“Stress reactions and coping strategies for performance based assessments of clinical skills”

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In the summer of 2019, we set out to look at how students manage exam and clinical stress. We set up focus group discussions with students re-writing the first, second, third and fifth year paper exams, as well as the OSCE re-sitters. The result was four group discussions where students discussed their exam and rotation experiences (no one came to the first year session, so we did not get all five groups). While exam stress was the main focus, the natural tendency of the groups was to also discuss sources of stressful frustration, resulting in an unexpected collection of data that illustrates the struggling RVC student’s exam and rotation experience.

## Incognizant Stress Management

When asked if the students could describe any stress management techniques they used they could hardly engage and often dismissed the questions. I would argue, this stems from a lack of stress management skill, or an obliviousness to unconscious techniques they may use; Or, most likely, both. Indeed when discussing the idea of self empowerment during an exam many of the student admitted that this had never occurred to them – they were simply resigned to the luck of the draw during the exam. This finding is supported by published trends of students struggling in exams lacking stress management techniques (Cardwell et al. 2013; Delany et al. 2015; Hassan et al. 2006; Cardwell et al. 2013).

## Perception of a fateful failure

In general, the re-sit students were obviously frustrated, and struggled with who to blame for their failure. It seemed failing an exam was too general and broad-stroked of a critique to take in a constructive way, in the same way that general comments against character are often not effective criticism. Not one student said they deserved to failed their first exam. Instead they had a tendency to view their failure as a fixed event that was a result of one or more of three unalterable fates: 1) Personal - the student blamed themselves by saying that they are just bad at taking exams (or that type of exam) and they view this as un-alterable fact: 2) The exam - they blamed the exam, saying it was poorly designed for any number of reasons: 3) The RVC - they blamed the RVC for failing to educate and supply enough learning material for them pass (this was mostly in the fifth year groups).

## Do exams prepare students for clinical stress?

Exams can be thought of as a stress management training tool, particularly applicable in clinical scenarios where time sensitive tasks must be performed in high stakes situations. However, not one students could imagine themselves using the stress management skills they might be developing in the real world because no one believed they would experience equivalent levels of stress in their professional lives. The fourth and fifth year students said if they found themselves in such a stressful situation they would leave, and indeed they even cited the veterinary ethical code saying they were obliged to not act if they felt that compromised by stress. While the second year students said that they would never feel such stress as veterinarians because as soon as they were a registered veterinarian *that* in itself would give them the confidence to not feel stressed – they would just know what to do. The mechanisms for how the students imagined they would escape clinical stress varied among classes but the lack of appreciation for the skills acquired during exams was present across all years.

## Personality traits contributing to failing a written exam versus an oral exam

A striking observation I had was the difference between the two groups of fifth years, the group re-writing the paper exams and the OSCE re-sitters. The students re-writing the papers spent copious amounts of time discussing their horrible rotations experiences. They not only hated the experience but also seemed to receive negative feed back from clinicians. On-the-other-hand the OSCEs re-sitters had ***nothing*** negative to say about rotations. In fact, they seemed to enjoy the experience and to receive positive feedback from clinicians. Furthermore, I noticed a striking difference in social energy between the two groups: The paper re-writers were noticeably more extroverted, while the OSCE re-sitters were noticeably (and self admittedly) more introverted. This made me wonder how much different exams picked up character traits versus innate knowledge, and it may be interesting to investigate further. Furthermore, because of the apparent association with rotations and exams failed, examining correlations with students who struggle with specific parts of the course may be an interesting project in the future.

## Rotation specific stress

The students re-writing the fifth year papers were the most angry. They were incensed with the exams (specifically the Spot) which they felt had been duplicitous, but they were also outraged with rotations. As a group they felt rotations had been a particularly “offensive” and “inhumane” experience. They complained about: the long working hours: the lack of breaks: the high pressure performances they felt they had to adhere to convince clinicians to let them pass: and their perceived culture of the QMH, which was bravado, machoistic and aggressive. They struggled with whether rotations were a training exercise or an evaluation. And, when I asked how they felt rotations had prepared them for the ‘real world’ they said again they would never work in a place like the QMH. They also said rotations had convinced them to be less compassionate, less understanding, and more aggressive than before, thus self-consciously and purposefully perpetuating an unsympathetic and macho-based culture. They said being bounced from one clinician to the next in such a short time frames made it difficult to grow. And, because they felt so defensive during rotations many of these students seemed to miss valuable moments to learn how to foster thoughtful compassionate conversations and how beneficial the right words can be in a trying situation – i.e. during a slaughter.

