Using Objective Structured Clinical Exams (OSCEs) To Streamline Dermatoethics Education

A New Approach

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ACGME MILESTONES

PROF1. Practices medicine ethically

• Practice gap in dermatology residency training
• Few accredited residencies with formal ethics curriculum
  – Brown University
  – University of Connecticut
The Ethics Objective Structured Clinical Examination

PETER A. SINGER, MD, MPH, ROBERT COHEN, PhD, ANJA ROBB, ARTHUR ROTHMAN, EdD

Performance-based Assessment of Clinical Ethics Using an Objective Structured Clinical Examination

Peter A. Singer, MD, MPH, Anja Robb, Robert Cohen, PhD, Geoffrey Norman, PhD, and Jeffrey Turnbull, MD

ASA Paper

Professionalism Training For Surgical Residents
Documenting the Advantages of a Professionalism Curriculum

Mark S. Hochberg, MD, Russell S. Berman, MD, Adina L. Kalet, MD, Sondra Zabar, MD, Colleen Gillespie, PhD, and H. Leon Pachter, MD
PROPOSED OSCE MODALITIES

Objective Structured Clinical Exams (OSCE)

- Live, standardized patient encounter
  - Two to Three 15-minute stations
  - Could be videotaped
  - Based on cases from individual departments
- Online simulation programs
- Oral examination
  - Verbal case provided, step-by-step prompted questions on how to proceed through the encounter
ETHICS OSCE: EXAMPLE

Case

– You receive an email from an established 17-year old female patient who is on her second round of isotretinoin for treatment of severe acne.
– She forgot to get her monthly labs and wants you to fill her prescription anyways. She is eager to complete treatment before prom season.
– She says that she’s been using birth control pills and abstinence as her 2 forms of contraception.
– At her last in-office visit, she mentioned that she has a new boyfriend. Inquiries about sexual activity were not asked because her mother was also present.
– She only has 3 more months of treatment left. What is your response?

• Prompt 1: Patient sends back an angry response and demands prescription to be filled.
PERFORMANCE ASSESSMENT

• Possible Checklist Items
  - Clarifies exact patient request
  - Asks patient about contraception adherence
  - Educates patient on risks surrounding request
  - Informs patient of ethical conflict
  - Counsels patient on proper course of action (iPledge)
  - Acknowledges patient’s frustration
  - Maintains a calm, professional tone in email/phone encounter
  - Offers up alternative options for upcoming visit

• Debrief encounter with short resident assessment of perceived performance
EVALUATION

• Objective data
  – Number of clinical competencies completed on OSCE checklist
    • Internal consistency reliability of OSCE domains can be assessed
    • Analysis of variance
  – Results of post-encounter resident assessment
    • Track resident perception of ethical competency
  – Standardized patient assessment scores of resident (if applicable)
SUBJECTIVE FOLLOW-UP

• Focused Group Discussion
  – Program-wide debrief meeting on OSCE experiences
  – Troubleshooting on how to improve practices and flow of the exercise
  – Interactive discussion to identify ethical conflicts and appropriate clinical responses

• Ethical Grand Rounds
NEXT STEPS

• Expert consensus (dermatology faculty)
• Feedback from individual programs on areas of interest/concern. Elicit resident experiences with ethical conflict.
• Promote regular ethics seminars for open discussion with residents and faculty
• Use subjective data to compile a bank of Dermatoethics OSCEs scenarios
  – Test OSCEs on volunteer faculty for face/content validity
  – Begin pilot study on incoming residency class before and after ethics curriculum implementation
REFERENCES