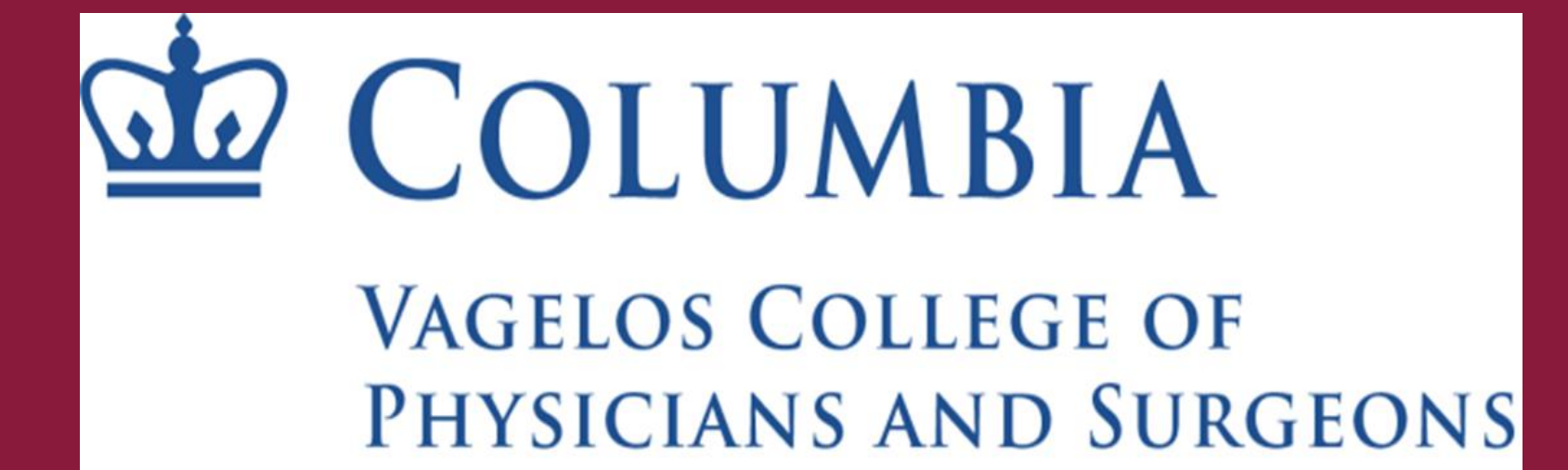


Collaborative OSCE for Incoming Interns Among Residency Programs at Stamford Hospital: Lessons Learned

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Background

The Association of American Medical College's (AAMC) guidelines on core entrustable professional activities (EPAs) for entering residency include gathering a history, performing a physical examination, general procedures of a physician, and prioritizing a differential diagnosis.

Observed Structured Clinical Exam (OSCE) is an opportunity for direct observation of trainees and can assess incoming interns' baseline skill in these EPAs.

Through OSCE and procedure training residents can learn and obtain feedback in a structured environment.

