Workshop F06: Introduction to the Objective Structured Teaching Evaluation (OSTE) – A Novel Tool for Evaluating Teaching Skills
Friday, April 28 2006, 3:30 – 5:00 PM
Westin Bonaventure Hotel and Suites San Fernando, Lobby Level

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Workshop Agenda

Introduction to Workshop/OSTE 3:30 – 3:35

How OSTE is used at different institutions 3:35 – 3:45

Mock OSTE 3:45 – 4:05

Small Group Breakout Stations

Session 1 4:05 – 4:25
Developing OSTE Cases
Training Standardized Students
Planning/Implementation/Evaluation of the OSTE

Session 2 4:25 – 4:45
Developing OSTE Cases
Training Standardized Students
Planning/Implementation/Evaluation of the OSTE

Large Group Discussion 4:45 – 4:55

Evaluations 4:55 – 5:00
Introduction to the Objective Structured Teaching Evaluation (OSTE) - A Novel Tool for Evaluating Teaching skills

Society of General Internal Medicine Meeting
Los Angeles, CA
April 2006
Workshop Faculty

- Maria A. Wamsley, MD - UCSF
- Katherine A. Julian, MD - UCSF
- Elizabeth H. Morrison, MD - UCI
- Sondra Zabar, MD - NYU
Learning Objectives

• Define an Objective Structured Teaching Evaluation (OSTE)
• Identify how OSTEs can be used with faculty and resident teachers
• Utilize a variety of rating scales to rate performance in an OSTE
• Identify potential strategies for developing OSTE cases, training standardized students and evaluating the OSTE experience
Workshop Agenda

- Introduction to the OSTE
- Description of OSTE
  - UCSF
  - UCI
  - NYU
- Mock OSTE
- Small group breakouts
  - Developing OSTE cases
  - Training standardized students
  - Planning/implementation/evaluation of OSTE
- Wrap-up/Evaluations
OSTE

- Faculty or resident interacts with a standardized student in a standardized teaching situation
- Uses:
  - Evaluate effectiveness of curricula to improve teaching skills
  - Assess teaching skills of residents/faculty
  - Enhancing teaching skills
Why an OSTE?

- Evaluations may relate more to a teacher’s charisma or communication style than actual teaching skills\(^1\)
- Rapid and rigorous evaluation of teaching skills
- Allows practice of teaching skills
- Can create realistic atmosphere for practice
- Immediate feedback
- Potential benefits for student participants

Irby DM. Acad Med. 1995;70:898-931
Workshop Agenda

• Introduction to the OSTE
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Use of the Objective Structured Teaching Evaluation (OSTE) at UCSF

Maria A. Wamsley, MD
Katherine A. Julian, MD
Use of OSTE at UCSF

♣ OSTEs have been offered at UCSF for faculty development
  ♣ Faculty volunteer for OSTE participation
  ♣ OSTE offered once yearly
  ♣ Thus far, 33 faculty have participated
♣ Residents participate in the OSTE as part of the UCSF Resident Teaching Fellowship
  ♣ Multi-disciplinary residents
  ♣ Teaching residents to teach
UCSF OSTE

♣ Held at the UCSF Clinical Skills Center
♣ Three scripted teaching scenarios were developed
  • Outpatient precepting (adolescent with abdom pain)
  • Bedside teaching (back pain)
  • Feedback to a learner in difficulty
♣ Debriefing session held immediately after the OSTE to discuss the cases and review key teaching points
♣ All cases videotaped and participants are provided with a copy of their tape for review
♣ Each participant developed a personal teaching action plan
UCSF OSTE

- Students recruited from the UCSF Medical Education Area of Concentration
- Four students trained for each case
- Students trained for a total of six hours/case
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<tr>
<th>Item</th>
<th>Mean (n = 33)</th>
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<tbody>
<tr>
<td>Standardized students gave realistic performances</td>
<td>4.76</td>
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<tr>
<td>Feedback from standardized student useful</td>
<td>4.91</td>
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<tr>
<td>Likely to change teaching practice as a result of OSTE participation</td>
<td>4.45</td>
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<tr>
<td>Overall rating of OSTE experience</td>
<td>4.73*</td>
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1 = strongly disagree, 5 = strongly agree
*1=poor, 5=outstanding
## Student OSTE Evaluation

