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Research Article

ASSESSING TOSBA AS A TEACHING METHOD TO PROVIDE FORMATIVE ASSESSMENT TO MEDICAL STUDENTS DURING THEIR CLINICAL ROTATION

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Abstract:

Aim: Group Objective Structured Bedside Assessment (TOSBA) is a learning approach in which a group of clinical understudies attempts a bunch of organized clinical undertakings with genuine patients to arrive at a conclusion, define an administration design, and get prompt criticism on their presentation from a facilitator. TOSBA was acquainted as developmental appraisal with the 8-week undergrad-showing program in Obstetrics and Gynecology (O&G) in 2013/14. Every understudy finished 5 TOSBA meetings during the revolution. The point of the study was to assess TOSBA as an instructing strategy to give developmental appraisal to clinical understudies during their clinical revolution. The exploration questions: Does TOSBA improve clinical, correspondence as well as thinking aptitudes. Does TOSBA give quality criticism?

Methods: A forthcoming accomplice study led over a full scholastic year (2013/14). The investigation utilized 2 techniques to assess TOSBA as an instructing strategy to give developmental appraisal: (1) an online overview of TOSBA toward the finish of the turn and (2) an examination of the understudy execution in TOSBA with their exhibition in the last summative assessment. Our current research conducted at Jinnah Hospital, Lahore from June 2019 to May 2020.

Results: In the 2013/14 academic year, 157 understudies completed the O&G program and the final summative evaluation. Each trainee has completed the required 5 TOSBA engagements. The response rate to the examination of understudies was 69% (n = 107/157). Understudies reported that the TOSBA program was a valuable learning engagement, with a positive effect on clinical, correspondence and thinking skills. Understudy studies rated the nature of criticism of TOSBA as high. The understudies recognized that the perception of exposure and criticism of the various understudies within their TOSBA group were strong. Successful understudies performed well in both the TOSBA and summative evaluations. Most under-students who did not do well in TOSBA hence passed the summative assessments (n = 20/21, 97%). But again, the lion's share of under-students who blew up the summative assessments scored well on the CSGH (n = 6/7, 86%).

Conclusion: TOSBA has a positive effect on the clinical, correspondence and thinking skills of clinical understudies through the organization of first-rate reviews. The use of organized and pre-characterized courses, the perception of the performance and contribution of individual understudies and the use of real patients are key elements of TOSBA. Maintaining a strategic distance from the sufficiency of understudies and providing accurate information about TOSBA are constant challenges.

Keywords: TOSBA, Formative Assessment, Medical Students, Clinical Rotation.

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INTRODUCTION:

Evaluation can be developmental (directing future learning, providing consolation, advancing reflection by casting values) or summative (making a general judgment about ability, well-being to practice, or the ability to progress to higher levels of service) [1]. The summative evaluation part is rooted in clinical schools. However, the developmental assessment portion is less characterized, but its benefit is progressively perceived. A wide range of instruments to assess the clinical abilities of understudy students has been described in the document. However, there has been little evaluation of their use as developmental assessment [2]. The use of explicit teaching strategies to provide developmental assessment in the clinical climate can address some of the common drawbacks associated with clinical teaching, including unclear destinations, unstructured methodologies, and poor student feedback [3]. Structured bedside assessment is a developmental assessment technique that involves a progression of bedside experiences of authentic clinical patients. Each experience requires a "group" of understudies to attempt a set of key clinical tasks with the help of a facilitator [4]. TOSBA means encouraging the learning of key clinical, correspondence and thinking skills. TOSBA can address some of the negative aspects of clinical teaching already presented. In any case, despite its instinctive potential to provide a useful developmental assessment, TOSBA has only recently been evaluated on a single basis in drug and medical procedure orders and requires further evaluation. The purpose of the review was to evaluate TOSBA as an instructional technique for giving a development evaluation to clinical understudies during their clinical tour of obstetrics and gynecology. The essential elements of the developmental assessment are the understanding of the value of the input all together to enable learning [5].

METHODOLOGY:

