key finding 3: Locations have various approaches to recruiting surrogates (sourcing and timing): There are differences in how the exam is organised in different locations, and this understandably means that surrogate recruitment varies. This variation is not a problem; however 'good practice' guidance for international centres could be valuable.

Key finding 4: Some scenario content could easily be improved for international locations: There are some suggestions relating to content that can be incorporated into the international vetting guidance so that they can be considered as part of the scenario selection/vetting processes.

Background

Over the past year, the MRCP(UK) Scenarios Co-ordinator has been working to carry out a review of the processes for managing Station 2 and 4 scenarios for international centres.

The review has aimed to understand the differences in the processes for managing Station 2 and 4 scenarios for international PACES centres compared to UK centres; the key difference is that surrogate information is provided before scenario selection for international centres but not for UK centres. It was therefore deemed sensible to review both processes and assess whether alignment between them would be advantageous.

As part of this review, it was decided that it could be useful to gather direct feedback from international centres in order to ascertain how satisfied they are with the current processes for providing Station 2 and 4 scenarios and to identify any areas for improvement.

In March 2016, the Scenarios Co-ordinator therefore prepared an online survey to be administered to International Federation Leads and administrators. This paper outlines the findings from the survey.

Survey design

The Scenarios Co-ordinator designed the survey in consultation with relevant stakeholders including the MRCP(UK) International Business Development Manager, Policy Officer, and International Administrator.

The survey was designed to collect information on:

- Satisfaction with current processes (scenario selection, timetabling etc.)
- Surrogates (how and when they are sourced, who sources them, whether they are the same individuals across diets/years)
- The content of scenarios (prevalent medical conditions, socio-cultural content for different locations)

Survey distribution

The survey was administered to international locations that have recently run PACES exams and/or were due to run in 2016. Under the advice of the International Associate Medical Director, it was also decided that a slightly amended version of the survey should be shared with two pathfinder centres that ran in 2016 (Bengaluru and Colombo).

The survey was administered via Survey Monkey and the timing was tailored to each location (the survey was sent out during the 2016.1 and 2016.2 assessment periods a few days after the last day of running PACES for each location – as advised by the International Administrator). Each centre was given one month to complete the survey.

Analysis

Responses were collated in Survey Monkey and exported into Excel for analysis by the Scenarios Co-ordinator. Closed questions were analysed quantitatively and open questions were analysed thematically, as presented in the sections below.

In total, 18 responses were received to the survey: all of the locations responded, but not all of the respondents answered all of the questions. Analysis is based on answers provided; therefore the base rate is specified in the graphs below. For one location there was more than one respondent (Federation Lead Examiner and Administrator).

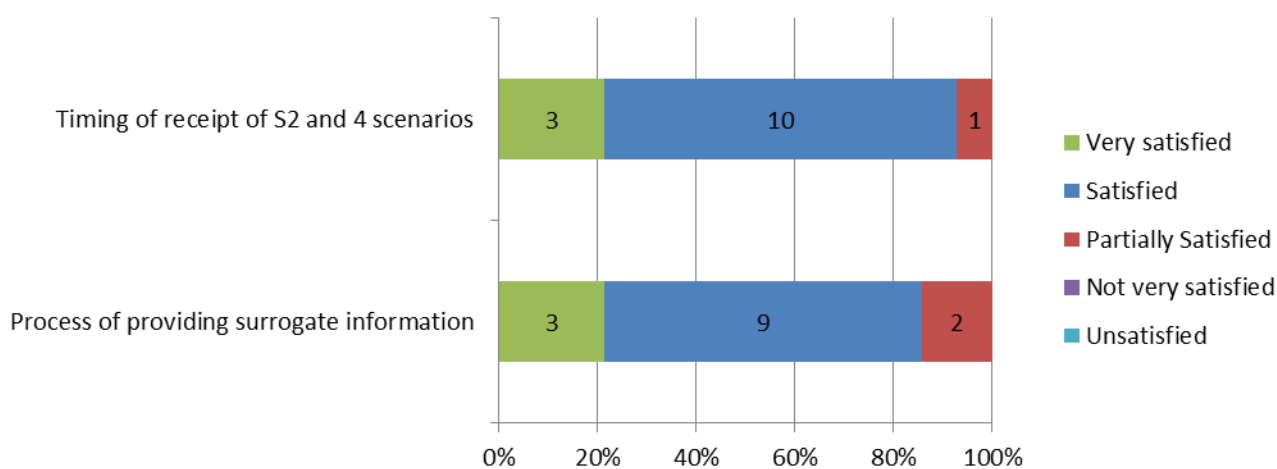
Survey findings

Feedback on Station 2 and 4 scenario processes

Respondents were asked how satisfied they are with the process of providing surrogate information to Central Office and the timing of when they tend to receive their scenarios. Graph 1 displays the findings. Most respondents were satisfied (70%) or very satisfied (21%) with the process, and the timing (64% satisfied and 21% very satisfied).