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<tr>
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<tr>
<td>Prior to OSTE, interest in teaching</td>
<td>4.56</td>
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<tr>
<td>After OSTE, interest in teaching</td>
<td>4.78</td>
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<tr>
<td>Felt comfortable giving feedback to participating faculty</td>
<td>4.31</td>
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<td>Enjoyed participating in the OSTE</td>
<td>4.75</td>
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<tr>
<td>Learned useful information about teaching through participation</td>
<td>4.81</td>
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1 = strongly disagree, 5 = strongly agree
Key Lessons Learned

– Developing and implementing OSTE can be time intensive
– The OSTE provides a unique opportunity for residents and faculty to practice their teaching skills and receive direct, immediate feedback from students
– Student participants derive benefit from OSTE participation
An Objective Structured Teaching Examination for Generalist Resident Teachers

University of California, Irvine
School of Medicine
Universal Clerkship Grade Change Form

Dear Dr.__________:

I need you to change my clerkship grade to “honors” because....

1. If I don’t get honors, I won’t get into...
   _____Ophthalmology     _____ENT     _____Other:

2. _____I studied the basic facts but the (OSCE) (shelf boards) wanted every little detail.

3. _____The person who copied my shelf boards got a higher grade than I did.
CONTRIBUTORS

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ACKNOWLEDGMENTS

This project was sponsored by the Robert Wood Johnson Foundation, the Tamkin Foundation, and HRSA Residency Training in Primary Care Grant #22 HP 00006-01.
OVERVIEW

– 3.5 hour, 8 station objective structured teaching examination (OSTE)

– Enacted and rated by senior medical students one month before and after a longitudinal residents-as-teachers curriculum¹

OSTE STATIONS

1: Orienting a learner
2: Outpatient precepting
3: Bedside teaching
4: Giving feedback
5: Inpatient teaching
6: Teaching charting
7: Teaching a procedure
8: Giving a mini-lecture
FACULTY STATIONS?

1: Disorienting a learner
2: Outpatient pretending
3: Bedside preaching
4: Giving destructive feedback
5: Impatient teaching
6: Throwing charts
7: Not teaching a procedure
8: Giving an endless lecture
OSTE STATIONS

• 15 minutes per station

• 50 senior medical students completed a 2-week teaching elective to learn to enact and rate the OSTE.

• All materials are available through Residents’ Teaching Skills Web Site (www.residentteachers.com).
ACCURACY

Trained medical student raters independently assessed each station with case specific rating scales.

- Rating scale reliability $= 0.96$
- Inter-rater reliability $= 0.78$
- Content validity and predictive validity were also high.
Workshop Agenda

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NYU Resident as Teacher Initiative

Course Description and goals:
1. One half-day workshop in June for Rising PGY 1s
   Goals:
   • To examine difficult interactions amongst team members and strategize approaches to these interactions
   • To practice making observations and delivering feedback
   • To learn how to use the micro skills as a teaching tool
   • To address fears and questions about being a resident
2. 2 to 3 one-hour sessions for PGY2 and 3s during noon conference and morning report on topics such as Ward Rounds, Bedside Teaching, teaching the physical exam to reinforce skills.
3. Two station Observed Structured Teaching Exam (OSTE) during annual performance based skills assessment for PGY 1, 2 and 3s to provide formative feedback.
4. Eight station OSTE for medical education fellows at end first year.

Level of trainees:
Our curriculum starts for the rising PGY1s and then continues in the PGY 2 and PGY3 year.

Topics covered:
Conflict Management, Observation and Feedback, Teaching in the Moment (Micro skills), Bedside Teaching, Ward Rounds, Teaching Physical Exam Skills, Presentation skills, large group lecture and Precepting. Topic may vary a little each year depending on the interests of the chief residents.

Teaching methods:
Methods include trigger tapes made using real residents and attendings, role play, Observed Structured Teaching Experience, role model/live demo, brainstorm, case based discussions. Pocket sized cards handed out at end of each session.

Number of session/length of sessions:
Rising pgy1: one half day workshop and 2 station OSTE
PGY 2: 2 to 3 hour sessions and 2 station OSTE
PGY 3: 2 to 3 hour sessions and 2 station OSTE

OSTE Topics:

Instructors:
Chief residents and the leadership of the NYU Categorical and Primary Care Residency Program meet each spring to plan kick off workshop and brainstorm activities for the year and OSTE cases. Faculty are present in each OSTE station to give formative feedback.
**Standardized Students:** Students are recruited from NYU SOM and trained for 1 to 2 hours for each case. Students are asked to assess resident on a Likert scale on teaching satisfaction. Students participate with faculty during case specific feedback.

