

**PTC Myanmar Course Assessment Workshop 1<sup>st</sup> – 5<sup>th</sup> March 2015**

**REPORT**

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**Summary**

Myanmar PTC leaders, with the assistance of a small international faculty, ran a workshop in early March 2015 with the intention to develop appropriate assessment tools with a clear rationale for use at the end of the two-day PTC course. Triggers for the desire to introduce a pass/fail component into the PTC course included increased demand for PTC courses around the nation, the need to maintain a consistent standard of teaching and legislative changes resulting in all doctors requiring better trauma care skills.

The main purpose of the assessment is to increase motivation of the participants. By clarifying this aim, the local PTC leaders were able to set appropriate standards, write new MCQs and develop a simple scenario assessment tool. 'Blueprinting' of assessment meant that all questions focused on core teaching with the PTC course.

A large cohort on Myanmar instructors ran a successful PTC course for junior doctors that incorporated the new assessment component. All participants provided positive feedback, and after two candidates repeated their scenario assessments, all participants passed the course and received certificates of completion.

A final day of review and feedback enabled the local PTC leaders to adapt and improve their newly developed assessment tools. Key issues for ongoing review include the high labour intensity required for the assessment tasks, appropriateness of the assessment tools, and maintenance of the principles and integrity of the PTC course.



Local and international PTC Instructors with participants from the 2-day course

## Background

Since the introduction of PTC to Myanmar in 2009 there have been nearly 50 provider courses delivered under local leadership in key cities and regional towns. A core group of emergency physicians, anaesthetists, surgeons and family physicians (GPs) have formed a PTC Society under the auspices of the Myanmar Medical Association. An international team of clinicians from Hong Kong and Australia provide intermittent support, predominantly to augment and enhance local leadership and teaching skills.

Increasing local community expectations and new legislative changes mandating emergency and trauma care delivery by doctors in any situation has led to a desire for more standardised training amongst the medical community. PTC courses are now incorporated into some hospital orientation requirements and post-graduate specialist training programs. Junior doctors and GPs are motivated to improve their trauma care skills through PTC training, and so demand for courses is increasing exponentially.

In this context, local PTC leaders agreed that introducing more formal assessment into the PTC course could serve to improve motivation of the participants and maintain the core standards of the course. Local clinicians rapidly developed and implemented a set of new multiple choice questions (MCQs) and scenario assessment during a recent PTC course in February 2015, but with some initial difficulties and mixed feedback.

Three international PTC Instructors worked with local PTC leaders during the PTC Myanmar Course Assessment workshop (1<sup>st</sup>-5<sup>th</sup> March) to determine the aims and purpose of PTC

course assessment, as well as the nature, standards and logistics of such assessment for the Myanmar context.

## Workshop

### Program

Day	Event	Lead Instructors
Sunday 1 <sup>st</sup> March	PTC Assessment workshop <ul style="list-style-type: none"> <li>- General discussion</li> <li>- MCQs</li> <li>- Scenarios</li> </ul>	Dr Vijay Kumar Dr Georgina Phillips ('I' International)
Monday 2 <sup>nd</sup> March	PTC Assessment workshop <ul style="list-style-type: none"> <li>- Scenarios</li> <li>- Standards</li> <li>- logistics</li> </ul>	Dr Vijay Kumar Dr Georgina Phillips (I) Dr James Kong (I) Dr TW Lee (I)
Tuesday 3 <sup>rd</sup> March	Day 1 PTC Course	Dr Vijay Kumar
Wed 4 <sup>th</sup> March	Day 2 PTC Course with new end of course assessment	Dr Aung Maw Dr Aung Pyi Soe
Thursday 5 <sup>th</sup> March	De-briefing and feedback about new assessment	All

### Activities

Up to 30 senior PTC Instructors attended the two-day assessment workshop. A core PTC organiser carefully documented the robust, stimulating discussion and all outcomes. Careful critique of existing 'pilot' assessments led to thoughtful work to improve assessment tools and 'blueprint' assessment according to the key components of the PTC course.

