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Artificial Intelligence in Health Professions Education

Trends · Issues · Priorities · Strategies

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Conference Handbook



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Sri Lanka



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was no local capacity for PG training. However, a new PGIM formed in 1980 asserted priority for MD to obtain consultant appointments. “The Physicians of the Ceylon College of Physicians (CCP) protested vehemently at the time of the governmental pressure to start PG medical education locally in Sri Lanka and to break away from its long-standing relationship with the Royal College Physicians UK. Our Minister of Health at that time finally gave in to a formula where the MD Colombo would be setup at the PGIM and it would invite examiners from the Royal Colleges and also would include a mandatory one-year training in UK or other Centers of Excellence in UK” (CCP website). This practice of overseas training continues even to this day and the main destination for training continues to be the UK (eg. 64% [158/246] of total training slots in 2018). In 2017 the MRCP returned to Sri Lanka, and the annual academic conference of the CCP invariably has strong representation from the Royal Colleges.

Conclusion

Since its Anglocentric origins, PG training in Internal Medicine and its finer specialties continue to be strongly linked to the UK. This has enabled an external validation of our training programs by institutions recognised for their excellence in training such as the Royal College of Physicians. However, it may perpetuate subservience, stunt growth of local knowledge, and discourage the development of a truly international perspective of medical knowledge. The training programs in other disciplines too are likely mirror the evolution of Internal Medicine.

Psychometric Properties of a Cognitive Aptitude Test Administered to First Year Medical Students of Two State Universities in Sri Lanka

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Keywords

Medical school admission, Selection procedure, Selection, Admission criteria

Introduction

Sri Lanka uses academic performance at the Advanced Level examination (Z score) as the only criterion for admission to medical schools. As several countries use supplementary aptitude tests in the selection process, the appropriateness of the Sri Lankan approach has been challenged. Data on the utility of such tests in non-western settings such as Sri Lanka, however, is scarce.

Objectives

The objectives of the study are to evaluate the psychometric properties of an aptitude test administered to first-year medical students in Sri Lanka; to compare the performance of different demographic groups, and to determine the relationship between Z and aptitude test scores.

Method

The aptitude test contained 50 items under six subtests (abstract reasoning - 8, the human body - 8, quantitative reasoning - 8, decision making - 8, reading comprehension - 8, situational judgment - 10) and was developed by a panel of experts in medical education and psychology in the Faculty of Medicine, University of Kelaniya, emulating UKCAT. It was administered online in all three languages to first-year medical students shortly after their admission to two medical faculties in Sri Lanka

(n=328). The reliability of the test was determined; the overall and subtest scores for different schools were computed; and the scores of different demographic groups were compared (using t test).

Results

The internal consistency of the test was 0.63, and the subtests ranged between 0.2 to 0.47. The difficulty and discrimination indices were within the acceptable range. The mean score of the aptitude test (AT) score was 70.9/100 (SD 8.88). The mean score for females was slightly higher than for males ($p=0.04$). No statistically significant differences in AT scores between different ethnicities or religions were observed. Z scores demonstrated a poor correlation with overall AT score ($r=0.27$); reading comprehension ($r=0.24$), the human body ($r=0.19$); quantitative reasoning ($r=0.18$) and situational judgement ($r=0.128$). The correlation of the Z score with other subtests was not significant.

Conclusion

The items of the Aptitude Test demonstrated moderate overall consistency. The internal structure of the subtest items, however, needs to be further examined. The test appeared to assess a significantly different aspect of cognitive skills compared to traditional Advance Level examinations. The predictive ability of the aptitude test in medical school performance needs to be explored in the future.

Stackable Online Microcredential Courses – Students’ Perceptions and Way Forward for Pacific Small Island Countries

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Keywords

Microcredential, Oral health, Higher education

Introduction

Thirteen Pacific Island countries (PICs) namely, Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Palau, PNG, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu have dental practitioners. There may be opportunities to build effective connectivity and training programmes among the oral health sectors for the benefit of the PICs. (Tatui et al., 2018).

Microcredentials can be considered as viable vehicles for rapid upskilling of the workforce in higher education in the twenty-first century. Fiji National University (FNU) in its Strategic Plan has proposed to develop, microcredentials and online programmes to support up-skilling, re-skilling, and enhanced productivity as part of a lifelong approach to education and training.

The objectives of this study were to assess student’s perceptions towards a short course delivered online and explore the potential of offering academic programmes in stackable microcredential design.

Method

The School of Dentistry & Oral Health, College of Medicine, Nursing & Health Sciences at FNU plans a series of microcredentials which incorporate online teaching and assessment strategies for the dental practitioners to re-skill their competencies in the field of Oral Medicine and Oral Pathology. The first course OMOP1 of ten credit points (100 notional hours) was offered for four weeks in 2022 and 2023.