**Setting:**
In our conference rooms and ambulatory clinic.

**Evaluation:**
We do programmatic survey post (satisfaction, value, comments) session, and Pre-Post medical student evaluation and OSTE scores.

**Who’s responsible for maintaining course/funding?**
Chief residents and Program directors are responsible for maintaining the course. Program directors design and train the OSTE cases. The course is funded by the Department of Medicine.
Case 2. OUTPATIENT PRECEPTING

This is the case the resident is given:

Jessica Gallardo is a 17-year old girl who is new to your practice. She presents with abdominal pain but is currently pain-free. You have not yet seen her. You are precepting a third-year medical student in your clinic today. You are about to go in to see another patient. You had already sent the student to go see Jessica and report back to you. The student has now seen the patient, and has returned to present her to you. You thought the student did a pretty good job in general, but you feel it’s important to make sure Jessica is not pregnant and also to discuss psychosocial issues with her (including sexuality). You also noted that the student didn’t give as organized a presentation as possible.

The standardized student’s situation:

Jessica Gallardo, age 17, is a new patient here by herself for an evaluation of her abdominal pain over the past three weeks. You just saw her and you now present her case to the resident who is supervising you in clinic today.

- You think the patient may have peptic ulcer disease but you are not sure what work-up she should have.
- Your presentation should be a little disorganized and will run something like the following:
  “Hi. I just saw a new patient, a 17-year old with abdominal pain. Do you want me to present her case? [Resident agrees.]

HPI: Jessica Gallardo is a 17-year old girl who presents with a 3 week history of epigastric pain. The pain is mild, cramping, but she didn’t have any tenderness to palpation when I examined her. She says the pain occurs a couple of times a day and lasts for 1-2 hours. The pain doesn’t go anywhere else, and eating doesn’t make it any better or worse. She has some nausea but no vomiting. She has never had this problem before, and in fact she has had no serious illnesses in her past medical history. She’s had no fevers, no urinary symptoms, no diarrhea and no constipation. Her last menstrual period was 3 weeks ago, and her menses are regular, with no dysmenorrhea.

PMH: Negative       PSH: Negative     Fam Hx: Noncontributory (but patient unsure)
Soc Hx: No tobacco, no alcohol, no drugs. No problems at home or school. She seemed kind of uncomfortable when I asked her about stress in her life. I think she’s a nice girl, and with more visits maybe I could get to know her better and she would talk more. I actually thought girls would be more talkative than boys at this age. Anyway, I guess it doesn't matter. Sorry, I guess I'm kind of getting off track on my presentation. I'm a little tired because I was on call last night. Anyway....
Allergies: No known drug allergies       Meds: None

Physical exam: Completely normal, with a normal abdominal exam, no costovertebral angle tenderness.

That’s about it.”

- You did not ask her if anything seems to bring on the pain or make it worse.
- You didn’t ask Jessica about her sexuality or contraceptive history.
- You did not do a pelvic examination but wondered if the resident should help you do one.
- You did not order any lab tests and you are not sure what tests to order, if any.
- If the resident asks about your training, this is your first clinical rotation at the beginning of third year of medical school. You have never seen an adolescent patient before except once when you were “shadowing” a family physician as a first-year medical student.
- If the resident asks what you think is going on with the patient, you say you think she has peptic ulcer disease.
- If the resident asks why you think that, you say that you understand it is a fairly common problem that causes epigastric pain. You are not sure how often it occurs in adolescents. You do not recall having read anything yet this year about abdominal pain in adolescents.
- Your response to the resident's teaching depends on how the resident handles it. If the resident interrupts your presentation and barrages you with clinical questions, you get flustered. If the resident listens to your presentation and then teaches, you react appreciatively.
- You allow the resident to take the lead in the encounter, only asking questions if the resident specifically invites you to do so. If asked, your question is what the difference is between urine tests and blood tests for pregnancy.
**Objective Structured Teaching Evaluation (OSTE) Rating Scales**
**Bringing Education & Service Together (BEST)**

**Case 2. OUTPATIENT PRECEPTING**

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<th>Please indicate your agreement with the following statements:</th>
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<td><strong>THIS TEACHER GENERALLY.....</strong></td>
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**ITEM 2.1: LISTENED TO LEARNER**