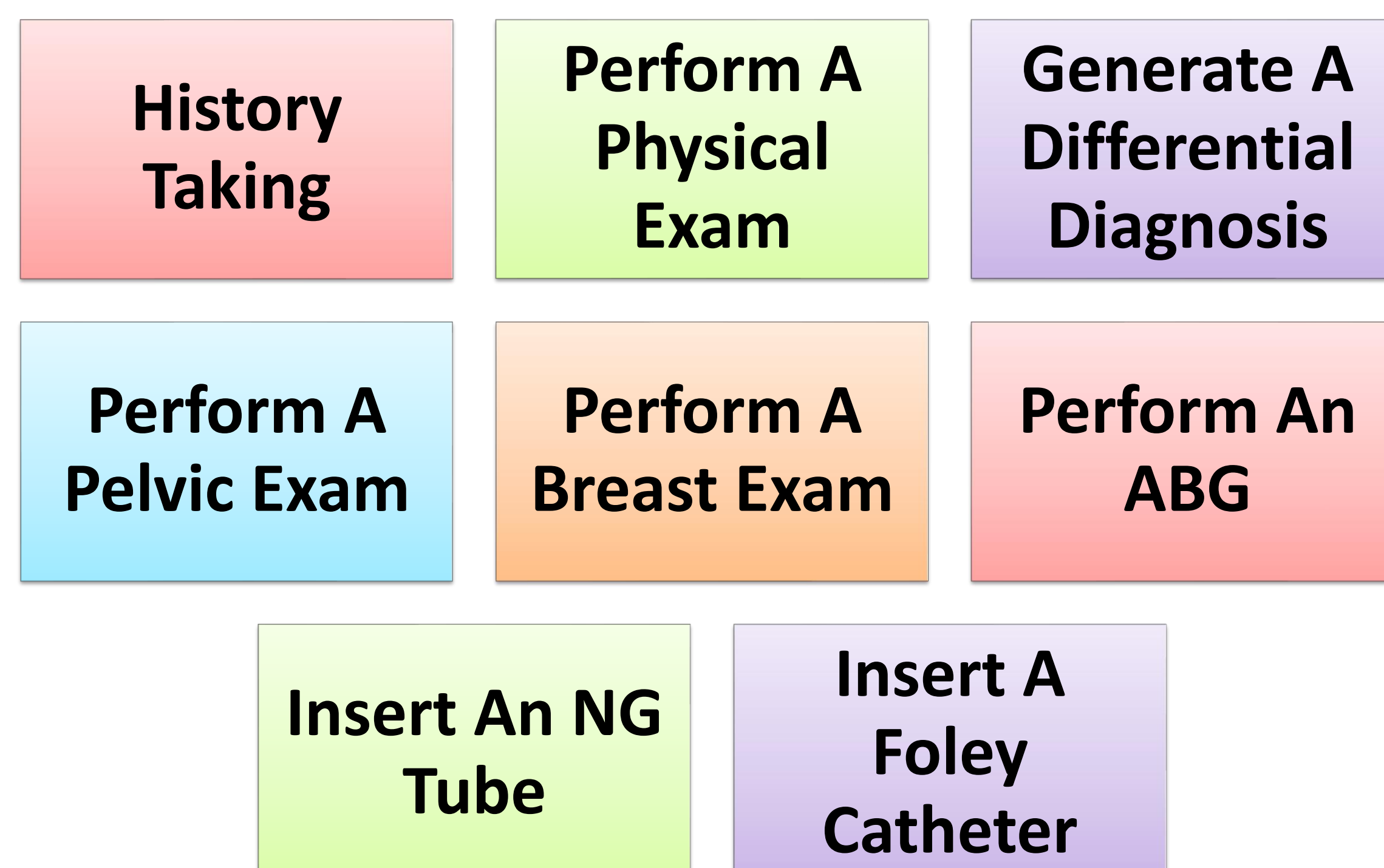
Aim

Assess incoming interns' self-perceived abilities and comfort level in history taking, physical exam, performing certain clinical procedures, and applying medical knowledge by adding structured clinical skill training and feedback to orientation OSCE.

Methods

An anonymous, voluntary Likert Scale questionnaire was given to 2020-2021 IM (N=8), FM (N=5), and OB-GYN (N=4) residents at Stamford Hospital, in June of 2020.

Incoming interns' comfort and ability in 8 different stations were assessed:

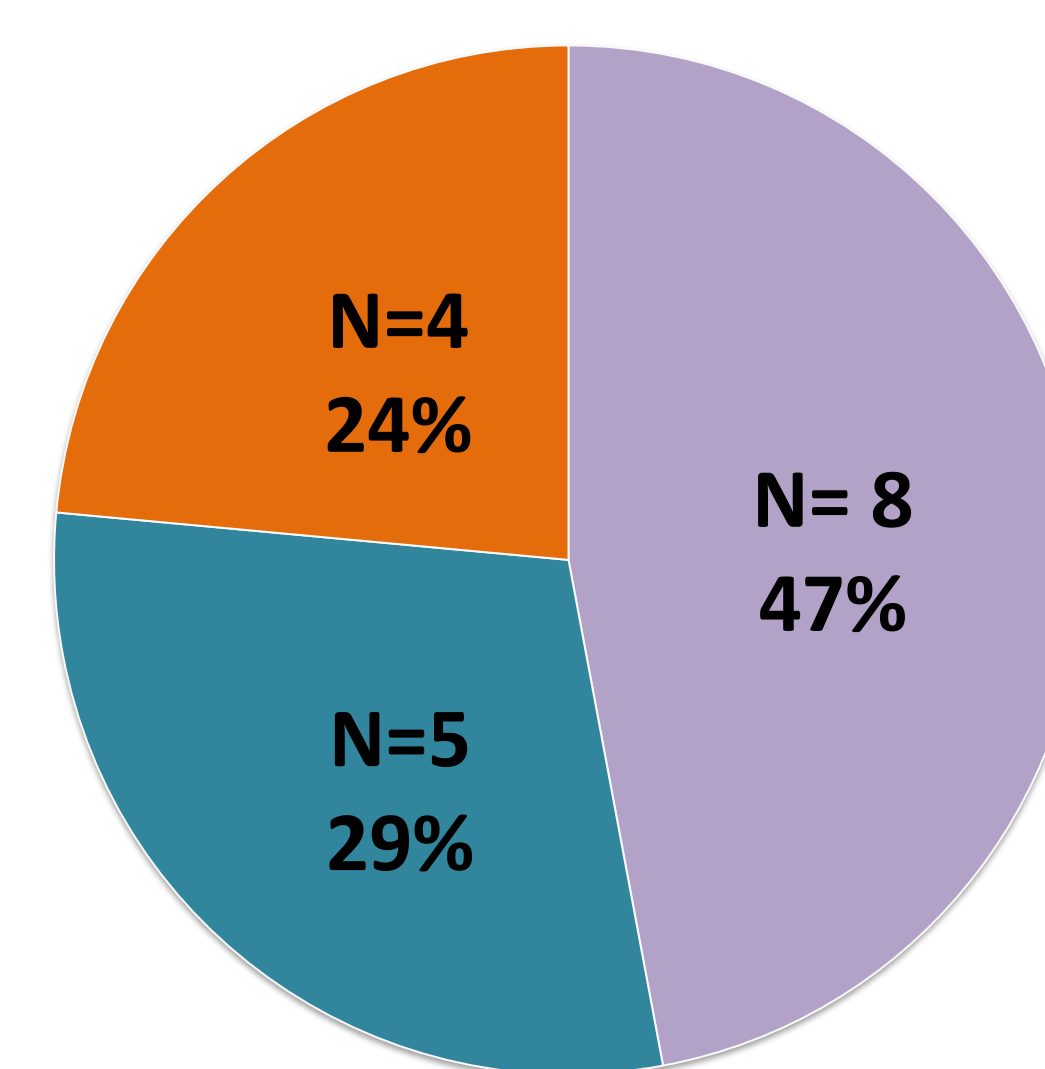


A cross-sectional observational study was applied for pre and post survey analysis using Wilcoxon Signed Ranks Test for each question.