'Homework' for the local instructors included writing new MCQs on core topics (such as Airway, Breathing and Circulation) and devising simple scenarios for assessment purposes.

Twenty-four junior doctors attended the 2-day PTC course led entirely by the local instructors in a mix of English and Myanmar language and funded through an affordable course fee. The final new assessment component ran over approximately 90 minutes on the afternoon of the second day, with local leaders coordinating a complex movement of participants around assessment tasks. Labourers were hired and briefed to act as 'patients' for the scenario assessments. Some '*moulage*' was even used!

The final day of debriefing and feedback allowed for critical reflection on the new assessment tools and fine-tuning of particular aspects (such as poorly worded MCQs). The local team allocated future work and time for review over the next few months.

## **Outcomes**

The group achieved consensus around the primary purpose of introducing a new assessment component which should serve to increase the motivation of the participants, however some concern remained about fairness and inclusiveness.

A 'blueprinting' exercise realigned weighting of MCQs to focus on the core teaching of the PTC course, so that previously used MCQs became redundant and new MCQs were written by the group. The local PTC leaders agreed that scenarios were the best method for assessing participant understanding and application of PTC principles and so worked to develop a streamlined assessment tool focusing on core 'ABC' knowledge and skills.

The group agreed that PTC participants should pass both MCQs and a scenario in order to obtain a certificate of completion of the course, but that the opportunity for re-sitting each assessment component should be given if one of them was not passed in the first instance. There was much debate about how to set a fair standard and an agreement that review of standard setting should be done at the end of each course and at regular intervals into the future. Finally, all PTC leaders agreed that the integrity, timing and fun nature of the course should not be compromised through the introduction of a pass/fail type assessment and careful vigilance would be required into the future to ensure this did not occur.

The visiting international faculty observed high quality interactive teaching during the standard 2-day PTC course run on days 3 and 4. Feedback from the participants was overwhelmingly positive, highlighting skills and scenario sessions as most enjoyable components. Local faculty managed the assessment component smoothly at the end of the second day, with 5 teams of 2 assessors each running scenario stations, plus other instructors managing timing and logistics. Such a large contingent of instructors enabled timely assessment but was clearly very labour intensive.

After discarding MCQs that were clearly flawed, all participants passed that assessment component. Two participants were required to re-sit the scenario assessment, which they did at a different scenario station and after receiving focused feedback from their initial assessors. These participants subsequently passed, therefore meaning all course participants passed and received their certificates of completion.

A key outcome of the final debriefing day was the need to re-write some of the assessment scenarios, which were observed to be too complicated and not appropriately weighted for such a brief assessment time. The local instructors also clarified that the scenario assessment should require both a demonstration of knowledge *and* skill in order to pass (ie; the participant needs to put the hands on the 'patient' and show how they would intervene, rather than just say it). More MCQs also need to be written and tested prior to use for assessment.

The labour intensity of the new assessment (large number of instructors required as well as employment of outsiders as actors) remains an important barrier to the substantial 'roll-out' of PTC courses required by the Myanmar medical (and subsequently nursing) community. The local PTC leaders resolved to continue with the new assessment but also allow for iterative review over time to allow for modifications or postponement of assessment if required.

## Conclusion

The Myanmar PTC Course Assessment Workshop enabled local PTC leaders to develop suitable course assessment tools with a clear rationale and system for review. By running a successful PTC course with the new assessment incorporated, the Myanmar PTC leaders were able to immediately critique and adapt their assessment tools for future improvement and use. This may provide a model for other environments who wish to introduce a standardised yet simple pass/fail assessment into their local PTC course framework. Recognition and respect for the inclusive, flexible and fun nature and integrity of the PTC course remains of utmost importance for all PTC instructors and leaders.



Dr Georgina Phillips and local PTC leaders, Drs Vijay Kumar and Aung Maw plan the PTC Assessment Workshop at a local restaurant



Myanmar PTC Instructors performing a scenario assessment



A participant leading a log roll during the PTC Scenario assessment