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<tr>
<td>**STRONGLY DISAGREE:**Did not appear to listen to or look at learner. Monopolized discussion and/or interrupted learner. Did not let student finish presenting case.</td>
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<td>**STRONGLY AGREE:**Listened to and looked at learner somewhat but was a little too dominant in the discussion. Usually avoided interrupting learner.</td>
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**ITEM 2.2: ENCOURAGED LEARNER TO PARTICIPATE ACTIVELY IN THE DISCUSSION**

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<td>**STRONGLY DISAGREE:**Failed to involve learner actively in the discussion. Did not ask “learning” questions or solicit questions from learner.</td>
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<td>**STRONGLY AGREE:**Skillfully incorporated learner as an active participant in the discussion. Asked excellent “learning” questions, also solicited questions.</td>
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**ITEM 2.3: EXPRESSED RESPECT FOR LEARNER**

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<td>**STRONGLY DISAGREE:**Treated learner in an insensitive, hostile, or sarcastic manner. May have attacked learner for asking questions that teacher could not or did not wish to answer. Did not use learner’s name or respect divergent opinions.</td>
<td></td>
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<td>**STRONGLY AGREE:**Sat down with the learner, used learner’s name, gave own name. Helped learner express his/her concerns and stated respect for divergent opinions. Treated learner as a respected junior colleague.</td>
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**Standardized student’s name__________________________**  **Rater’s name__________________________**
**ITEM 2.4: ENCOURAGED LEARNER TO BRING UP PROBLEMS**

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**STRONGLY DISAGREE:**
Did not at all encourage learner to bring up limitations. May have intimidated learner so that s/he tried to avoid revealing problems such as limitations in knowledge base.

**STRONGLY AGREE:**
Made some attempt to encourage learner to bring up problems and limitations in knowledge base, but could have been more effective.

**ITEM 2.5: AVOIDED RIDICULE AND INTIMIDATION**

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**STRONGLY DISAGREE:**
Created a hostile climate of ridicule and/or intimidation.

**STRONGLY AGREE:**
Created a positive climate free from ridicule or intimidation. If learner said something incorrect, gently channeled learner toward right answer.

**ITEM 2.6: CALLED ATTENTION TO TIME**

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**STRONGLY DISAGREE:**
Did not pace session well. Missed important topics because of rushing or ending prematurely.

**STRONGLY AGREE:**
Paced session well. With learner’s input, sped or slowed discussion as needed.

**ITEM 2.7: AVOIDED DIGRESSIONS**

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**STRONGLY DISAGREE:**
Went off on tangents, was easily distracted. Did not have learner help focus session.

**STRONGLY AGREE:**
Avoided digressions quite well. Had learner help focus session as needed.

**ITEM 2.8: STATED GOALS CLEARLY AND CONCISELY**

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**STRONGLY DISAGREE:**
Did not communicate the goals of the teaching interaction.

**STRONGLY AGREE:**
Made the mutual goals of the session quite clear in a concise way.
**ITEM 2.9: STATED RELEVANCE OF GOALS TO LEARNER**

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<tr>
<td><strong>STRONGLY DISAGREE:</strong> Did not state that learning is one goal of clinic or that abdominal pain is an important learning issue.</td>
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<td><strong>STRONGLY AGREE:</strong> Stated in a concise way that learning is an important goal of clinic and that abdominal pain is a key topic.</td>
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**ITEM 2.10: PRESENTED WELL ORGANIZED MATERIAL**

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<td><strong>STRONGLY DISAGREE:</strong> Presented little teaching material, or presented it in a poorly organized manner.</td>
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<td><strong>STRONGLY AGREE:</strong> Presented good teaching material in a particularly well-organized manner. Discussed differential diagnosis (including pregnancy), psychosocial issues (including sexuality), and how to present cases.</td>
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**ITEM 2.11: EXPLAINED RELATIONSHIPS IN MATERIALS**

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<tr>
<td><strong>STRONGLY DISAGREE:</strong> Did not show how this patient’s case relates to other patients or clinical situations (similarities or differences). Did not use examples or analogies.</td>
<td></td>
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<td><strong>STRONGLY AGREE:</strong> Used this visit as an example to teach about broader issues in patient care. Generalized what can be learned with examples/analogies.</td>
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**ITEM 2.12: EVALUATED LEARNER’S KNOWLEDGE OF FACTUAL MEDICAL INFORMATION**

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<td><strong>STRONGLY DISAGREE:</strong> Did not ask learner helpful questions to probe what learner recalled from his/her knowledge base.</td>
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<td><strong>STRONGLY AGREE:</strong> Asked learner appropriate recall questions to probe his/her knowledge base.</td>
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Standardized student’s name____________________________________                   Rater’s name_______________________________________
**ITEM 2.13: EVALUATED LEARNER’S ABILITY TO ANALYZE OR SYNTHESIZE KNOWLEDGE**

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**STRONGLY DISAGREE:**
Did not ask learner questions to probe his/her understanding and clinical reasoning.