A small number of respondents indicated that they were ‘partially satisfied’. Open comments from these respondents focussed on the timing; centres wish to receive scenarios as soon as possible once surrogate details have been sent to Central Office. All comments are listed in table 1.

Graph 1: Satisfaction with process and timing of scenario receipt:



Base: 14

Table 1:

Theme (actual comment)

Timing of receipt:

“Earlier receipt of scenarios will help surrogates training”

“Since the time interval of asking the information and sending the scenario is quite long, sometimes, the information given may need to amend”

“Timing before exam is satisfied”

“The cases are appropriate and arrive well ahead of the exams for preparations and training surrogate”

Content:

“The sex of the surrogates should be specifically included in the scenario. This is to train the surrogates appropriately.”

Respondents were asked to comment on what they think about providing surrogate information in advance of receiving their scenarios (this is in direct contrast to the process for UK centres, where scenarios are selected and sent to centres for them to find matching surrogates). The responses are in table 2; the majority of respondents felt that the current process is working well.

Table 2:

Theme (actual comment)

Happy with the process of providing surrogate information in advance:

“Good practice”

“Reasonable”

“Excellent”

<p><i>"The current system works better"</i></p> <p><i>"Necessary"</i></p> <p><i>"Satisfied"</i></p> <p><i>"Appropriate arrangement"</i></p> <p><i>"Fine"</i></p> <p><i>"Agree with the option"</i></p> <p><i>"This helps match surrogate age and sex to the scenarios"</i></p> <p><i>"Appropriate"</i></p>
<p>Other:</p> <p><i>Not prefer way.</i></p>

As a follow-up question, respondents were asked if they would prefer to receive scenarios before recruiting their surrogates. Most respondents did not provide an answer; however of those that did, 5 responded 'Yes' and 3 responded 'No'. Table 3 shows the comments that were provided to support this question; it indicates that there were mixed views across these respondents in that some prefer to provide the information before receiving their scenarios (current process) but a few others felt that it may be preferable to receive the scenarios first.

Cross-referenced with the previous question (table 2) in general it seems that most respondents are happy with the current process.

Table 3:

General comments on surrogate recruitment (<i>actual comment</i>)
<i>"Hope what is happen with station 2&4 to happen with station 5."</i>
<i>"We have known surrogates mainly Asian women paramedical so it is not easy to find matching surrogates."</i>
<i>"It's hard to get good English speaking surrogates especially in the older age groups".</i>
<i>"Yes and no, as we can also give you the name and sex of surrogates for you to create the scenario."</i>
<i>"The local host may be able to recruit more appropriately"</i>
<i>"Get scenario first before recruitment of surrogate."</i>

Information about PACES Station 2 and 4 surrogates

Respondents were asked a series of questions in order to find out about their processes for recruiting surrogates for Station 2 and 4. Firstly, they were asked how they usually find/recruit surrogates in an open question. The responses indicate that centres generally have a bank of surrogates, use medical/paramedical (e.g. speech or occupational therapists) hospital colleagues and staff, use surrogates that have had training, or outsource the recruitment to a local University that provides surrogates for other exams (one respondent - Singapore).

Some respondents also provided additional comments reflecting how they make a decision on surrogate recruitment, for example by carrying out interviews. One respondent also commented that in general it can be difficult for them to source surrogates over the age of 40.

To support this question, respondents were asked a closed question about who they tend to use as surrogates for Station 2 and 4 in PACES: graph 2 shows the responses. Respondents were asked to select as many responses as relevant. The findings indicate that medical staff are used by most of the respondents, and that many locations also use non-medical staff and friends/family members as surrogates too. None of the respondents reported using an agency to recruit their surrogates. For pathfinder centres, the question was phrased to ask who they intend to use as surrogates (as they have not yet run real PACES Exams).

