

How to be an OSCE Examiner

Assessment

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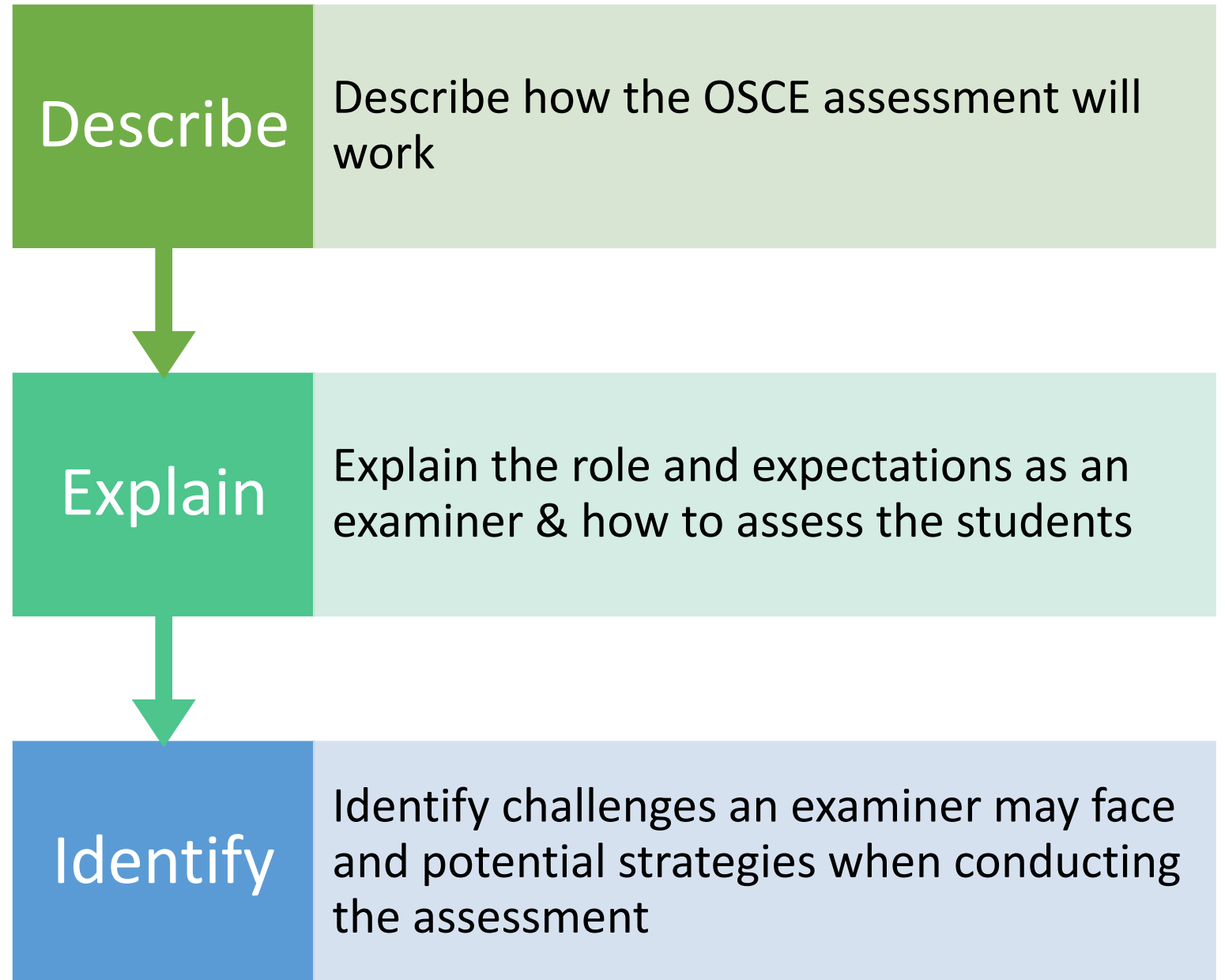
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MD Program
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Development

By the end
of this
session, you
will be able
to:



Teaching Plan

- Mitigating bias
- How to assess
 1. Global rating scales
 2. Checklists
 3. Post encounter probes
- Feedback
- Available help and Resources

Goal of Assessment

To provide a fair, equitable and standardized assessment of clinical skills.

Examiner Role – Setting the Tone

- Be fair and consistent across the exam and all students
- Create a safe and respectful environment for all students and SPs
- Understand the power differential between the physician examiner, students and SPs
- Be aware of potential biases, both explicit and implicit, which can occur in the role of examiner and may impact assessment

What is bias?

Bias is an inclination or preference that influences judgement from being balanced or even-handed.