**STRONGLY AGREE:**
Partly probed learner’s understanding and clinical reasoning.

**ITEM 2.14: EVALUATED LEARNER’S ABILITY TO APPLY MEDICAL KNOWLEDGE TO SPECIFIC PATIENTS**

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**STRONGLY DISAGREE:**
Did not ask recall questions or analysis/synthesis questions requiring application of knowledge, skills or attitudes to this specific patient. Did not ask student for a plan for patient’s problems.

**STRONGLY AGREE:**
Partly probed learner’s application of knowledge, skills or attitudes to this patient. May have asked student for a plan without following up on it.

**ITEM 2.15: PROVIDED POSITIVE FEEDBACK**

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**STRONGLY DISAGREE:**
Did not provide positive feedback.

**STRONGLY AGREE:**
Provided general positive feedback but could have better reinforced what student did right.

**ITEM 2.16: GAVE NEGATIVE (CORRECTIVE) FEEDBACK TO LEARNER**

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**STRONGLY DISAGREE:**
Failed to correct mistakes, or “corrected” them with inaccurate or otherwise useless information.

**STRONGLY AGREE:**
Effectively corrected mistakes at appropriate times, focusing on important issues.
### ITEM 2.17: EXPLAINED TO LEARNER WHY HE/SHE WAS CORRECT OR INCORRECT

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**STRONGLY DISAGREE:**
If gave positive or negative feedback, did so only in a general way and failed to explain specifically why learner was correct or incorrect, or did so inaccurately.

**STRONGLY AGREE:**
When giving both positive and negative feedback, effectively explained specific reasons why learner was correct or incorrect.

Gave somewhat specific feedback.

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### ITEM 2.18: OFFERED LEARNER SUGGESTIONS FOR IMPROVEMENT

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**STRONGLY DISAGREE:**
Never gave specific recommendations for how learner might improve, or did so ineffectively.

**STRONGLY AGREE:**
Gave specific, effective recommendations for how learner might improve (e.g., to take a sexual history and consider pregnancy, to present cases in a more organized manner).

Gave somewhat specific suggestions for improvement.

---

### ITEM 2.19: EXPLICITLY ENCOURAGED FURTHER LEARNING

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**STRONGLY DISAGREE:**
Failed to mention further learning in any way, or actually discouraged it (e.g., seemed to view student’s role as primarily "scut").

**STRONGLY AGREE:**
Enthusiastically encouraged further learning with specific, directed suggestions tailored to this learner (e.g., learning about abdominal pain in adolescents).

Explicitly encouraged further learning but in an indirect or general manner.

---

### ITEM 2.20: MOTIVATED LEARNER TO LEARN ON HIS OR HER OWN

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**STRONGLY DISAGREE:**
Failed to encourage any self-directed learning or actually discouraged it.

**STRONGLY AGREE:**
Enthusiastically encouraged and defined self-directed learning. Asked learner to define own own learning needs and ways to address them.

Sometimes encouraged self-directed learning in an indirect or general manner without defining it.
ITEM 2.21: ENCOURAGED LEARNER TO DO OUTSIDE READING

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<tbody>
<tr>
<td>STRONGLY DISAGREE:</td>
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<tr>
<td>Failed to mention or encourage outside reading, computer aids, consultants, or other learning resources.</td>
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<tr>
<td>STRONGLY AGREE:</td>
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</tr>
<tr>
<td>Enthusiastically encouraged outside reading, discussing and defining approaches/resources (readings, consultants, computer aids).</td>
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</tbody>
</table>

ITEM 2.22: OVERALL TEACHING EFFECTIVENESS

<table>
<thead>
<tr>
<th>VERY POOR</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>EXCELLENT</th>
<th>5</th>
</tr>
</thead>
</table>

Standardized student's name____________________________________                   Rater's name_______________________________________
How to Develop Objective Structured Teaching Exam (OSTE) Stations

Station Development

Sondra Zabar, MD;
New York University School of Medicine
Division of General Medicine
Section of Primary Care
szabar@breitezabar.com
The History of Objective Structured Teaching Exams (OSTEs)

OSTE References


Schoi S. A multiple-station test of the teaching skills of general practice preceptors in Flanders, Belgium. Acad Med 2001;76(2):176-80.