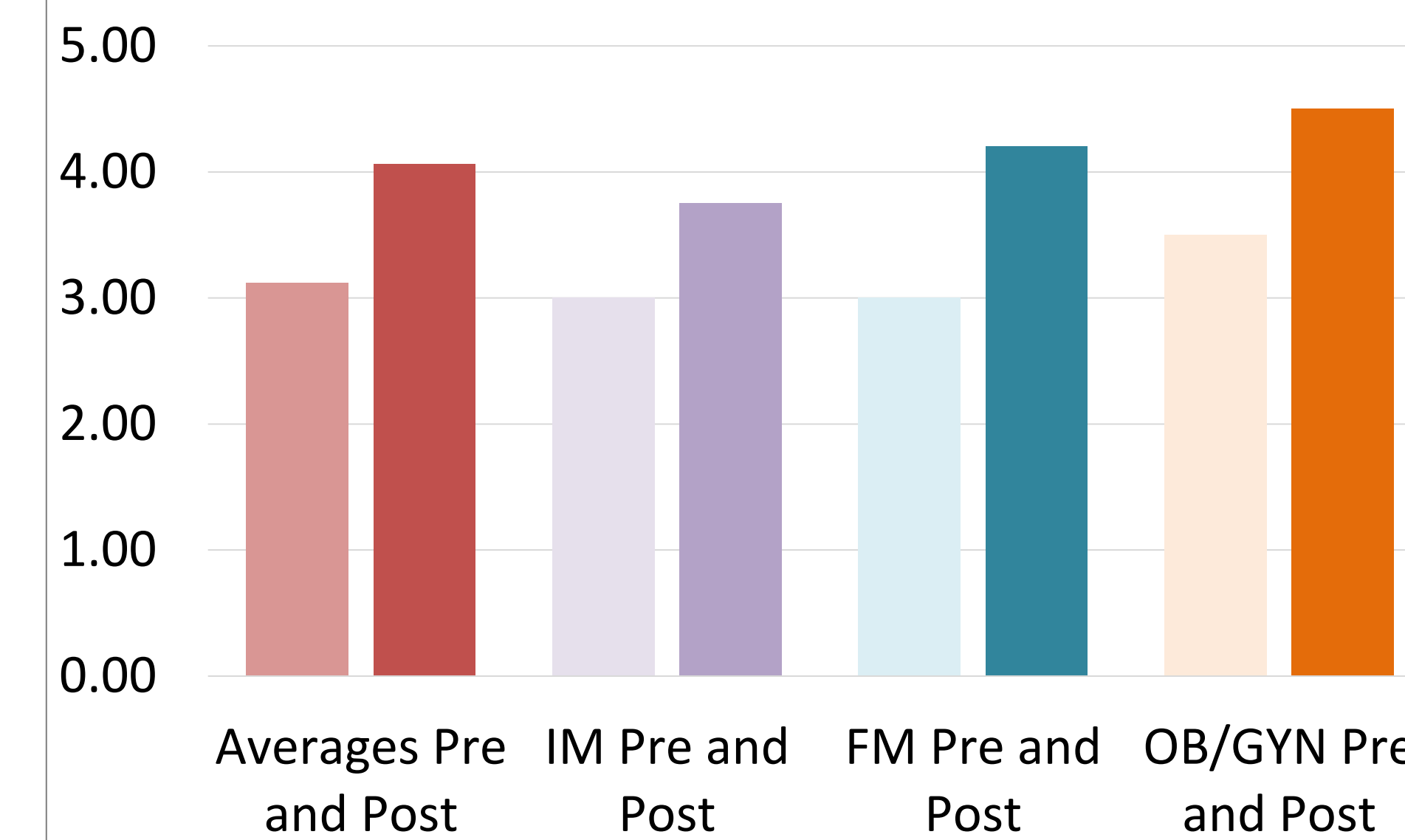
Results

Level of agreement in Pre and Post test questions: Scale 1 – 5 (1 = Strongly disagree, 5 = Strongly agree)			
Survey Questions	Pre-test	Post-test	P Value
Self-perceived ability to take a focused history	4.41	4.29	p = 0.480
Perform a focused physical exam	4.24	4.35	p = 0.414
Apply knowledge to generate differential diagnosis	4.00	4.25	p = 0.059
Skill performing a breast exam	3.12	4.06	p = 0.001
Comfort performing breast exam	3.82	4.47	p = 0.005
Skill performing pelvic exam	3.18	4.00	p = 0.004
Comfort performing pelvic exam	3.65	4.29	p = 0.005
Ability to insert NG tube	2.59	4.24	p = 0.002
Ability to insert Foley catheter	2.06	3.88	p = 0.003
Ability to obtain an ABG	3.18	4.53	p = 0.000

