Rapid Resident Skills Evaluation Using the Integrated OSCE

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Conflicts of interest

- Financial disclosure- I still owe sallie mae for student loans... but nothing else
Overview

- Who we are
- Why we did what we did
- What we did
- Our results
- Conclusions
- In the future...
Who we are

- ETSU 3 separate family medicine residency programs
- Increased communication and collaboration
- In part because of new rules
Why we did what we did

- New rules regarding direct vs. indirect supervision
- Interns cleared immediately?
- Observe a controlled patient visit and review write up
- What about our OSCE?
New rules: direct vs. indirect supervision

• ACGME common program requirements document effective July 1, 2011
• Under VI.D.3 Levels of supervision
• “To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:
  • Direct supervision- the supervising physician is physically present with the resident and patient
  • Indirect supervision- with direct supervision immediately available (present at same location), or available (not present but available via phone, etc.)
  • Oversight- supervisor reviews procedures/encounters and provides feedback”
What we did

- We used an OSCE
- Students for 15 years
- Residents last 4 years
- Recently added PE and revised the A&P
Our OSCE

- objective structured clinical examination
- R1 pneumonia and R2 CHF
- Resident given a chart
- 5-10 minute chart review
- 10 minutes history with SP observed by faculty and psychologist
- Graded on communication skills and information gathering
- Immediate feedback
Ross CHF: Faculty Communications Scoresheet

Student: _______________ Faculty: _______________ Date: __________

Exceptional (Ex) Level Expected (Y) Needs improvement (N) Unacceptable (U)

Rapport: Introduction

Preference for name explored

Personable

Concerning mannerisms

Agenda: Identifies patient’s main issue

Asks about other issues at least once

Information Management

Begins with “Tell me...” statements

More open-ended than closed-ended

Gathers necessary medical information

Uses summary some

Patient Centered

Responds to cues and clues

Recognizes and responds to emotions

closes interview

Overall Interview level is
OSCE

- 8 minute PE observed by same faculty
- Immediate feedback
- EKG, chest xray, and A&P in 45 minutes
- Faculty reviews them orally and uses “key” to grade
- Minimal prompts are allowed
- Video recorded
Our OSCE

- Each area at the level expected?
- Debriefing session with other faculty
Results

- The R1’s had N=20 and the R2’s had N=21 residents

Issues identified:

<table>
<thead>
<tr>
<th>Issue</th>
<th>R1</th>
<th>R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete data collection</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Work needed for patient centered interviewing</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Inadequate physical exam</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Inaccurate interpretation of EKG</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Inaccurate interpretation of chest x-ray</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Less than the level expected in A/P process</td>
<td>11</td>
<td>0</td>
</tr>
</tbody>
</table>
Our conclusions

• Of the Kingsport residents we identified 2 of 6 that still needed direct supervision
• All three programs were able to remediate weaknesses before clearing for direct supervision within the first month
Conclusions

- In general the OSCE is an effective method to identify learning needs early and can be used to determine if residents are ready for indirect supervision.
In the future

- We will be utilizing solar powered flying vehicles to...
- We will continue to use the OSCE
- Refine scoring sheets
Questions?