Standardized Student References


OSTE STATION OBJECTIVES

This station is designed to test for learners’ ability to:
OSTE STATION – PARTICIPANT INSTRUCTIONS

Learner Information

Name:

Training Level:

Your Role

The Scenario

Your Tasks

1)

2)
OSTE STATION – SUMMARY OF INSTRUCTIONS for STANDARDIZED LEARNER(S) and SPs (if applicable)

(Scenario, Personality, Teaching Challenge for Participants, Timing)
### Work Rounds

#### RESIDENT INSTRUCTIONS

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Student Name: Correy Kinney</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intern Name: Kristen Marshall</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Scenario</th>
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<tbody>
<tr>
<td>It is 7:30AM on the <strong>first day</strong> of your floor month and you are conducting work rounds with your intern and med student, both of whom have been on service for 2 weeks. You are outside the room of Mrs. Walker who is a 68 y.o. woman with breast cancer metastatic to her lungs who was admitted with her pneumonia and is on day 2 of her antibiotics/ She is your medical student’s patient.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Residents’ Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct work rounds on the patient up to the point at which you would go to see her.</td>
</tr>
</tbody>
</table>
Mrs. Walker is a 68 year old woman with breast cancer, metastatic to the lungs, who was admitted with fever and shortness of breath, and was found to have a left lower lobe pneumonia. She is now on day 2 of IV levofloxacin. This morning, when you retrieved your sign out, the night float told you that he was called for shortness of breath overnight. He says that when he went to see her, she complained of worsening pain, so he gave her an extra dose of morphine and turned up her oxygen, with immediate improvement in her shortness of breath. This seemed like a reasonable course of action and you didn’t think to ask him any further questions. When you saw her this morning, she complained of persistent pain. She didn’t particularly complain of SOB, but when pressed, admitted she seemed to be having more discomfort breathing than when she came into the hospital. You noticed that she was breathing at 26 without any use of accessory muscles. She had a normal lung exam.

The resident should be able to …

- identify the error in diagnostic reasoning of the night float, as well as the med student.
- correct the inappropriate use of “vital signs are stable” by the med student.
- lead the med student through the differential diagnosis of SOB in this patient
- engage the intern in the learning process
- elicit a plan for the patient from the team

You are 2 weeks into your rotation and you are just beginning to gain confidence. You are going into medicine and are really enjoying this rotation, now that you have the system under your belt and feel less overwhelmed. You would describe yourself as an average student with a decent fund of knowledge, but are still uncertain about how to synthesize problems clinically. You are a team player and easy to work with. You are receptive to feedback.
### Teaching Challenge

**For Participant**

- Create a safe teaching environment
- Use microskills:
  - Get a commitment
  - Probe for supporting evidence
  - Teach General points
  - Provide positive feedback
  - Correct errors