The student program in Obstetrics and Gynecology (O&G) is the 8-week upheaval during the penultimate year of the 5-year course in drug. There are 4 upheavals during the insightful year with around 40 understudies in each insurgency. The class is divided similarly into 4 social events early by the clinical school and each pack completes 1 of 4 separate upsets during the year. Our current research was conducted at Jinnah Hospital, Lahore from June 2019 to May 2020. Understudies total a genuine program of study lobby based and clinical activities during their rotate. TOSBA was not a piece of the indicating program in O&G or some other control in the clinical school going before the assessment. Each understudy is expected to complete a logbook during the transformation and submit it to the Department toward the finish of the upset. The hugeness of understudy support is underscored all through the revolution. The by and large appraisal score for the student program in O&G is constrained by a completion of-upset Objective Structured Clinical Examination containing 4 stations (OSCE, 31 %), a completion of-year made evaluation including out of 55 single most fitting answer questions (SBA, 12 %), short answer questions involving 7 clinical circumstances (SAQ, 33 %) and a completion of-year long case clinical evaluation (LCCE, 36 %). The University requires the use of a fixed standardized stepping plan over all assets including prescription. Understudies require a by and large evaluation score of 50 % or more to pass the appraisal. Besides, understudies must pass the LCCE to complete the evaluation paying little psyche to their presentation in some other portion. Understudies achieving an as a rule evaluation score of 62 % or more are allowed a capability ('Respects'). Rule alluded to standard setting is applied to all aspects of the evaluation. This result in factor ignore marks the unprecedented appraisal sections. The unrefined scores obtained by understudies in each evaluation portion are then changed over to the fixed standardized stepping plan.

Figure 1:

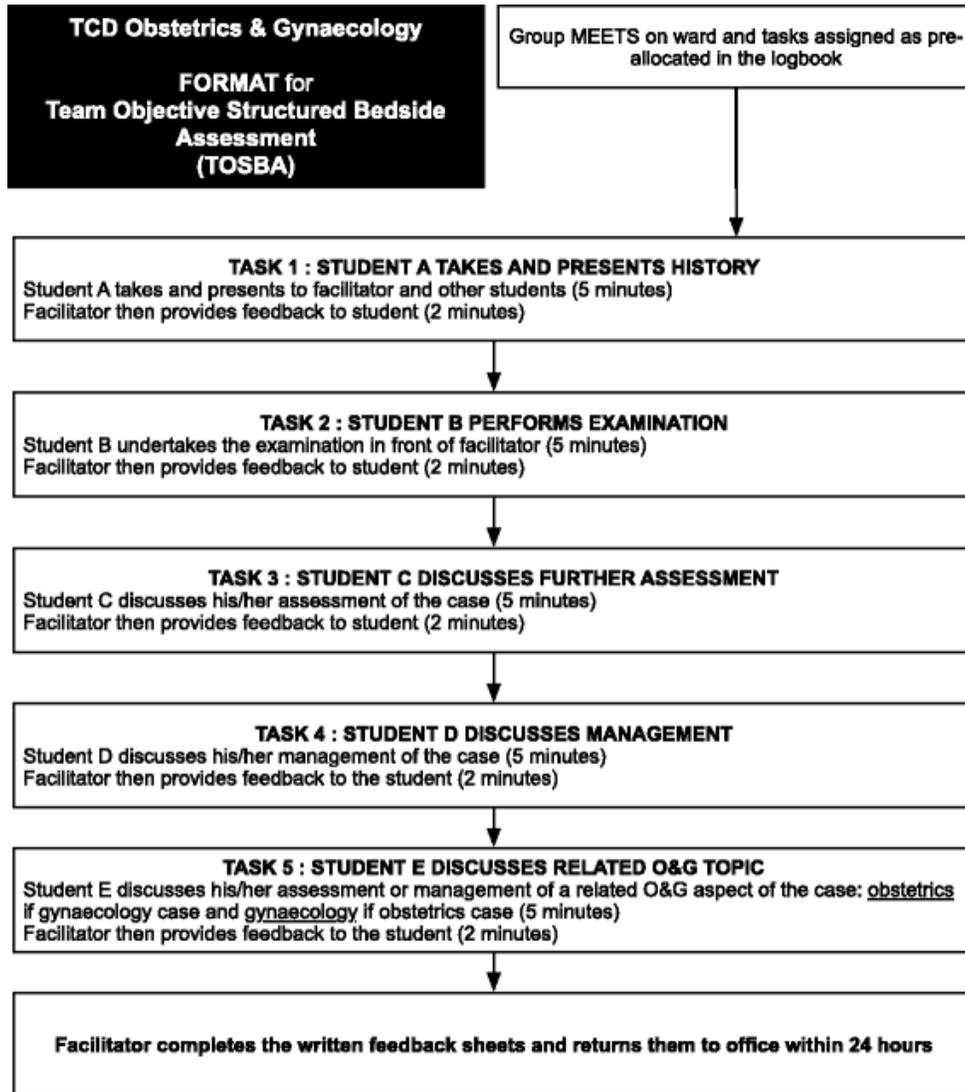


Figure 2:

