



Development and Evaluation of a Hand Surgery Orthopaedic Longitudinal OSCE



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INTRODUCTION

-Objective Structured Clinical Examinations (OSCE) have become routine for educating and testing medical students and medical and surgical residents

-OSCEs utilized for:

- Improving interpersonal skills
- Communication skills
- Professionalism

ACGME recommends OSCE as the preferred assessment of these competencies.

PURPOSE

We developed and administered an OSCE utilizing a hand surgery case, with the same standardized families throughout all sessions, to assess residents interpersonal and communication skills.

METHODS

We developed an OSCE program for our residents in our Clinical Education and Evaluation Laboratory (CEEL)

The OSCE session consisted of 3 parts:

- patient evaluation
- informed consent
- breaking bad news

Each resident saw the same standardized patient (SP) family for each of the 3 encounters of a program for longitudinal evaluation by the same SPs

METHODS cont.

Evaluation checklists were filled out by SPs for each encounter to rate performance using a standard scale

- 4=role model
- 3=competent
- 2=some competence but needs improvement
- 1=not competent)

At the end of the 3rd encounter, face-to-face feedback was provided to the resident

Each resident also provided an evaluation of the program at the end of the day.

RESULTS

The majority of residents felt that the SP encounters mirrored a patient encounter → 75% ganglion cyst

a high percentage did not rate the OSCE as a “useful learning experience” → 35% ganglion cyst

The SPs rated the majority of residents as role model or competent

- History:81%
- Informed consent:82%
- Breaking of bad news:79%

the corresponding resident performance self-assessment as role model or competent was much more favorable

- History:97%
- Informed consent:92%
- Breaking of bad news:87%

The pediatric patient was engaged effectively by 90% of the residents during the history and physical.

95% of the residents did not ask patients/family members to repeat back what they heard to demonstrate understanding while obtaining informed consent.

RESULTS cont.

When asked to evaluate the program, a minority of residents found the feedback at the end of the program helpful.

94% of our residents agree with the statement, *“Practice makes perfect, therefore as a physician I should have opportunities to practice procedures and receive feedback on my performance as much as possible to maximize my skill when I operate on real patients.”*

When this same question was posed substituting “communication skills” for “procedures”, only 30% agreed.

CONCLUSIONS

- In comparing SP evaluations and resident self-evaluations, the residents frequently overestimate their competence in effectively communicating with their patients.

- Residents felt that the longitudinal component of the OSCE did make the encounter more realistic; however, the ganglion cyst scenario was difficult due to the lack of accurate physical findings (the “ganglion” was applied with make-up which was not an accurate enough representation).

- In preparation for breaking bad news, residents found this more realistic when given time after being told of the surgical complication in order to permit research of the topic and to ask questions of an attending surgeon so that details could be provided to the family. In general, our residents were very resistant to participating in this program.

- The majority of residents believe that OSCEs are not important to their training and will not help make them better physicians but rather hold significantly more value to practicing technical skills.