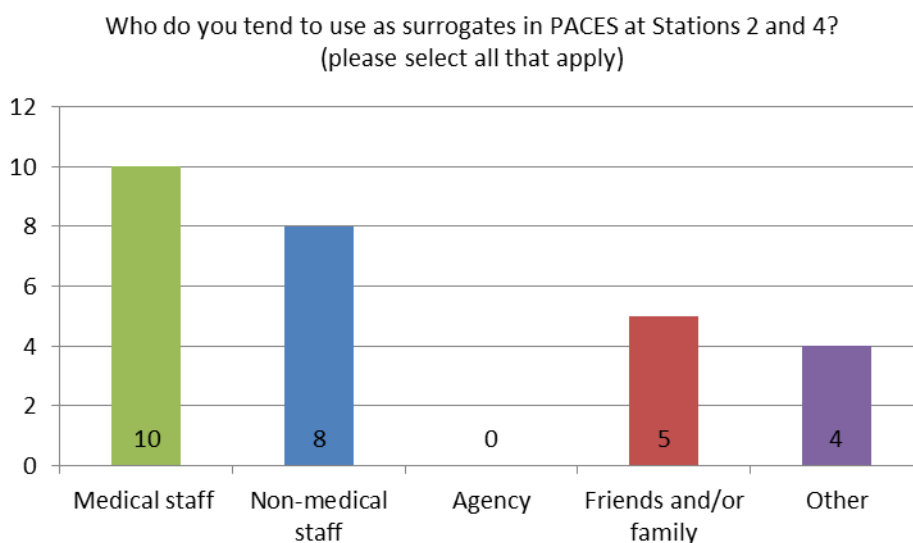
Some respondents provided open comments to support their answers. These comments suggest that surrogate choice is affected by:

- Timing and flexibility (one respondent reports that non-medical staff are more favourable for these reasons)
- Fluency in English language (this can limit choice)
- Appropriate ages to match the scenarios

Some respondents also reported using real patients as surrogates and non-medical staff from other hospitals (not just the hosting hospital).

When asked who tends to recruit surrogates, respondents reported that it is usually the host examiners, but also a few individual respondents reported that recruitment is managed by a Nurse Educator, Senior Registrar, University Standardised Patients team (Singapore) and physicians from the local University.

Graph 3: Surrogate recruitment

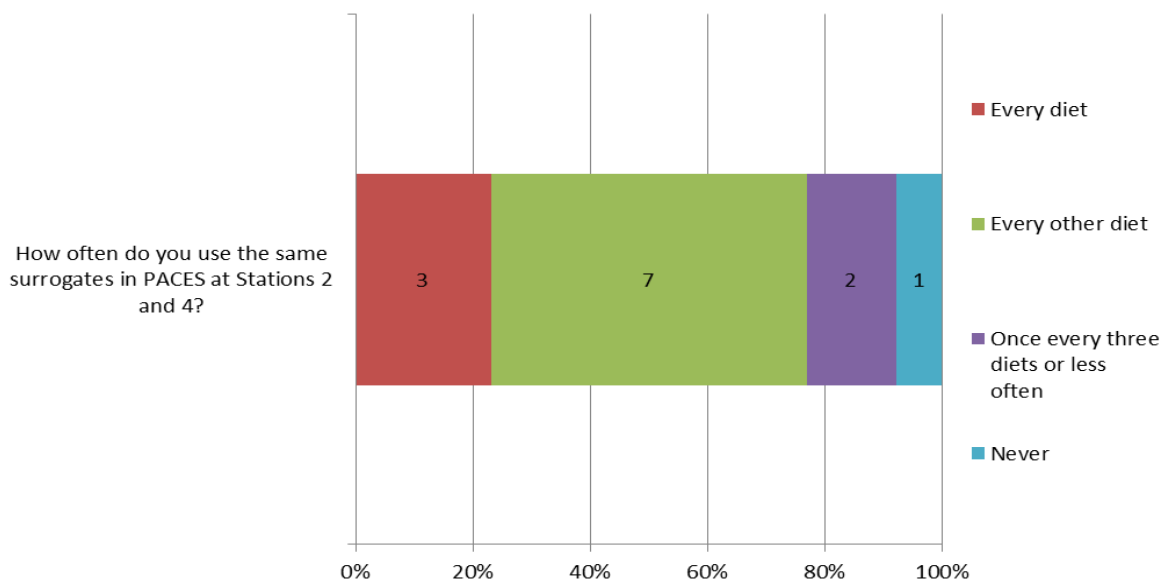


Base: 18

In order to gain insight into re-use rates, respondents were asked how often they tend to use the same surrogates at Station 2 and 4. Graph 4 shows the findings: the largest proportion of respondents reported using surrogates in every other diet but open comments (table 4) suggest that re-use tends to vary depending on circumstances (as could be expected).

