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Rapid Resident Skills Evaluation Using the Integrated OSCE

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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

History and communication form

- 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 Ex Y N U

- Asks about other issues at least once

- Information Management

- Begins with "Tell me..." statements Y N

- 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:	R1	R2
• Incomplete data collection	11	3
• Work needed for patient centered interviewing	8	2
• Inadequate physical exam	9	6
• Inaccurate interpretation of EKG	18	10
• Inaccurate interpretation of chest x-ray	12	0
• Less than the level expected in A/P process	11	0

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?