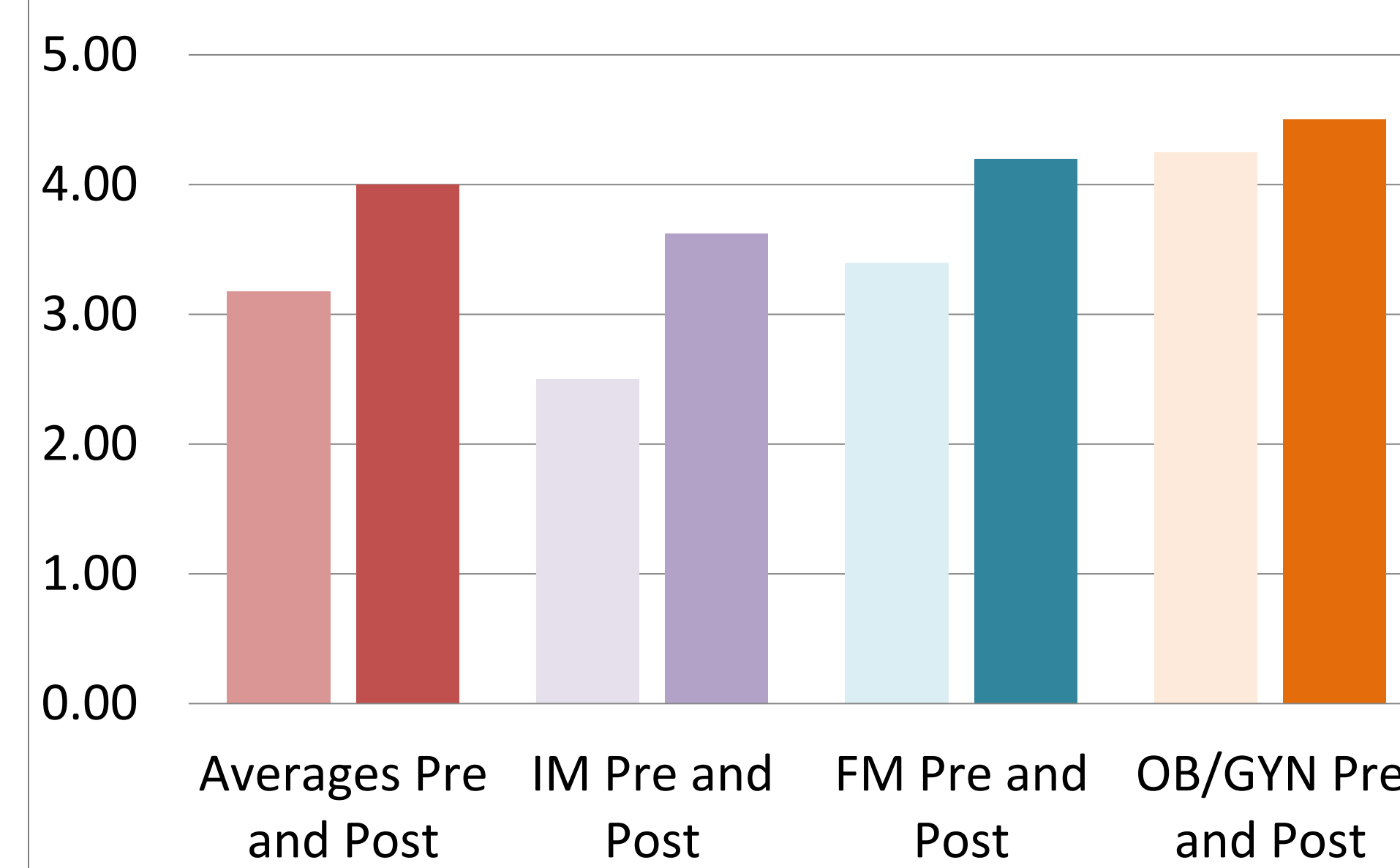
Graph #1: Study group distribution
IM FM OB/GYN