First impression bias: The tendency of an examiner to make snap judgements about a candidate within seconds of their meeting. These judgements can be positive or negative.

Confirmation bias: Seeking out and assigning more weight to evidence that confirms our initial assessment of a candidate. Ignoring or devaluing evidence that contradicts this assessment.

Gender bias: This is the influence of gender stereotypes and assumptions on our assessment of candidates, which results in the preference for men over equally qualified women.

More types of bias that may impact your assessment

Prove-it again bias: Someone from an underrepresented group must work harder to demonstrate competency.

Leniency bias: Excusing one candidates' performance while the same behavior is not excused for a member of an equity-deserving group.

Performance attribution bias: Attributing the accomplishments of high-status groups to their abilities, while the accomplishments from marginalized groups are attributed to outside intervention, support, or luck.

Tips to minimize bias during assessments

Increase your self awareness: Be aware of your bias and explore your thoughts and any feelings of discomfort you may have when interacting with people who are different than you.

Aim to complete assessments between stations: Research suggests that when we rush to score, we're more likely to rely on our biases or 'gut-feeling'. Final assessment of the learner should ideally happen right after the station

Reject the myth of color blindness: Don't pretend that you don't see a candidate's race or other differences (e.g., gender, religious expression, etc.). The goal is to respect these differences, instead of pretending they don't exist.

New This Year

- All examiners MUST complete implicit bias training on unconscious bias and how to mitigate it. Please see go to the website for viewing:

<https://www.aamc.org/professional-development/affinity-groups/gip/webinar-unconscious-bias>

How Do I Assess?

- Inside the station documents, there are station-specific Examiner Guidelines of what to expect from the level of student you are examining
 - Review the guidelines in detail
- There are 2 parts to all OSCE scoring:
 1. Global Rating Scales (GRS) assessing performance in the SP encounter
 - Based on CanMEDs roles
 - GRS samples can be found on Elentra
 2. Post-encounter questions
 - Standardized scoring of questions across all stations
- There is one additional part in Foundations OSCE and that is a checklist

Rating Scales

- Station scoring will have a number of global ratings to complete
- Each is on a 5-point scale from 1-5 with 5 being outstanding
- There is an overall rating scale – An overview of overall performance on that station

GRS Example

Medical expert - History taking and data collection	Acquires chronologic, medically logical description of pertinent events. Acquires information in sufficient breadth and depth to permit a clear definition of the patient's problem(s).			
Unsatisfactory	Needs Improvement	Meets Expectations	Exceeds Expectations	Outstanding
1	2	3	4	5
Incomplete, major omissions, lacks focus, asks irrelevant questions	Often misses several aspects of history, not well organized	Thorough, logical, organized, accurate	Proficient, organized, thorough, logical, elicits some subtle historical points	Exceptional ability to elicit relevant detail with efficient use of time

GRS Scales

Medical expert			
History taking and data collection	Information synthesis and problem formulation	Diagnostic and management plan	Physical examination

Communicator		
Verbal expression	Non-verbal expression	Counsel

Professional	Overall
Ethical Behavior	Assessment of the knowledge and skills

How Do I Assess?

- **EXPECT & BE READY** to use the whole range of the global rating scale (GRS)
- **Foundation** – 50% OVERALL performance across ALL scales + 50% SCORES on the Checklist and Post-Encounter Probes Questions
- **Clerkship** – OVERALL performance across ALL scales + SCORES on the Post-Encounter Questions

Example Foundation Checklist

History (checklist)

Students asks about:

- Chief complaint
- Onset of shortness of breath
- Progression over time
- Presence of orthopnea
- Presence of PND
- Alleviating factors (rest)
- Etc.,

Physical Exam (checklist)

Students perform the following steps correctly:

- Washes hands
- Offers to explains examination to patient, in patient centered language
- Positions patient appropriately
- Proper draping
- Inspection: any 2 of the following...

Global Rating Scales (GRS)

- When completing the Global Rating Scales and Overall Performance the rater needs to ask themselves:

"Is this candidate clearly competent, not competent or am I uncertain due to a mixed performance?"

