

歷屆台灣國家醫師執照考試之分析

Analysis of the National Medical Licensee Examination

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摘要

醫師檢覈考試之目的在於衡鑑醫學生是否已具備行醫必備之學識與技能，以發給醫師執照。台灣實施此制度已三十多年，自民國八十三年實施二階段考試，但未有系統分析之研究報告，近年來批評之聲時有所聞，且醫學教育改革舉世靡然，此時是對此考試加以分析研究以針砭弊病，提供改進方案之適當時機。由基礎學科及臨床學科就不同領域邀請二至三位教師，就民國八十三年至八十七年共十次的醫師檢覈考試內容如題目的類型、题目的特性、臨床和基礎之相關度、試題難易度加以分析，另對臨床醫學題目予以歸類，探討其領域分佈，是否屬於十大死因之疾病和疾病之常見的程度。結果發現基礎與臨床相關性太低，題目多屬記憶性，缺乏思考性，因此題目深入度不夠，偏重細節，困難題目比例偏低，甚至有些題目和實際生活或臨床疾病脫節。其次領域分布不均，每次考試差異極大。缺乏臨床實例試題難以測試應試者收集資料、分析結果、判讀影像、檢驗結果，推理產生假說及解決問題能力。又因本土資料常不見於教科書內，本土重要疾病比例偏低等缺失。為改進上列缺失，建立國家醫師執照考試的出題基準應為急務，多以臨床病例或基礎臨床整合題目測試應試者運用知識和解決問題的能力。

Abstract

The purpose of the medical licensee examination (MLE) is to determine whether a medical graduate possesses the knowledge and ability to practice medicine. The MLE has been administered to all medical graduates in Taiwan for more than thirty years and a two-step examination has been adopted since 1994. In spite of various criticisms of the examination process, content and format there are still no published studies of the MLE in Taiwan. The recent advocacy of medical education reform highlights the need for timely analysis of the MLE in order to make sound recommendations to improve it. Two or three teachers from each of the various fields of basic and clinical science were invited to participate in this study. The characteristics of MLE examination questions of the period from 1994 to 1998 were analyzed and the degree of correlation between basic and clinical science, degree of difficulty, distribution of topics in various clinical fields, frequency of clinical problems, and the relation of questions to the ten most common causes of death in Taiwan were studied. The results show that there were several shortcomings in the MLE questions. First, the integration

of basic and clinical science on the tests was poor. Second, most of the questions emphasized knowledge recall rather than thinking processes, and as a consequence the questions were superficial and fragmented. Third, many of the questions were not of sufficient difficulty or were irrelevant to clinical practice. Fourth, the variation of distribution of questions among clinical fields was significant in these years. Fifth, there was a lack of case study questions to test ability in data gathering, analysis of laboratory test results, image analysis, hypothesis formation and solving clinical problems. Furthermore, locally important medical issues only occupied a small percentage of the MLE. In order to amend these deficiencies in the MLE, it will be necessary to redesign the test with an emphasis on the integration of clinical and basic science and to include case study questions to test the abilities of medical school graduates to apply their knowledge in the solution of clinical problems.