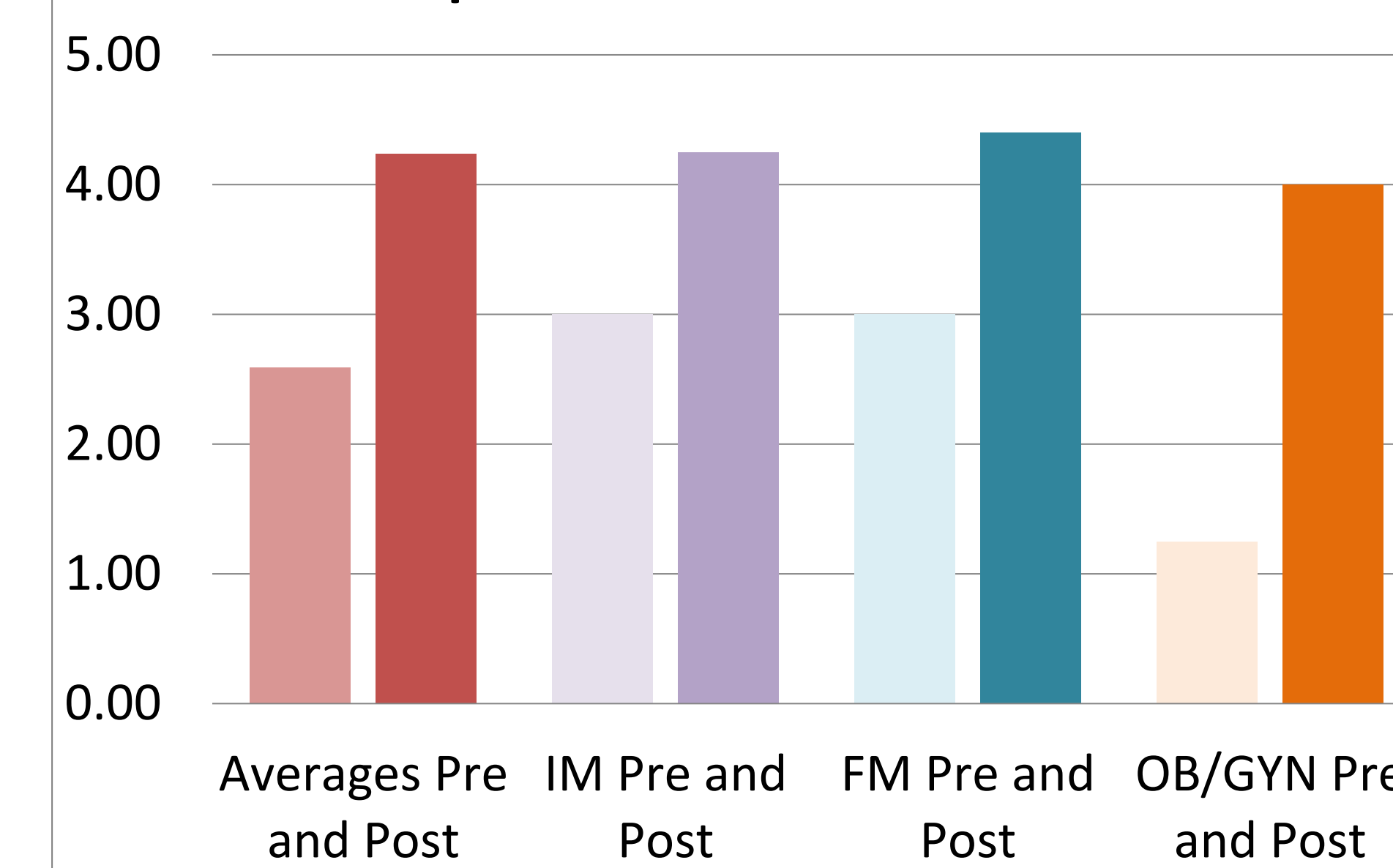
G#2: I am skilled in performing a breast exam



