

How to be a Clerkship OSCE Examiner

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Assessment

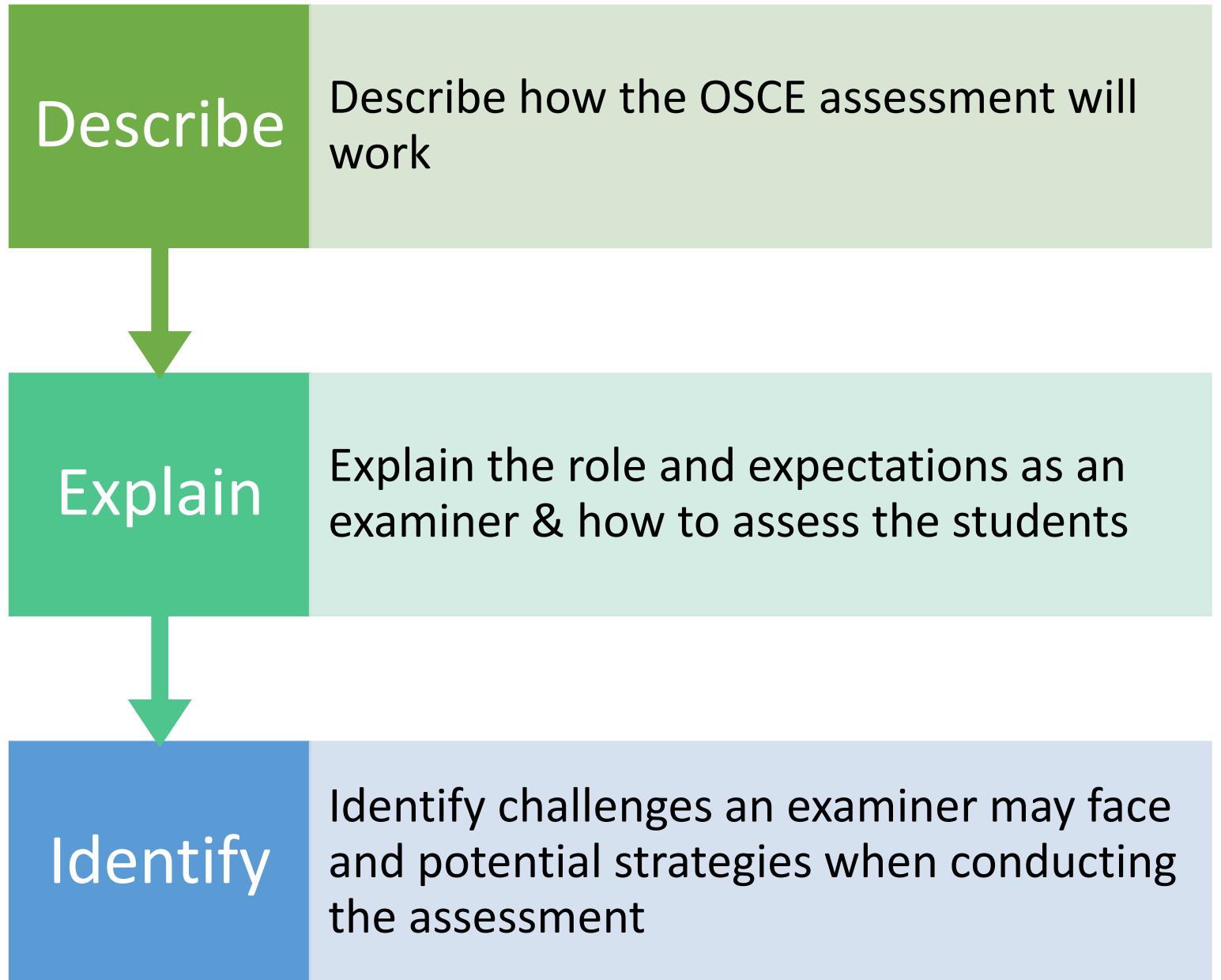
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By the end
of this
session, you
will be able
to:



Teaching Plan

- Mitigating bias
- How to assess
 1. Global rating scales
 2. 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 candidate's 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.

Unconscious Bias Training

- Unconscious bias training education is required to be completed every 3 years in order to participate as an examiner. If you have completed bias training within the last 3 years you are not required to repeat training at this time.
- For those requiring training this year:
 - Visit this website: <https://www.toronto-tide.ca/education-modules/>
 - **Modules 1 & 2** are *recommended* for those who have not completed unconscious bias training previously.
 - **Module 3** is *required*.

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
 2. Post-encounter probe questions
 - Standardized scoring of questions across all stations
 - Specific scoring instructions provided for each question

Global 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	Borderline	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 and subtle points with efficient use of time.

GRS Scales

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

Communicator	
Counselling	Non-verbal expression

Collaborator
Allied Health Professionals

Physical Exam	
Approach and Organization	Technical Performance

Professional
Ethical Behavior

NEW:	Overall
Clinical Reasoning*	
Answers to PEPs	Assessment of the knowledge and skills

How Do I Assess?

- **GRS: EXPECT & BE READY** to use the whole range of the global rating scale (1-5)
- **OVERALL performance:** OVERALL performance across ALL scales + SCORES on the Post-Encounter Questions

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?"
- Use the information about how student performed on the **GRS** and **PEPs** to determine your impression of the student's **Overall Performance**

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, disorganized, no flow, lacks focus, approach is unlikely to detect pertinent physical findings.	Somewhat incomplete, limited organization, limited flow, limited focus, approach would have difficulty detecting pertinent physical findings.	Generally complete, acceptable organization, acceptable flow, appropriate focus, approach that would result in a reasonable chance of detecting pertinent physical findings.	Complete, well organized, good flow, well focused, approach that would be highly likely to detect pertinent physical findings.	Complete, thorough, exceptionally organized, smooth flow, well focused, 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
- Scored out of 1, may be divided into half points
- **Recently added:** Clinical Reasoning GRS
- Complete BOTH the score out of 1 AND the GRS

Example PEP

1. What investigations would you like to order? List 2.

1.0 0.5 points for any of 1) Blood culture 3) Urine culture 4) Lumbar puncture
5) COVID test

0 No answers above listed

2. What are the 3 next best steps in the management of this patient?

1.0 Any 3 of: 1) Apply oxygen
2) Cancel surgery
3) Start antibiotics
4) start IV steroids
5) start nebulized salbutamol

0 No answers above listed; indicates patient can still have surgery

Clinical Reasoning GRS

	Unsatisfactory	Borderline	Meets Expectations	Exceeds Expectations	Outstanding
<p>Clinical Reasoning – Post Encounter Questions</p> <p>Taking into account a student’s performance on these questions, what is the students overall clinical reasoning ability. This is informed by the quality of the answers and is not only directed by the number of correct or incorrect answers.</p>	Incomplete understanding and inaccurate clinical reasoning.	Somewhat incomplete understanding and limited accuracy of clinical reasoning.	Reasonable understanding and reasonably accurate clinical reasoning.	Complete understanding and accurate clinical reasoning.	Exceptional understanding and clinical reasoning.

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)

Clerkship: Who is available to help?

- **Chief Examiner** to assist with station or assessment specific questions
- **risr Administrator** to assist with technical challenges
- **Standardized Patient Program (SPP)** staff to assist with role portrayal

Feedback and Questions

- **Clerkship** Administrative or reimbursement questions: md.clerkship@utoronto.ca
- **Exam process questions, assessment questions:** fokhan.leung@utoronto.ca
- **Exam feedback:** zia.bismilla@sickkids.ca

Thank-you!