## Dichotomy between OSCE performance and clinical skills.

All the fifth year student stressed how they felt they would be a good/excellent vets. Indeed, the OSCE group in particular felt strongly that they had excellent veterinary skills, supporting these statements with their positive rotation and EMS experiences and feedback. This consequently made them feel the OSCE exam was not a true-to-life assessment. The artificial nature of the exam caused them to choke during the exam and the artificial nature of the performance forced issues that would not occur in real life, which they struggled with. They also felt the OSCE’s importance was not emphasized, and that there was a dearth of preparatory material supplied by the RVC. This made them exceptionally dismissive of the exam results in general.

## Social stress in large classes

The second year students were unique in that we spent a lot of time discussing how social stress contributed to over-all stress. I would argue that as the RVC pushes to have larger and larger class sizes the social stresses that inherently come along with large classes, as well as, the stressors that arise from online social communities may need to be examined.

## Lack of understanding purpose of exam questions

“We didn’t know this subject was going to be on the exam,” was uttered in every group, in particular with fifth year re-writing students. The students just could not understand how exam questions were chosen or the rational for choosing them; And, to them it seemed an arbitrary process meant to trick them. This feeling was compounded when subjects appeared in questions that they specifically thought were not going to be there. They also talked about how they felt many exam questions were designed so no one but a specialist would know the answer, and so the exams do not adequately represent the year’s course, or the goal of the RVC to educate rounded, generalist, vet. The integrated nature of subjects in medicine means overlap naturally exists in exam questions, but many of the students felt tricked and cheated when such subjects appeared second-handily, especially after they specifically did not study them. Furthermore, because each subject is taught independently, with little obvious integration between subjects many students – particularly the second years – struggled with integrating subjects during exams, and they admitted that this was the most difficult part. When I asked specifically about the integrated nature of medicine the students (particularly the fifth year re-writers) agreed almost any topic could be on an exam because of the integration of subjects yet they viewed this as, ‘how they got you.’

## Aligning self evaluation and grades

Many of the students were surprised with their grades, and felt there was a dichotomy between their grades and their knowledge base and performance in general. This inability to align what they were seeing in themselves, with what the examiners were seeing then made the students feel like the grading scheme was arbitrary. Furthermore, most students did not realize that they could look at the grading of their past exams, despite some of them having struggled all five years. This failure to effectively communicate restorative options to failing/struggling students was a significant point of frustration, and they lamented not being able to look at their exams.

## Struggling alone

Many students said they felt alone all summer. They did not know who to go to within the school for the kind of support they wanted, indeed they didn’t even know what type of support they needed. Not knowing what kind of help is need, makes it very difficult to ask for help. This is especially true when no one has been able to provide the right support in the past. In general, there was deafening absence of tutors or faculty support in the discussion. And, it seems a little backward to think a student that is failing is suddenly going to succeed in seeking out support. As a student trying to prioritize limited revision time composing an email asking for help may actually be time better spent on flashcards, especially since past interactions have failed. Few people who had had a meaningful relationship with a faculty member were there in the focus groups.

## Discussions for the future

Another unexpected outcome from the focus groups was the positive frame of mind that many – if not all - of the students left the discussion with. Many said they enjoyed the focused conversation and having the chance to vent. I think the fact that I was a student was comforting, but also knowing I would bring their concerns back to the school was healing; They felt heard by the school but their insecurities were acknowledged in a way that I don’t think a faculty member could have provided. These type of peer group discussions might be a good thing to do in the future, to continue facilitating the bridge between faculty understanding the student experience as well as to help heal disgruntled students.

## Use & impact

This research will hopefully aid RVC faculty in understanding struggling students and specifically to understand where educating students on methods of clinical stress management has failed. It will hopefully impact the RVC curriculum by improving the educational parts of assessments that are sometimes implied but not explicitly obvious in terms of personal self control. Improving performance in clinical high stakes scenarios can often feel elusive, but by pointing out specific tangible issues students have with exams and rotations avenues of improvement can be identified. Further examining correlations between different types of assessments and academic achievements/failures would be a valuable direction for future research in this area. The unexpected wealth of knowledge stumbled upon during this project is valuable as it uniquely gives faculty as uncensored of a view into the student experience as possible.