It may be worth noting that the rate of surrogate re-use should not directly impact on the examination; the approach to Station 2 and 4 scenario selection and timetabling ensures that scenarios are not over-used – so even when surrogates are being used frequently they are working with different scenarios across assessment periods (required to play different roles).

Graph 4: Surrogate re-use rate



Base: 13

Table 4: Comments on re-using surrogates

Theme (actual comment)
<p>Re-use rate varies:</p> <p><i>“All varieties, about 25% each in above categories”</i></p> <p><i>“Variable, sometime surrogates may be used every diet sometimes never”</i></p> <p><i>“Use new ones too”</i></p> <p><i>“NO rules for this, if the scenarios fit in well, we will use the surrogates, but always recruit new surrogates”</i></p>
<p>Advantages of re-using same surrogates:</p> <p><i>“Once well trained in a diet it’s easier to be assured of a good performance every time”</i></p>
<p>Other:</p> <p><i>“For confidentiality, we have to make surrogate pool for PACES exam”</i></p> <p><i>“Information unavailable as we outsourcing the recruitment and allocation of surrogates to the University team which is in charged surrogates.”</i></p>

Respondents were also asked about when they usually recruit surrogates for Station 2 and 4. As shown in graph 5, the largest proportion of respondents reported that it tends to be less than 11 weeks before the exam and only one respondent reported recruiting their surrogates well in advance (20 weeks or more). Notably, this respondent was one of the pathfinder locations so they have not actually run the exams yet.

Open comments were also provided by some respondents, these indicate that two key factors affecting the timing of recruitment include:

- Perception of the need for preparation and training:**

“It’s best to be prepared well before the date”

“Practice with exam question 5 weeks before exam especially non-medical person”

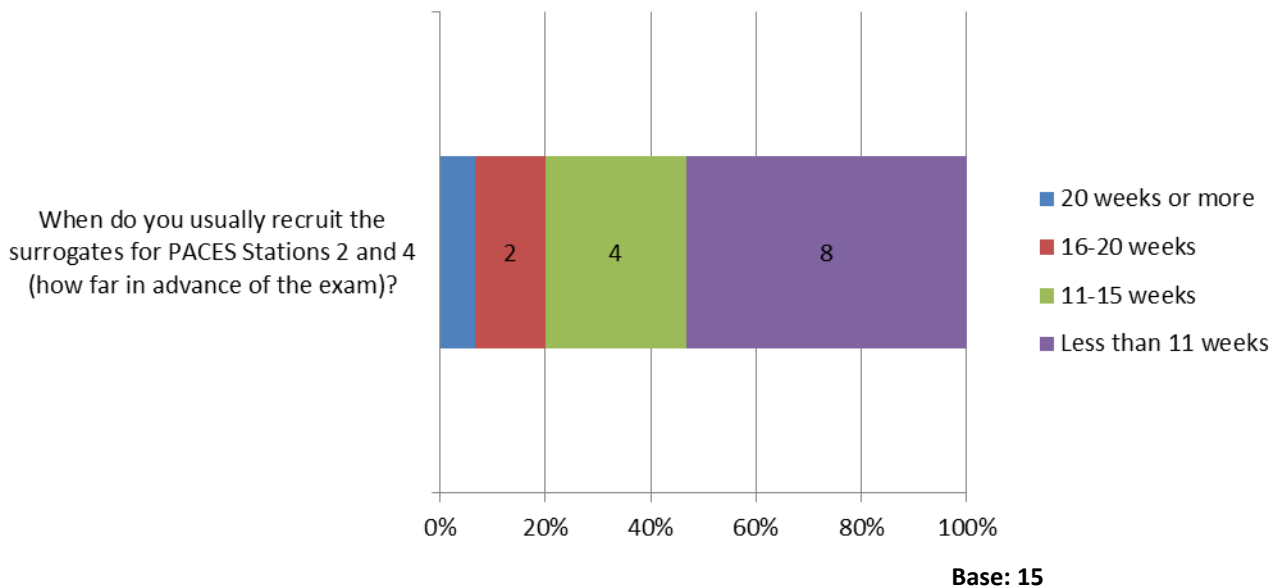
“As the surrogates are from healthcare, it is easy to train them in 3-4 months”
- Surrogate availability:**

“If recruited too early they may not be sure of their schedule and availability”

“We do have a list of potential surrogates whom we call to check availability before selection”

One respondent commented that they recruit surrogates under 4 weeks before the exam, however this does not align with the timing of the provision of surrogate information to Central Office (10 weeks before). The reason for this discrepancy is not clear, but it may be that the respondent misunderstood the question.