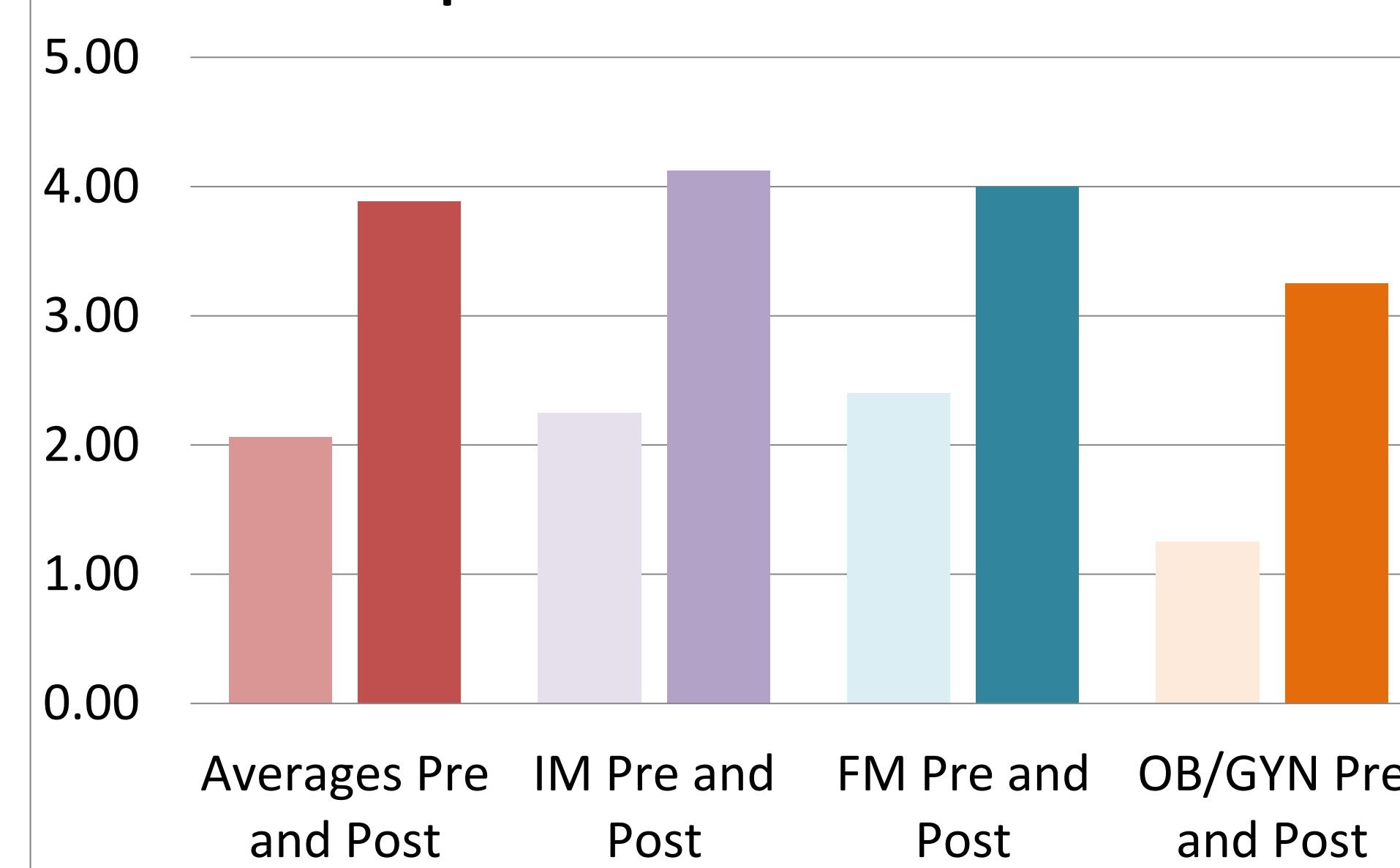
G#3: I am skilled in performing a pelvic exam



