

OA-203 **Piloting a feasible and beneficial progress test: An experience from a young faculty of medicine in Indonesia**

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Background: Not all medical schools in Indonesia used Progress Test (PT), although studies in different countries reported benefits. Several institutions may perceive the preparation and administration of PT, item analysis, and giving feedback to students as burdensome compared to the benefit.

Aim of study: To explore the feasibility and the benefit of PT in Faculty of Medicine Universitas Surabaya (FM Ubaya).

Method: The first PT was held online for all students of FM Ubaya in April 2021. We used the Zoom and Safe Exam Browser (SEB) as the platforms. The duration of PT was 180 minutes. The PT consisted of 150 items resembled national examination (Ujian Kompetensi Pendidikan Profesi Dokter /UKMPPD). We selected items from the item bank. Students received individual feedback for their performance and filled out a validated questionnaire to explore their views on PT. The questionnaire used Likert's scale (1 = strongly agree to 5 = strongly disagree).

Results: Two hundred and twenty five students accomplished PT. The mean scores were 29,40 (SD 6,89), 41,27 (SD 8,37), 48,46 (SD 11,69), 50,03 (SD 8,97), and 51,51 (SD 8,53) consecutively from first to fifth year students. Item analysis showed 89% of items can discriminate upper and lower achievement students. 191 of 225 students (85%) filled out the questionnaires. Student perceptions of PT's ability to assess academic learning with mean 3,1 (SD 0,35), PT's ability to support clinical learning 2,32 (SD 0,44), and the PT's impact on exam preparation 3,62 (SD 0,57).

Conclusion: Although the implementation of PT needs some effort, strong leadership and technical support made PT feasible. PT is beneficial as a quality indicator of education. The improvement of scores was consistent with the students' year. The questionnaire showed positive responses of students toward PT. We recommend collaboration among institutions to share resources to conduct PT.