Global Rating Scales (GRS)

- Unsatisfactory = 1; Competent \geq 3; Uncertain = Borderline
 - Use the behavioral descriptions under each rating to help guide you
- If the rating is \geq to 3 (Competent), does this candidate meet, exceed, or are they outstanding?
- If the rating is 1 (Unsatisfactory), what is my evidence? (use narrative boxes to document)
- If the rating is 2 (Borderline), what gives me pause? (use narrative boxes to document)

Example GRS

Clearly not
Competent

Something gives
me pause

Clearly
Competent



	Unsatisfactory	Borderline	Meets Expectations	Exceeds Expectations	Outstanding
Physical Examination – Approach and Organization Describes an appropriate approach to and organization of physical exam.	Incomplete, lacks focus, unfamiliar with maneuvers, disorganized, unlikely to detect pertinent physical findings	Limited organization, somewhat incomplete, approach would have difficulty detecting pertinent physical findings	Generally complete and organized, appropriate approach that would result in a reasonable chance of detecting pertinent physical findings	Complete and organized, appropriate approach that would be highly likely to detect pertinent physical findings	Thorough, exceptionally organized, appropriate approach that would be very unlikely to miss any pertinent physical findings

Post-Encounter Probe Scoring

- Scoring and acceptable answers for each question are standardized
- Use the information about how a student performed on the **GRS** and **Post-Encounter Questions** to determine your impression of the student's **Overall performance**

Example Post Encounter Probes

- **If you cannot palpate the spleen tip in the supine position, what would you do?**
 - ANSWER: Move the patient into the right lateral decubitus position and palpate in the same manner.
- **List three ways to differentiate between an enlarged spleen and an enlarged kidney. Note: Mark correct for any three of the following:**
 1. Spleen extends towards RLQ, kidney extends inferiorly
 2. Percussion: spleen (dull), kidney (tympany due to overlying bowel)
 3. Cannot feel between top of spleen and costal margin (can with kidney)
 4. Palpable medial/lateral borders with spleen (not palpable with kidney)
 5. Palpable notch on medial border (spleen)

Student Feedback

If a student scores a 2 or below on any aspect of the GRS

or

If you mark anything as “**Unprofessional**”

or

Overall rating as “**Unsatisfactory**”

then

You **MUST** write comments as to **WHY**

Student Feedback

- Note the behaviour you observed, be specific
- No opinions/judgements
 - Avoid subjective terms that lack clarity (e.g. “empathic”, “judgemental”)
- Use point form to save time
- Use dictation button on the app keyboard to help document feedback more quickly
 - Correct errors on speech-to-text with the keyboard

Student Feedback – E.g. Strengths

- Comprehensive history taking (e.g. Obtained OPQRST for pain history)
- Good cohesion and control of interview
- Focused and prioritized interviewing skills
- Well organized and efficient use of time
- Excellent communication skills (e.g. body language showed you were listening to the patient – nodding your head)
- Develops good rapport with patient (e.g. by asking about their worries/fears)
- Able to counsel patient effectively (e.g. provided patient with 3 helpful tips – Describe)

Student Feedback – E.g. Areas for Improvement

- Inadequate history taking (e.g. Did not ask about pertinent positives/negatives)
- Lacked cohesion and control of interview
- Lack of focus in interview
- Poor communication skills (e.g. missed out on opportunities for empathic responses to patient distress by not allowing for silence, not paraphrasing/mirroring their concerns, expressing concern for their wellbeing)
- Unable to obtain rapport with patient
- Missed key aspects of counselling discussion

Student Feedback – Professionalism

- Inappropriate draping
- Inappropriate touching
- Disrespectful to patient
- Apparent lack of caring and empathy (be specific about which aspects of caring/empathic communication were not shown)

Who is available to help?

- **MD Program Physician Leads** on-site to help with station or scoring-related questions; to step-in if an examiner identifies a conflict of interest or needs assistance
- **SP program Trainers/Staff** to help with exam materials/flow and SP portrayal
- **Practique** technical support on-site

Foundations: Who is available in the to help?

- Each Exam Site will have a Lead Examiner and a Site Coordinator to help solve any problems or direct concerns to the appropriate people.
- Ask for help via Phone/Text/WhatsApp when needed.
- **Site Coordinator** to assist with student concerns
- **Lead Examiner** to assist with station or assessment specific questions
 - **Chief Examiner** available centrally to support all sites
- **Pratique Administrator** to assist with technical challenges
- **Standardized Patient Program (SPP)** staff to assist with role portrayal

Clerkship: Who is available in the to help?

- Ask for help via Phone/Text/WhatsApp when needed.
- **Chief Examiner** to assist with station or assessment specific questions
- **Practique Administrator** to assist with technical challenges
- **Standardized Patient Program (SPP)** staff to assist with role portrayal

What resources and materials will be sent to you before the exam?

- Elentra
 - Examiner Information document
 - Exam Day Examiner Tips
 - Practique credentials and demo

Feedback and Questions

- **Clerkship** Administrative or reimbursement questions:
md.clerkship@utoronto.ca
- **Foundation** Administrative or reimbursement questions:
linna.liu@utoronto.ca
- **Exam process questions, assessment questions or exam feedback:** zia.bismilla@sickkids.ca

Thank-you!