ASPE Pleased To Announce 2016 ASPE Poster Winners

By Kevin Hobbs, Best Practice (Ontario, Canada)

This year at ASPE 2016, there were 17 posters eligible for competition: 12 Innovation posters and 5 research posters. Between Sunday evening and Monday evening, posters were viewed by volunteer judges, working from evaluation forms based on Glassick criteria for scholarship (Glassick CE et al, San Francisco, CA: Jossey-Bass, 1997).

Many thanks to the fourteen poster judge volunteers and the six poster crawl facilitators. Attached is a document with all four winners (first prize and runner-up).

Congratulations to the winners and all poster participants!

RESEARCH - First Prize

Developing a Measure of Student Response to SP Feedback

Presenters: Carol Pfeiffer, PhD; Anton Alerte, MD; Helen (Zhang) Wu, Ph.D

Introduction: Recent literature reviews have suggested that self-assessment is not a successful strategy for improving clinical skills. On the other hand, external feedback to students does lead to the growth of skills. Students' receptivity to feedback has had little study. Our purpose is to develop a brief measure that can be used by faculty, SPs, and students to assess their response to feedback.

Project Description: We developed a three-item questionnaire to be used by SPs who gave students verbal feedback immediately after an encounter that included a focused history and physical exam. The SPs had been trained to score the encounter and give feedback on its content and process. They were trained to score the following three items covering the aspects of feedback using a Likert scale with "1" as a

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poor response and "5" as an excellent response. The items were insight, receptivity, and ownership.

The participants were second-year medical students (N=94) and standardized patients (N=10). There were 282 encounters. After finishing each encounter and doing a clinical reasoning exercise, the student received 10 minutes of one-on-one verbal feedback including practice of self-identified or SP identified weak skills. Then the SP completed the 3-item scale described above.

Outcomes: The SPs were able to complete the questionnaire easily in the one minute allotted and had little difficulty in answering the questions. Students scored well but variably on the items with ownership being stronger than insight or receptivity. A factor analysis of the three items suggests that they all load on one dimension.

Conclusions / Discussion: This preliminary work indicates the feasibility of developing a measure of student response to feedback. It needs to be augmented by measures of student feedback orientation, and faculty assessment of student orientation. The work of Linderbaum and Levy, 2010 provides a framework for this development. More attention to the development of a positive approach to feedback can enhance the lifelong skills of our learners.

RESEARCH - Runner-up

Increasing Discrimination and Variability on a Standardized Patient (SP) Checklist by Adding Anchor Behaviors

Presenters: A. Todd Lash, MA; Janie P. Boyer; Cynthia Ledford, MD; Sheryl Pfeil, MD

Introduction: Our program used post-encounter standardized patient (SP) checklists requiring communication and professionalism ratings with frequency-based response options (always, usually, sometimes, never). Overall SPs rated learners very high on the scale with little variability, making discrimination between students of different skill levels and analyses of inter-rater reliability difficult. We developed behavioral anchors for the four specific skills assessed (courtesy and respect, professional demeanor, listening and explaining). We compared checklist scores to the previous year's scores to

determine whether SPs would use more of the scale, thereby increasing variability and discrimination.

Project Description: A modified checklist with behavior anchors and new response options were introduced for a second-year assessment. For example, anchor behaviors for courtesy and respect include introducing oneself, explaining one's role, and valuing (acknowledging) the SP. New response options reflected concrete observations of behaviors ("Did not use these behaviors," "Used one or two behaviors," "Used many behaviors, yet missed one or more opportunities," and "Used many behaviors and consistently communicated courtesy and respect throughout"). SPs were trained comparable to 2014.

Outcomes: Results from four questions across all scenarios in 2014 (n=744) and 2015 (n=788) were analyzed using a scale from 1–4, with 1 being "never" or "Did not use these behaviors." Median score for all questions was 4 and the range was 2-4. Scores for courtesy and respect and professional demeanor were 3.97 (SD=0.17) and 3.93 (SD=0.28) in 2014, and 3.84 (SD=0.30) and 3.80 (SD=0.34) in 2015, respectively. Scores for listening and explaining were 3.93 (SD=0.27) and 3.93 (SD=0.27) in 2014 and 3.74 (SD= 0.39) and 3.79 (SD= 0.35) in 2015. There were significant differences between 2014 and 2015 ($p < 0.0001$) in scores for all fours parallel sets of questions.