TASK 1: Present the obstetric history	Student: _____ Date: _____ Assessor: _____ TOSBA Number: _____
Knowledge i.e. what is presented	Skills i.e. how it is presented
<p style="text-align: center;">General principles</p> Composes a strong opening statement Establishes the reason for attendance/admission Is complete Is up-to-date Is correct Tailors the history to the condition	<p style="text-align: center;">General Principles</p> Adopts a structured approach Uses clear and professional language Makes progress Is confident and engaging Is spontaneous without requiring prompting
Components of the OBSTETRIC HISTORY	
Opening Statement	Present Pregnancy History
Name including surname Age Address Occupation if relevant Nationality & First language if relevant Gravidity & Parity Gestational age Reason for attendance or admission State the diagnosis if known Any other significant details	Pregnancy Planning: Planned / Unplanned, Folic acid (Preconception / Postconception) Expected Date of Delivery (EDD): LMP including cycle regularity / frequency, Dating US Booking visit: Gestational age, Investigations: BP, Haemoglobin, Rhesus status Care plan: Who, When Fetal anomaly US: Gestational age, Abnormalities Subsequent visits: Who, When Complications / Admissions: Obstetric conditions, Maternal conditions, Fetal conditions
Background History	Reason for Attendance / Admission
Medical, Surgical & Psychiatric History Medical, surgical or psychiatric conditions Operations Hospitalisations	Reason for attendance or admission If symptoms: Site & Radiation, Character; Onset, Periodicity, Duration, Severity, Aggravating factors, Relieving factors, Associated symptoms: Abdominal pain, Vaginal bleeding, Vaginal discharge, Fetal movements Further assessments to make diagnosis (Mother, Fetus) Management of diagnosis or suspected diagnosis (Mother, Fetus) Patient perspective: Ideas, Concerns, Expectations
Medications History Pre-pregnancy medications Allergies: Penicillin if antibiotics, Latex if operation	Systems Review
Family History Thromboembolism	Positive findings from systems review
Social History Lifestyle Factors: Smoking, Alcohol use, Recreational drug use if relevant, Exercise, Diet Social Factors: Home, Occupation including plans for maternity leave, Relationships	Closing Statement
Past Gynaecological History Gynaecological conditions, operations or hospitalisations Menstrual history Screening history: Cervical smears, STI screens if relevant Contraceptive / Fertility history: Previous contraceptives and problems, Difficulties conceiving	OPENING STATEMENT + Further assessments and management
Past Obstetric History For any live birth / stillbirth: Year, Hospital, Gestational age at delivery, Mode of delivery: VD (Spontaneous / Induced) / CS (Type (Elective / Emergency), Indication), Baby (Gender, Name, Weight, Wellness at birth, Feeding (Breastfed / Bottlefed), Wellness at present), Complications For any miscarriage / ectopic pregnancy: Year, Hospital, Gestational age: By dates / By size, Management: Expectant, Medical, Surgical, Complications	Feedback
	What did the student do well? What could the student improve? How would you categorise the overall performance? <input type="checkbox"/> Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Good

Example TOSBA feedback sheet

RESULTS:

During the 2013/14 academic year, 165 understudies completed the O&G program: 38 understudies thus 01 (28 %), 38 understudies thus 3 (27 %), 43 understudies thusly 4 (29 %) and 41 understudies in turn 5 (36 %). Each understudy completed the essential 5 TOSBA tasks for instance 158 understudies completed 780 TOSBA tasks. An understudy from divert 3 was absent from the summative evaluation moreover, was banished from the assessment. The response rate to the understudy survey was 68 % (n = 107/157). There was no differentiation among responders and non-responders with respect to age (p = 0.573) or character (p = 0.550). Regardless, female understudies will

undoubtedly respond than male understudies (p = 0.004). A portion profile is given in Table 1. TOSBA was another experience for essentially all understudies (n = 106/107, 99 %). The quantitative requests watched out for 3 pieces of TOSBA: the learning gave by TOSBA, the info gave by TOSBA and the association of TOSBA. Table 2 summarizes the responses to the requests keeping an eye on the learning gave by TOSBA. The larger part responded that it would be invaluable commitment TOSBA to future O&G turns (n = 106/109, 98 %) with simply an unobtrusive number responding 'don't have the foggiest thought' (n = 3/109, 4 %) or then again 'no' (n = 0/109, 0 %).