Graph 5: Timing of recruiting surrogates



Feedback on scenario content

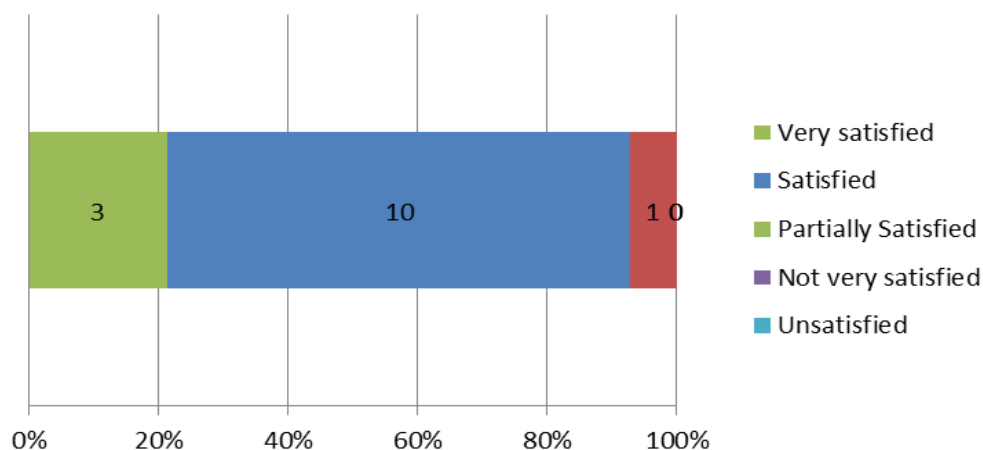
The last section of the survey aimed to find out about how satisfied international respondents currently feel with the content of Station 2 and 4 scenarios. Respondents were asked specifically about medical conditions covered and cultural, social and religious appropriateness. The findings are displayed in graphs 6 and 7.

As graph 6 shows, the majority of respondents were ‘satisfied’ or ‘very satisfied’ with the medical conditions covered in their Station 2 and 4 scenarios. One respondent reported being ‘partially satisfied’. In an open comment the respondent stated that they “*need more diverse medical conditions*” common to their location. As graph 7 shows, the majority of respondents were also ‘satisfied’ or ‘very satisfied’ with the cultural, social and religious content. Three respondents reported being ‘partially satisfied’; their open comments were:

- “Some cultural and social issues come up. e.g.: asking smoking history to a lady is considered inappropriate in Indian culture”
- “Scenarios regarding with antibiotics guideline are rather different in developing countries”.

Graph 6: Satisfaction with medical content

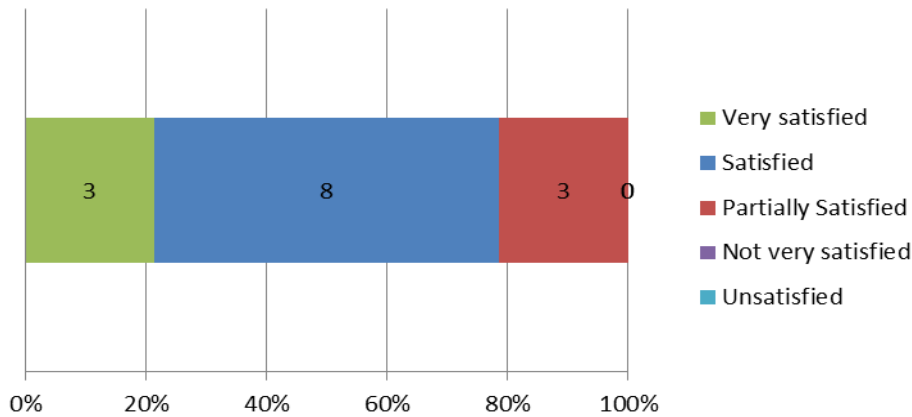
How satisfied are you with the medical conditions covered in the S2&4 scenarios that you receive?



Base: 14

Graph 7: Satisfaction with cultural, social and religious content

How satisfied are you with the cultural, social and religious appropriateness of the S2&4 scenarios that you receive?



Base: 14

Respondents were asked to comment on any content they would particularly like Station 2 and 4 scenarios for their location to include concerning: travel/holiday destinations, sporting activities and social activities/hobbies. The open comments are outlined in table 5 according to these categories and the responding location is specified for context.

