

Appendix H

Overall survey comments

ECBHM 2022 Job Task Analysis – Overall Comments

Do you have any additional comments, questions, or concerns you would like to share?

After a long number of years working in a field one may lose certain competencies if you do not use them. However, one gets more specialized in that field.

As a first opinion practitioner I don't have any need (or capability) to perform endoscopy myself but now have access to a portable Xray machine and as well as interpreting the Xrays I have had to re-familiarize myself with the best ways to set up and what views to take for diagnosing different conditions. This is something that could also be incorporated into a (small in my opinion) imaging section of the training / exam.

I think that the resident training should be where the residents learn to critically appraise a paper and review the findings etc. I think this is hard to examine but should be clear that this is an expected competency to be picked up through a residency programme.

The skills of a Diplomat beyond the clinical knowledge should assure the capacity and flexibility to adapt to new situations (different countries, changes in legislation or in knowledge....) in the bovine profession, based in the scientific evidence.

I find surveys like this very difficult!

I don't know if you are aware but due to the small number of residents at each institution, the early question about where we studied and the year we achieved the diploma means this survey is not truly anonymous (I am the single diplomate who qualified from my institution in 2019 so it is very easy to work out who I am(!) and I know I am not the only person this applies to).

one specialism is very broad, the field may be too broad to be a specialist in everything

I think an overall, general and up to date knowledge of the literature and the ability to apply it practically is more important than being able to remember specific facts from papers, which is how this is currently assessed in the exam.

While a knowledge of gross pathology is very important for a diplomate, in my exam this was assessed through standalone photos, with no context or history. This does not reflect real world situations, where it is extremely rare to have to carry out a pathological examination with no history.

The last question was difficult to solve, almost ridiculous, playing around to match the 100 %

I think there is still a concern of the gap between the working environment of diplomates working in practice compared to diplomates working in academia.

To be honest, at our institution there are quite few diplomates that are not practicing herd health at all.

Some knowledge areas are extremely important but are not part of the veterinary or resident curriculum and cannot be measured in the form of an exam, for example communication skills.

Also, the importance of individual fields may vary from country to country. For someone working in Switzerland for example, individual animal medicine may be extremely important, but someone in Great Britain might need more skills defining control strategies for notifiable diseases.

It is not easy to make this exam fair!

However, certain fields, for example communication or statistics / evidence based medicine (evaluating publications, etc.) could be taught in workshops for the residents to get everybody on the same page and define expectations for the exam.

I have listed some options as being a small part of the exam, but not because they are unimportant, because they probably are smaller topics (e.g. necropsy vs treating sick animals). I think there are also some that would overlap - e.g. epidemiology techniques and herd health analysis, or EBVM and reviewing a paper or treating a sick animal.

The final question asking to rate the 23 categories against % of the exam was pretty crazy!!

N.A.

The recent literature portion of the exam is a poor way to assess knowledge of recent developments in the field of equine medicine.

I appreciate what the exam committee and the college are trying to achieve but the breadth of rote memorisation necessary for this paper does not adequately examine the understanding of the implications of the literature. I don't have an alternate solution however I feel it is an issue that the collective minds of the college can solve if there is a will.

I think specific areas such as communication strategy could be included in the case report or case log requirements. The examination should not require detail that varies between countries and type of practice being undertaken.

Some of the questions were hard to answer (eg diagnostic imaging one as some modalities are used by me but not all).

If there are any further (re-) questions please contact me (Beat Berchtold).

Many thanks for your work and your commitment to the college!