## Using Student Constructed Mock OSCEs (Objective Structured Clinical Examinations) as a Learning Tool

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## **Background and Challenge**



The learners – Twelve Adult NP students in their final clinical seminar, Adult Primary Care 3.

Challenge: At the end of the prior year's seminar, students requested more hands-on practice.

#### How OSCEs Work

OSCEs use standardized patient actors (SPs) in clinical scenarios to assess students' clinical skills

SP feedback form includes:

- patient history and physical exam
- communications skills and patient satisfaction

Student documents visit in a SOAP note

SP feedback and SOAP note incorporated into grade

## **OSCE Anxiety**

OSCEs cause stress for students

- Large percentage of final grade 25%
- Evaluation by standardized patient
- Often students will say "I am fine in clinical, but the OSCEs are very stressful". However, we needed a way of assessing clinical performance and there is a large body of evidence validating OSCEs as evaluation tools.

## **OSCE Design Changes**

#### OSCE Design Year 1

- Phone call
- Adult patient visit with SP
- Adult patient visit in the simulation lab (mannikin with live voice and vital signs)
- Gynecological visit with paid pelvic model
- · Chart review of 4 lab results.
- · Most documentation online

#### OSCE Design Year 2

- Phone call
- 2 adult patient visits with SP
- Chart review with 4 lab results
   Gvn patient visit moved to
- mock OSCE format
- No manikin scenario due to lack of student experience in this learning environment
- Most documentation on paper

## Practicing Clinical Skills: Pap Smear

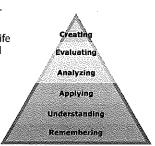




Student Centered Approach with High Level Learning

Goal: to create a higher level learning activity

- Incorporation of real life scenarios from clinical practice
- Development of multiple perspectives
- Teamwork
- Peer review
- Critical thinking



#### Methods

Each three student team assigned to design one scenario:

- phone call
- · adult patient
- · lab review
- gynecological case



#### Methods

- · Afterward, online evaluations of the scenario online self evaluations of mock OSCE design
  - what went well
  - what was unexpected
  - what they would do differently next time
- Debriefing the following week due to time constraints

## Outcomes – student feedback

- - What was most helpful to you in this course?

    Practice OSCE exams during the semester
  - The myriad of mock OSCEs
  - Frequent OSCES = good practice
  - Altogether, 7 positive comments re: OSCEs
- What was not helpful?
  - Too many OSCEs for the exam (2 comments);
- OSCE on last day (2)
- What helped your practice in this course?
- Mock OSCEs and the "real" OSCE went very smoothly
- What helped your role development in this course?
  - OSCEs = application of experience
- The OSCEs such good practice

#### Outcomes – student feedback

- · If you could change 2 things about the course to improve it, what would they be?
  - Decrease graded OSCEs, increase practice OSCE-
- What do you wish we had spent more time on?
  - Discussing the OSCE scenarios on thought processes with their strengths and differences
- · Instead of course activities this year do you have other suggestions? Or suggestions for additional course activities, or changes in existing ones?
  - More mock patient scenarios, even if it's just discussion
  - Stay within class time frame several comments

#### Outcomes

- · Teamwork observed by this professor
- · High quality scenarios
- Student facilitation of timekeeping and scenarios led to increased understanding of testing process

#### Lessons learned

- · Lots of work upfront
- · Grading is time consuming
- Consider eliminating SOAPs and reflections the weeks of mock OSCEs
- Grade students on their case design rather than their mock OSCE SOAP note
- · Schedule time for same day debriefing

## **Further application**

- · Advanced assessment
  - use of standardized patient for cardiac case
  - students do their exam in groups of 4 or 5
- Student groups receive feedback from the standardized patient
- · Students write their own SOAP notes



## This year – Primary Care III Seminar

- · Class size: 8 students
- Two teams of 4 students each
- Because of snow days, OSCEs will take place back to back, on March 27
- · Debrief planned directly afterward
- · 2 SOAPS eliminated

# Preliminary Feedback from this year's mock OSCES



## Plans for the next academic year

- Advanced Assessment
  - Cultural OSCE with new colleague
  - Cardiac Case OSCE
- · Primary Care III Seminar
  - 2 mock OSCEs, not the same night

## Further thoughts

- Importance of emotions in learning "Control value theory"
- Achievement emotions are tied to achievement activities or outcomes; e.g. pride of arriving at a correct diagnosis
- Two determinants include students' perception of self efficacy, and learning climate
- Student sense of mastery and accomplishment comes with creating a challenging learning experience
- Positive achievement emotions lead to deeper level learning

Action, Holmbox, and Durning: 2013

## References

 Artino, A.R.; Holmboe, E.S., and Durning, S. J. 2012. Control-value theory: Using achievement emotions to improve understanding of motivation, learning, and performance in medical education: AMEE Guide No. 64. *Medical Teacher*, 34(3): e148-160.