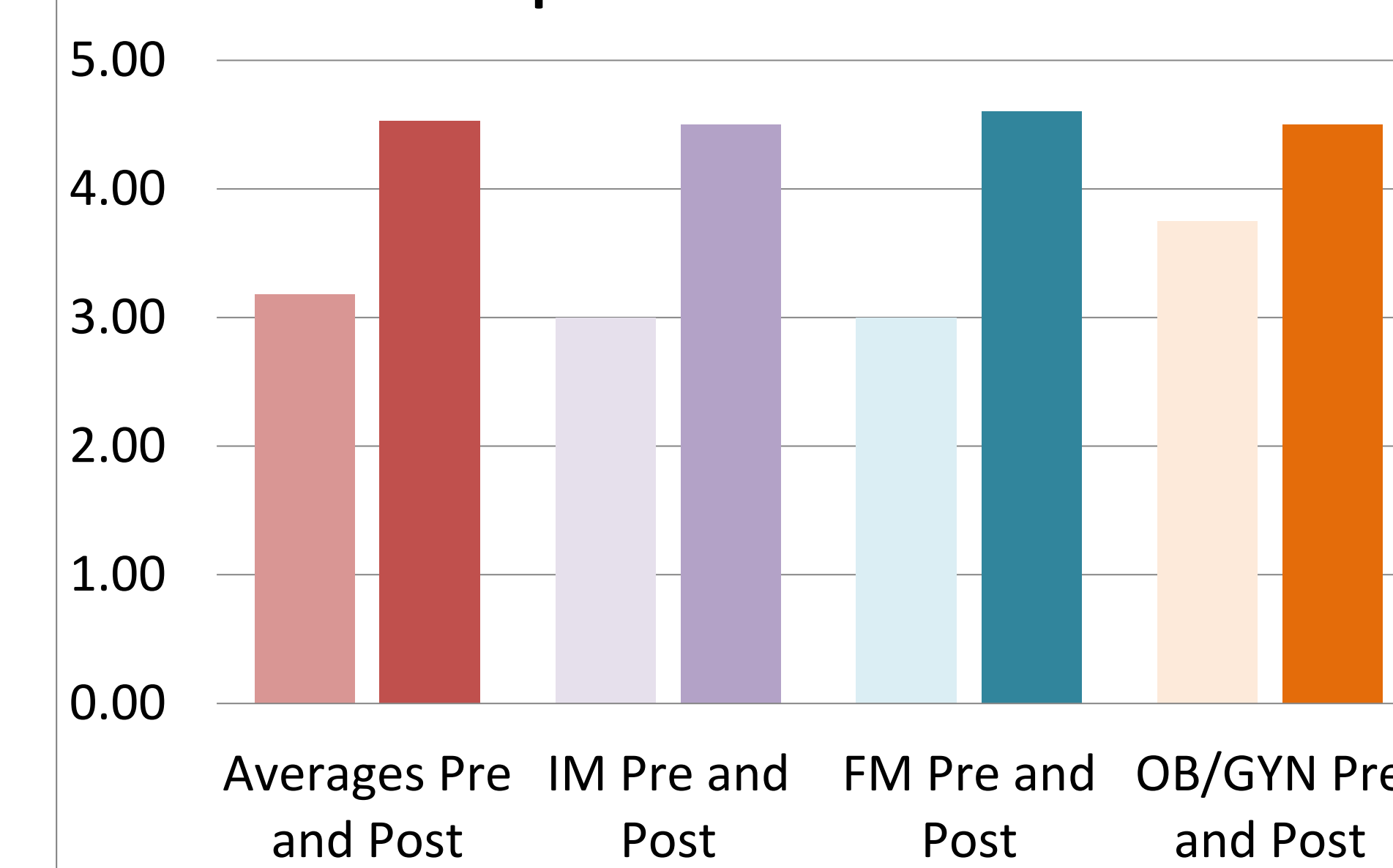
G#4: I am able to insert NG tube in a patient when indicated



G#5: I am able to perform ABG in the patient when indicated



G#6: I am able to perform Foley insertion in the patient when indicated



Graphs #2 – 6, above: Comparison of pre and post test question results among the study groups



Examples of mannequin and Foley and ABG kits used in the OSCE stations.



Discussion

Providing simulated skill training and feedback lead to self-perceived improvement in ability and comfort for performing clinical procedures.

Stations with no significant improvement in self-perceived ability were those after which no feedback was provided.

Conclusion

This pilot study suggests that adding simulated clinical procedure training and feedback during the OSCE significantly improves incoming interns' comfort and self-perceived ability to perform certain clinical tasks.

Tailoring the OSCE to the different residency programs and adding further focused feedback may enhance the OSCE experience.

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