<table>
<thead>
<tr>
<th>Timing</th>
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<tbody>
<tr>
<td><strong>Beginning</strong></td>
<td>Your presentation, if left completely uninterrupted would go something like this…</td>
</tr>
<tr>
<td></td>
<td>“So Mrs. X is a 68 yo woman with breast cancer who was admitted with fever and shortness of breath and found to have a LLL pneumonia. She is on day 2 of levoquin.</td>
</tr>
<tr>
<td></td>
<td>Overnight, night float was called for shortness of breath.</td>
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<tr>
<td></td>
<td>Today, she says that her pain is well controlled with the morphine, but she is still feeling SOB. Her vital signs are stable.</td>
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<tr>
<td></td>
<td>I think she had decreased breath sounds at the left base.</td>
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<td></td>
<td>So the plan for the day, by system, is:</td>
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<tr>
<td></td>
<td><strong>ID</strong>: to continue her antibiotics. To check her wbc to see if it is still going down.</td>
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<tr>
<td></td>
<td><strong>Oncology</strong>: I need to get in touch with the oncology consult because they still haven’t seen the patient. To continue her morphine which seems to be controlling her pain.</td>
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<tr>
<td></td>
<td><strong>Resp</strong>: to continue her oxygen. I don’t know if we need to get another chest xray.</td>
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<td></td>
<td><strong>Nutrition</strong>: She seems to like the Boost.”</td>
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<tr>
<td><strong>Middle</strong></td>
<td>If interrupted and asked what the night float did, you report what you were told. If asked whether an ABG, pulse ox, or CXR were done, you say you don’t know for sure but you don’t think so because the progress note did not mention them. If asked what her vital signs actually were, you report that her temp was 100.4, BP 120/70, HR of 100, and RR of 26 (FYI VS on admission were T 101.5, BP 120/70, HR 110, RR 22 and VS last night were T 100.6, BP 120/70 HR 110, RR 26). If pressed on whether these are stable, you smile and say that</td>
</tr>
</tbody>
</table>
her HR is a little fast and so is her breathing, but you add that she did not seem to be in distress or using her accessory muscles of respiration. If asked why she might be SOB, you name her pneumonia or worsening metastatic disease, but would not be able to come up with either an effusion or a PE unless specifically led to those diagnoses with hints/clues from the resident. Once the ddx has been fleshed out, if you are asked what you want to do, you would suggest a spiral CT but would forget re basics like an ABG, CXR, and d-dimers. You do not spontaneously suggest the use of heparin unless specifically led there by the resident.

INTERN:
You remain silent for the rounds unless specifically engaged. Be bored if you are bored, engaged if you are engaged. You know all of the answers to the questions asked of you and can fill in the parts of the differential, the diagnostic, and treatment plans that are missed by the med student.

Summarize what you understand the plan to be. “So let me see if I got the plan right. We are going to….” (unless the resident has done this for you).