Table 1:**Table 1:** Learning provided by TOSBA – student survey responses

How useful were the TOSBAs as a learning experience for you in general?						
	Don't know	Not at all useful	Not very useful	Somewhat useful	Very useful	Extremely useful
	2 (2 %)	0 (0 %)	0 (0 %)	10 (10 %)	42 (40 %)	51 (48 %)
How useful were each of the TOSBA tasks as a learning experience for you?						
	Don't know	Not at all useful	Not very useful	Somewhat useful	Very useful	Extremely useful
Taking and/or presenting history	0 (0 %)	0 (0 %)	2 (2 %)	12 (11 %)	34 (34 %)	59 (50 %)
Performing the examination	0 (0 %)	0 (0 %)	4 (4 %)	13 (12 %)	37 (35 %)	53 (49 %)
Discussing the diagnosis	0 (0 %)	0 (0 %)	1 (1 %)	13 (12 %)	35 (33 %)	57 (54 %)
Discussing the management	0 (0 %)	0 (0 %)	2 (2 %)	8 (7 %)	37 (35 %)	60 (56 %)
Discussing a related O&G topic	0 (0 %)	2 (2 %)	12 (11 %)	33 (31 %)	38 (35 %)	22 (21 %)
What was the impact of the TOSBAs on your ability to?						
	Don't know	Much worse	Somewhat worse	About the same	Somewhat better	Much better
Take and/or present a history	0 (0 %)	0 (0 %)	1 (1 %)	8 (7 %)	56 (52 %)	42 (40 %)
Perform an examination	0 (0 %)	1 (1 %)	0 (0 %)	13 (12 %)	49 (46 %)	44 (41 %)
Communicate with patients	0 (0 %)	0 (0 %)	1 (1 %)	57 (53 %)	32 (30 %)	17 (16 %)
Communicate with professionals	0 (0 %)	0 (0 %)	1 (1 %)	22 (21 %)	43 (40 %)	41 (38 %)
Think critically about patients	1 (1 %)	0 (0 %)	0 (0 %)	4 (4 %)	40 (38 %)	61 (57 %)
Work with other professionals	1 (1 %)	0 (0 %)	2 (2 %)	42 (40 %)	39 (36 %)	23 (21 %)
In terms of learning clinical and communication skills, how did the TOSBAs compare as a learning experience with?						
	Don't know	Much worse	Somewhat worse	About the same	Somewhat better	Much better
Bedside Tutorials	1 (1 %)	1 (1 %)	8 (7 %)	35 (33 %)	53 (50 %)	9 (8 %)
Outpatient Clinics	0 (0 %)	1 (1 %)	3 (3 %)	7 (6 %)	29 (27 %)	67 (63 %)
Theatre Sessions	0 (0 %)	1 (1 %)	7 (6 %)	12 (11 %)	35 (33 %)	52 (49 %)
Self-Directed Work	0 (0 %)	0 (0 %)	3 (3 %)	6 (6 %)	30 (28 %)	68 (63 %)
Classroom Tutorials	0 (0 %)	4 (4 %)	3 (3 %)	16 (15 %)	51 (47 %)	33 (31 %)

Table 2:**Table 1** Student demographic profile

	All Students (n = 157)	Students who responded to the survey (n = 107)	Students who did not respond to the survey (n = 50)	P value
Gender				
Male	77 (49 %)	44 (41 %)	33 (66 %)	0.004
Female	80 (51 %)	63 (59 %)	17 (34 %)	
Age				
20–24 years	121 (77 %)	85 (79 %)	36 (72 %)	0.573
25–29 years	25 (16 %)	15 (14 %)	10 (20 %)	
≥30 years	11 (7 %)	7 (7 %)	4 (8 %)	
Nationality				
Irish	103 (66 %)	74 (69 %)	29 (58 %)	0.550
North American	22 (14 %)	15 (14 %)	7 (14 %)	
Asian	16 (10 %)	9 (8 %)	7 (14 %)	
British	7 (4 %)	4 (4 %)	3 (6 %)	
Other EU	5 (3 %)	2 (2 %)	3 (6 %)	
African	4 (3 %)	3 (3 %)	1 (2 %)	

DISCUSSION:

Understudies uncovered that TOSBA was a beneficial learning association in a constructive outcome on clinical, correspondence moreover, thinking aptitudes [6]. Understudies evaluated the idea of information gave by TOSBA as high. Understudies recognized the view of the presentation and contribution of various understudies inside their TOSBA bunch as a key element [7]. TOSBA execution related with summative appraisal execution generally speaking. Effective understudies performed well in both TOSBA and summative examinations [8]. The majority of understudies who performed deficiently in TOSBA consequently passed the summative examinations. On the other hand, a large portion of understudies who failed the summative examinations had great scores in TOSBA [9]. There are different key requests that arise for clinical instructors considering the introduction of TOSBA to student clinical upsets: Does TOSBA improve clinical, correspondence just as speculation aptitudes? Does TOSBA give quality info? Does TOSBA give a real just as trustworthy assessment? The discussion will consider the current evidence and the revelations of this concentrate for all of these requests [10].

CONCLUSION:

TOSBA positively affects the clinical, correspondence what's more, thinking abilities of clinical understudies through the arrangement of excellent criticism. The utilization of organized pre-characterized errands, the perception of the exhibition what's more, criticism of different understudies and the utilization of genuine

patients are key components of TOSBA. Maintaining a strategic distance from understudy lack of concern and giving exact criticism from TOSBA are on-going difficulties.

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