None of the comments indicate any dissatisfaction with current content. Some international respondents provided suggestions specific to their location which may be useful to consider in scenario selection/vetting in future.

Theme (actual comment)
<p>Travel/holiday destinations: "Any place" (Oman) "This is an important area" (Hong Kong) "Hill stations - Kodaikanal, Ooty, New Delhi - Capital, Goa beach" (Kochi) "Europe, Turkey, New York, Saudi Arabia, beach resorts in Egypt" (Egypt) "South East Asia, Europe, America" (Kolkata) "Problems related to travel to ASEAN countries" (Brunei) "Caves, waterfall" (Malaysia)</p>
<p>Sporting activities: "Football players" (Oman) "Sport related medical conditions" (Sudan) "Cricket, Football, Volleyball" (Kochi) "Football (for all classes), swimming, jogging, squash and tennis for higher social class" (Egypt) "Football, Cricket and Hockey" (Kolkata) "Hiking, marathon running" (Brunei) "Nil" (Malaysia) "To be specific to our country" (Bengaluru – pathfinder)</p>
<p>Social activities/hobbies "Visiting family and friends/ reading" (Oman) "Movies, Family visits" (Kochi)</p>

"Meeting friends , "shisha" smoking" (Egypt)
"Charity Work, Religious activity participation" (Kolkata)
"Nil" (Malaysia)
"To be specific to our country" (Bengaluru – pathfinder)

Finally, respondents were invited to provide any further open comments relating to Station 2 and 4 scenarios. The comments were as follows:

- *"If scenario is age and gender not specific , it should be allowed to recruit new surrogate in some situation"*
- *"Scenario related to rare disease in Myanmar are not appropriate to use. Eg. Wegener granulomatosis."*
- *"Satisfied so far"*

The next section summarises the key survey findings and implications for the way that Station 2 and 4 scenarios are managed.

Key findings and implications

The survey findings indicate that there are a few possible ways in which our service to international centres in the provision of Station 2 and 4 scenarios could potentially be improved. These key findings are as follows:

Key finding 1: Centres want to receive scenarios as soon as possible after providing information

After receipt of the surrogate information scenarios are selected and then vetted by a member of the Scenario Editorial Committee. This process usually occurs within a week of receipt, but is dependent upon the time of the individual vetting member. Scenarios are always provided at least 4 weeks in advance of the exam, and usually more than 6 weeks in advance. It is hoped that international vetting guidance recently developed by the Scenario Editorial Committee should help to streamline and speed up the process further.

Key finding 2: Most respondents prefer to receive scenarios after they recruit surrogates

Most respondents reported that they prefer to recruit their surrogates first and provide the information to Central Office, rather than receive scenarios beforehand. This is because it means that scenario selection can be tailored to the actors that are already known to be available.

Key finding 3: Locations have various approaches to recruiting surrogates (sourcing and timing)

It is understandable that different locations have different approaches to surrogate recruitment because it is dependent on access, local relationships and how the exam is being organised and run generally. Whilst the differences do not appear to cause any problems, currently there is no formal guidance to aid international hosts when setting up this aspect of the PACES exam; this may be useful in future.

Key finding 4: Some scenario content could easily be improved for international locations

The survey respondents provided some useful suggestions regarding the medical and cultural/social/religious content of scenarios. Specifically, some locations suggested particular social activities, travel destinations and sports that would make scenarios more appropriate for them. As long as these suggestions do not have a material impact on the content of scenarios they may be aspects that can be amended during the vetting process for each area.

Conclusion

Overall, the findings from the survey indicate that there are high levels of satisfaction with the current processes associated with, and content of, Station 2 and 4 scenarios within PACES. These findings address the key aim of this review of international processes: namely, whether it would be advantageous to change the processes for managing Station 2 and 4 scenarios for international centres to match UK centres.

Whilst a small number of respondents indicated that it might be useful for them to receive their scenarios before providing surrogate information, the majority of respondents reported that they were happy with the current process. This indicates that there is no need to amend the current process, as it is working well.

Beyond this finding, the survey has also generated valuable ideas about how some aspects of the processes and content could be improved, for example through the new international vetting guidance, as well as information about how international locations find and work with surrogates (information that was previously unknown). These findings and implications will be discussed within MRCP(UK) Central Office and with the key clinicians involved in the production of Station 2 and 4 scenarios so that appropriate actions can be agreed.