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Member Liaison Project Update: SP OSCEs for GME Milestone Benchmarks

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As reported to the membership in the ASPE eNews, September 2014, ASPE members have an interesting opportunity on the horizon with the ACGME (Accreditation Council for Graduate Medical Education) performance milestones rollout and the practical implications this competency based framework has for SP Programs across the United States.

As my term as Member Liaison (ML) draws to an end, I provided the membership with a report on the progress of this project and the subsequent roll out nationwide at the ASPE conference in Denver this year. A project of passion for me, the continuation and ultimate implementation of this ground-breaking work is in the hands of like-minded ASPE cohorts. The potential to collaborate, publish, partner and leverage our unique expertise is undeniable, and the final product will be of great value to the membership at large.

Background

As medical residents garner experience through their hands-on practice, their program directors are expected to verify a specific level of mastery in a variety of skills. Year-one residents (PGY1) should be able to meet a specific list of performance-based objectives relative to their field of specialization. Year-two residents (PGY2) should meet an increased set of expectations, and likewise for year-three and year-four (PGY3, PGY4) professionals.

The ACGME has established a set of milestones to measure each residents' specialty specific level of mastery, and identify at what level each resident meets as well as how they are progressing. As of July 2014, all core specialties and most Phase 1 subspecialties were to start using the Milestones as identifiers. For each reporting period, a resident's performance on that milestone for each sub-competency should be indicated.

This type of evaluation is generally performed by the attending who supervises the resident during their rounds. However, this person is not able to view all the activities of the resident, specifically doctor-patient interactions, which an OSCE may more accurately accomplish. Medical organizations associated with a simulation center within

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a university can access their testing facilities for the performance of the OSCE respective to the specialty needs. Hospitals that exist outside of the umbrella of a partner school with an OSCE program have limited options for their residents.

Becoming a facility that offers exceptional OSCE certification requires several key components, the first of which is the facility itself. The ASPE community is uniquely poised to develop, run and evaluate these OSCEs due to our expertise with SPs. Many hospitals cannot spare the space to set up such a testing environment, nor supply the manpower required to officiate it. We are proposing to model the appropriate sites as a doctor's examination room, surgical suite or a trauma bay, to provide training in the management and running of an OSCE.

This is a process ripe for action, currently, there are no large organizations with a strong foothold in this specific market. With a proven design model and ample portfolio of residency milestones with examination criteria, ASPE can benefit from this project in several areas:

1. Emerge as an entity to enter the U.S. market with in-house OSCE Evaluation Curriculum for a slate of residencies.
2. Provide a transitional OSCE Evaluation Curriculum for a slate of residencies whereby clients pay to have us bring them developed OSCEs.
3. Access an unprecedented amount of user data, regarding efficiency of the OSCE Evaluation Curriculum, as well as cognitive and performance outcomes of today's residents.
4. Acquire an understanding of the current state of our residents, given today's work load, training initiatives, etc., to answer whether today's residency time-based training is on target to provide the healthcare needs of the future.

Action taken to date as announced at ASPE 2015

Collaborative efforts to develop SP cases:

- The needs assessments of various GME programs showed an inability of programs to document specific milestones required by Family Medicine, Internal Medicine, Pediatrics, and Emergency Medicine.
- A case bank is currently being set up to accommodate various needs.

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Vetting of SP cases:

- The SP Case bank is a shared resource
- The SP Case Bank is in review by six GME partner programs
- The SP Case bank is being reviewed by psychometricians for reliability and validity.

Vetting of the OSCE format:

- Background data has been established to identify this curriculum.
- National recognition and discussion of partnership with ASPE and ACGME.
- A team of reviewers to assure reliability and validity was formed.

Mapping of the OSCE evaluations to milestones specific to the Six Core Competencies for every physician:

1. Medical Knowledge
2. Patient Care
3. Professionalism
4. Interpersonal Communications
5. Practice based learning (personal improvement)
6. System based practice (system improvement)

The SP cases, based on OSCEs as a standardized format, are currently being piloted. The imminent data collection period of three years will be complete in 2018, at which time we anticipate evidence demonstrating the efficacy of this program to the global population of GME programs will be strong.

To access the milestones on the ACGME website, click on the following link or past it to your browser:

<http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx>

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