Conclusions / Discussion: By adding anchor behaviors to the SP checklist we encouraged increased discrimination in using the high end of the scale. We defined explicit communication and professionalism behaviors for SPs to observe. Next steps include comparing results across all OSCEs in the 2015 academic year with 2014. We plan to compare SP scores with faculty monitor communication and professionalism scores to determine a possible relationship.

INNOVATION - First Prize

Dress Rehearsal: a Win-Win for Family Medicine and the Standardized Patient (SP) Program

Presenters: Karen Szauter, MD; Lori Kusnerik, AAS; P. Darlene Self, MEd; Amy Shanks, MA; Paula Olsen, BS

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Introduction: Our senior medical students must pass an eight-station clinical skills assessment (CSA) as a graduation requirement. The examination blueprint includes challenges from all year-3 core clerkships. In addition for preparing the SPs for portrayal and checklist scoring, we recognized the need to pilot all of the CSA materials, room set-ups, and computer support. We describe our "dress rehearsal" as a valuable final process for examination preparation.

Project Description: Although mastering the portrayal and achieving a high-level of checklist accuracy is the focus during the four training sessions, SPs often appeared uneasy on their first exam day. In 2006, we replaced the fourth training session with a mock-exam. Recognizing the need for SPs to interact with unknown examinees, we reached out to the Department of Family Medicine (FM) for assistance. The timing of

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the dress rehearsal (late June) coincides with orientation week for the new interns, providing a perfect opportunity for new house staff to participate. During dress rehearsal, each SP has an opportunity to portray and score his/her scenario twice, and to remotely observe and score another SP trained to the same case. FM faculty monitor the interns at each station. SP program staff monitor SP performance.

Outcomes: Dress rehearsal has become an invaluable activity for both the SPs and the FM program. Many logistical challenges with the examination become evident during the process, and simple adjustments are possible prior to the first day of student testing. SPs gain confidence in portrayal and checklist completion. Dual scoring of stations provides important information about checklist issues and helps to resolve some of the unanticipated questions that arise during the encounters. For the FM faculty, direct observation of the new interns provides an opportunity to identify baseline strengths and areas needing early attention.

Conclusions / Discussion: The benefits of our examination dress rehearsal for the SPs, the SP program, and the FM program have been numerous. Examples include: adjustments to door signs or room set-ups; clarification of responses to unanticipated questions; additional calibration on checklist items; increased confidence for the SPs. By replacing the fourth training session with this activity, no extra costs have been incurred.

INNOVATION - Runner-up

An Inter-professional Chaplaincy Simulated Patient Event on Breaking Bad News
Presenters: Dylan Cooper, MD; Karen Schroedle, BS

Introduction: One focus of pastoral education is to establish rapport with patients and family members during difficult situations. Confounding these interactions are the personalities of the people in need. Traditional, apprenticeship education exposes learners to different personalities on an almost random basis. The use of standardized patient (SP) simulations can ensure exposure to difficult personalities. The purpose of

this project was to create and implement a SP event tailored to the needs of each chaplaincy student (CS).

Project Description: This project was conducted at the Fairbanks Hall Simulation Center at Indiana University Heath and created by the SP educator, emergency medicine (EM) and pastoral education faculty. First year EM residents and CS received training on delivering bad news independently prior to the session, with CS identifying uncomfortable personality types. An SP was trained on three different personalities identified: withdrawn, reactionary, and addictive. Teams of 2 EM residents and 1 CS managed a breaking bad news case, where the mannequin dies despite all efforts. The CS must establish rapport with the mannequin's daughter (the SP) during the

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resuscitation and then join the team in delivering the bad news to the SP. This was immediately followed with a debriefing including all learners, the SP, EM and CS faculty.

Outcomes: Three groups participated, with the SP successfully portraying all three personality types. Chaplaincy students commented that they appreciated the SP in the family member role, with the uncomfortable personality. Many residents remarked that this was their first opportunity to deliver bad news and valued the CS during the exercise. Finally, the SP noted that having the personality type and order in which they would be portrayed ahead of the simulation day gave the SP time to develop hurdles and rewards based on learner skills and delivery.

Conclusions / Discussion: We successfully created and implemented a chaplaincy event with one SP portraying multiple difficult personalities. Through this project, chaplaincy students were able to address an uncomfortable situation in a safe environment. There are plans to repeat this session this coming academic year, with the potential to use this same approach of tailoring the personality to the EM residents' needs.