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From Your DIO

The OSCE helps GME and program leadership assess resident skills in two types of communication: Clinical Communication (shared decision-making, avoiding jargon, making sense) and Patient Communication (interpersonal demeanor, empathy, rapport). One case is being conducted as a telehealth visit, a revision that going forward, GME will incorporate in every OSCE/OSHEs in response to the increasing prevalence of this mode of healthcare delivery. For the OSHE, the junior resident (intern) conducts a handoff to the senior (PGY-2), using the mnemonic required for all WSUGME programs, IPASS. This exercise helps reinforce the imperative of using a widely accepted, structured acronym during transitions of care as means to reduce medical errors.

Upon completion of the training, all participants are emailed both an individualized score report and links to videorecordings of all cases and the OSHE. PGY-2 residents are provided with a comparison of Year 2 scores with those achieved while an intern. While a Faculty Champion appointed by each program observes the encounters in Kado via remote cameras and then participates in a group debrief session, program directors may subsequently elect to discuss the outcomes with some trainees via separate, one-on-one sessions.

For a number of years, GME has mandated OSCE/OSHEs for interns and PGY-2s in every program, including the surgical specialties. Our faculty have indicated that they find the assessment data helpful in determining the quality of program training, residents like to see the extent of their improvement, and GME can evaluate resident communication skills as well as identify findings that merit publication

in the medical education literature. For example, data analysis of a pain management case introduced in 2018 addressing revisions to the Michigan Dept. of Health and Human Services guidelines regarding opioid prescription resulted in “An OSCE for opioid management: Standardized patient ratings of communication skills as a predictor of System-Based Practice (SBP) Scores,” *Journal of Patient-Centered Research & Reviews*, 2021), co-authored by GME staff and program leadership.

Further, the adoption of virtual OSCEs for 2 years during the pandemic resulted in a natural experiment that may well have important implications for video-based telemedicine. In 2018 and 2019, when face-to-face administration was the norm, SPs gave experienced (PGY-2) residents higher ratings, and their scores were correlated with residents’ empathic concern and perspective-taking.

However, in the 2020 telehealth encounters, SPs rated inexperienced (interns) and experienced (PGY-2) residents equally, and these ratings were unrelated to resident empathy. Medical educators must better understand the specific skill set required for optimal patient communication in telehealth and valid assessment. GME is analyzing data from the 2021 OSCEs to determine if these outcomes were again evident in the second year of virtual administration.

I would like to thank the Kado Clinical Skills Center staff for their assistance in deftly handling 2-week training sessions with 75 residents as well as conducting training for the SPs involved in our face-to-face and telehealth cases. In addition, the feedback and support provided by our Faculty Champions has been and remains invaluable in making the OSCE/OSHEs a robust and insightful experience for GME and programs alike.

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