

External Examiner Report
for
Alzaiem Alazhari University
Faculty of Graduate Studies
Family Medicine Master's Degree Program

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Background

- There are only ten full-fledged family medicine physicians in Sudan.
- The examined group is the first cohort of 126 candidates for Masters in Family Medicine issued by Al Azhari university in Khartoum, Sudan.
- The majority are female students and few males. I understand that most of the male students were in practice outside Sudan before they came back to enroll in this program.
- The examination was conducted over 5 days by a written format (MCQ) and OSCE.
- I reviewed the entire curriculum, training schedule, examination schedule and observation points that they are looking at the OSCE examination.
- Majority of the students are interested in completing the MD program in additional 2 years since it will provide them with better income potential and prestige.
- Dr. Nazik is the only full-time faculty member of the course, and it is truly commendable that she is administering single-handedly such a rigorous and demanding program for more than 100 learners.

1. Paper - Multiple Choice Examination

- Questions were all relevant to the problems they most likely encounter in their daily practice. Majority of the questions are straightforward and clearly stated. Management questions in complex cases similar to ABFM board questions can be easily incorporated into the longer version of MCQs.

2. OSCE examination

- Each candidate has to be tested their clinical skills in 8 different OSCE stations. Skills to identify skin rash, EKG were tested in color printed questions.
- Most of the candidates received high scores in OSCE stations. They seemed to have already acquired basic patient skills, such as eye contact, basic active listening skills through their training.
- For those who have basic patient skills, detailed patient interactions would not be well addressed by OSCE. Electric scenario discussions that the ABFM has been using for their MCQ would be appropriate and useful.
- It would be helpful to define the areas that can be assessed by OSCE, such as basic patient skills, clinical skills and knowledge, and problem-solving and prioritization.
- I would recommend incorporating scenarios that are created based on real-life situation, such as difficult patients, pain pill seekers and etc. to test their problem-solving skills.

3. Suggestions to improve the training

- The approach of the training should be “hands-on”, which means the focus should shift from ‘knowledge-heavy’ to ‘practice-based’, and ‘in-service’ evaluation.
- Training by classroom lectures and discussions provides basic knowledge but clinical practice is the application of these acquired knowledge. It doesn’t make much sense if the exam just focus on testing the knowledge.
- Evaluation of the trainees at the end of each rotation should be focused on their performance, not on their knowledge.
- Small group discussions on case stories with multiple medical problems should be incorporated regularly into the training.

4. Curriculum for the Master’s Degree in Family Medicine

- The existing curriculum here is targeted and suitable for family physicians working in health centers in the community where their main focus is prevention and triage.

- One of the most significant differences between our program in North America and here is their propensity to put more weight on evaluation of knowledge. Emphasis should be shifted to value problem-solving skills employing continuous hypothesis-generation/testing in patient care.
- Current evaluation method, tracking by a log book, multiple choice questions and checking lists, does not provide qualitative assessment and narratives of strengths and weaknesses of trainees
- The research skills is not well ingrained into the daily practice. The essence of research and scientific inquiry starts from patients' bedside every day and these simple facts should be taught and incorporated into teaching rounds and daily precepting at the clinic.

Overall quality of education

- Now the next step would be maintenance of certification (MOC) issues among the candidates. How to recertify people after they are out in practice for a while including current veteran faculty members.
- Need more creativity to differentiate 4-year education from 2-year education both in quality and quantity. MD program, for instance, should focus more on sub-specialty rotation both in inpatient and outpatient in referral hospitals.
- Just providing similar 2-year training twice to get a MD degree doesn't nurture participants' motivation or curiosity. MD program should provide more in-depth coverage of topics of their interest, such as OB, geriatrics etc., as a fellowship level training.
- Faculty development program to sharpen the teaching skills of faculty members should be implemented. Faculty development topics should include, leadership, self-management, professionalism, and problem-solving skills training.