

East Tennessee State University

Digital Commons @ East Tennessee State University

ETSU Faculty Works

Faculty Works

1-1-2012

Rapid Resident Skills Evaluation Using the Integrated OSCE

Mark Brummel

East Tennessee State University, brummel@etsu.edu

Reid B. Blackwelder

East Tennessee State University, blackwel@etsu.edu

J. Moore

Glenda Stockwell

East Tennessee State University, stockwel@etsu.edu

Beth Anne Fox

East Tennessee State University, foxba@etsu.edu

Follow this and additional works at: <https://dc.etsu.edu/etsu-works>



Part of the [Family Medicine Commons](#)

Citation Information

Brummel, Mark; Blackwelder, Reid B.; Moore, J.; Stockwell, Glenda; and Fox, Beth Anne. 2012. Rapid Resident Skills Evaluation Using the Integrated OSCE. *STFM National Conference*, Seattle, WA. <https://resourcelibrary.stfm.org/resourcelibrary/viewdocument/rapid-resident-skills-evaluation-us>

This Presentation is brought to you for free and open access by the Faculty Works at Digital Commons @ East Tennessee State University. It has been accepted for inclusion in ETSU Faculty Works by an authorized administrator of Digital Commons @ East Tennessee State University. For more information, please contact digilib@etsu.edu.

Rapid Resident Skills Evaluation Using the Integrated OSCE

Copyright Statement

Copyright The Authors. Document was originally published in the [Society of Teachers of Family Medicine Resource Library](#).

Creative Commons License



This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#)

Rapid Resident Skills Evaluation Using the Integrated OSCE

Mark Brummel DO

Reid Blackwelder MD

Allan Garrett MD

Jason Moore MD

Beth Fox MD

Glenda Stockwell PhD

East Tennessee State University Department of
Family Medicine

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?