If given feedback, you are appreciative and receptive, but say that you “feel bad” about missing the seriousness of her respiratory problem, mislabeling her VS as stable, or not getting that the NF work-up was incomplete.
<table>
<thead>
<tr>
<th><strong>House Officer Number</strong></th>
<th>(Attach label here)</th>
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<tbody>
<tr>
<td><strong>Station 11</strong></td>
<td><strong>Work Rounds</strong></td>
</tr>
<tr>
<td><strong>Evaluator's Name:</strong></td>
<td>____________________</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>COMMUNICATION</strong></th>
<th><strong>Not Done</strong></th>
<th><strong>Partially Done</strong></th>
<th><strong>Well Done</strong></th>
<th><strong>Comments</strong></th>
</tr>
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<table>
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<tr>
<th><strong>Relationship Development</strong></th>
<th><strong>Non-verbal behavior enriched communication (e.g., eye contact, posture)</strong></th>
<th><strong>Acknowledged the sub-intern’s emotions appropriately</strong></th>
<th><strong>Communicated non-judgmental, respectful and supportive attitude</strong></th>
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<tbody>
<tr>
<td></td>
<td>Non-verbal behavior demonstrated NEITHER attentiveness NOR respect/patience</td>
<td>Did not acknowledge the student’s emotions</td>
<td>Verbalized judgment</td>
</tr>
<tr>
<td></td>
<td>Non-verbal behavior demonstrated EITHER attentiveness OR respect/patience</td>
<td>Attempted to acknowledge emotions</td>
<td>Did not verbalize judgment but did not demonstrate respect either</td>
</tr>
<tr>
<td></td>
<td>Non-verbal behavior demonstrated both attentiveness and respect/patience</td>
<td>Acknowledged and responded to the sub-intern’s emotions in ways that made him/her feel better</td>
<td>Verbalized respect, support and acknowledged challenge</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Education and Counseling</strong></th>
<th><strong>Asked questions to assess sub-intern’s knowledge gaps</strong></th>
<th><strong>Provided clear explanations/information</strong></th>
<th><strong>Collaborated with the sub-intern in identifying possible next steps</strong></th>
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<tr>
<td></td>
<td>Did not check to see what the student knew/understood</td>
<td>Gave confusing or no explanations which made it impossible to understand</td>
<td>Did not give the student opportunity to weigh in on next steps (told the sub-intern what would happen next) OR didn’t discuss next steps at all</td>
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<td></td>
<td>Asked about sub-intern’s understanding at beginning, but not again after discussion</td>
<td>Explanations were somewhat clear but still led to some difficulty understanding (e.g., too lengthy/complex)</td>
<td>Told the sub-intern next steps and then asked the sub-intern about his/her views</td>
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<tr>
<td></td>
<td>Asked if the student had questions AND made sure the sub-intern understood by checking his/her understanding through additional questioning</td>
<td>Provided small bits of information at a time and repeated and summarized to ensure understanding</td>
<td>Elicited the sub-intern’s views on next steps, shared her/his ideas, and then sub-intern developed plan of action</td>
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<tr>
<th><strong>KNOWLEDGE</strong></th>
<th><strong>Not Done</strong></th>
<th><strong>Partially Done</strong></th>
<th><strong>Well Done</strong></th>
<th><strong>Comments</strong></th>
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<tr>
<th><strong>Teaching Skills Demonstrated</strong></th>
<th><strong>Used the microskills of teaching:</strong></th>
<th><strong>Invited questions</strong></th>
<th><strong>Managed time effectively</strong></th>
<th><strong>Engaged the entire team in the learning/teaching process</strong></th>
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<tbody>
<tr>
<td></td>
<td>1. Got a commitment</td>
<td>Did not use any microskills</td>
<td>Did not invite questions</td>
<td>Engaged only the sub-intern presenting the case</td>
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<td></td>
<td>2. Probed for supporting evidence</td>
<td>Used 1-2 microskills</td>
<td>Implicitly allowed questions</td>
<td>Engaged the other intern nonverbally and/or with one or two questions (majority on sub)</td>
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<td>3. Taught general concepts</td>
<td>Used 3 or more microskills</td>
<td>Explicitly asked for questions</td>
<td>Engaged both the presenting sub-intern and the intern equally</td>
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<td>4. Corrected mistakes</td>
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<td></td>
<td>5. Gave feedback</td>
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NYU School of Medicine
Section of Primary Care Residency Program OSCE
3/10/06
<table>
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<tr>
<th>Case Specific Knowledge Demonstrated</th>
<th>Did not identify the error</th>
<th>Identified the error but did not explicitly discuss</th>
<th>Identified the error and explicitly discussed how an abg distinguishes between vent &amp; ox.</th>
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<tbody>
<tr>
<td>Correctly identified error in management by night float (not getting an abg or cxr)</td>
<td>Did not elicit true vital signs</td>
<td>Elicited true vital signs but did not correct statement</td>
<td>Elicited true vital signs and corrected the statement</td>
</tr>
<tr>
<td>Corrected the sub-intern’s statement that &quot;vitals signs are stable&quot;</td>
<td>Did not develop a differential for the shortness of breath</td>
<td>Elaborated one or two diagnoses</td>
<td>Elaborated more than two diagnoses</td>
</tr>
<tr>
<td>Elaborated a complete differential diagnosis of shortness of breath (pneumonia, pleural effusion, metastatic disease, pulmonary embolism)</td>
<td>Did not develop a plan</td>
<td>Developed a plan but next steps unclear</td>
<td>Developed a plan with clear next steps</td>
</tr>
<tr>
<td>Established clear plan for further diagnostic testing (an abg, cxr, d-dimers, potentially a spiral CT)</td>
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</table>

**Overall, how would you rate the communication skills of this resident?**

<table>
<thead>
<tr>
<th>1 Inadequate (Ineffective communication skills likely to create clinical problems, e.g., confusion or dissatisfaction)</th>
<th>2 Marginal (Uses some communication skills effectively but others may create clinical problems)</th>
<th>3 Competent/Adequate (Uses most communication skills effectively)</th>
<th>4 Very Effective (Uses all communication skills effectively, minor suggestions would enrich)</th>
<th>5 Exemplary (At the level of an experienced clinician whose communication skills are so good you would recommend to friends and family)</th>
</tr>
</thead>
</table>

**Overall, how would you rate the case-specific skills of this resident?**

<table>
<thead>
<tr>
<th>1 Inadequate (Did not understand any of the issues involved in the case and lack of understanding would be detrimental to the patient)</th>
<th>2 Marginal (Understood only some of the issues involved in the case and lack of understanding could be detrimental to the patient)</th>
<th>3 Competent/Adequate (Understood most issues in the case)</th>
<th>4 Very Effective (Understanding of issues in this case excellent, minor suggestions would enrich)</th>
<th>5 Exemplary (At the level of an experienced clinician whose understanding of the issues in this case are so good you would recommend to friends and family)</th>
</tr>
</thead>
</table>

**Overall, how would you rate the overall performance of this resident?**

<table>
<thead>
<tr>
<th>Inadequate (Ineffective likely to create clinical problems, e.g., confusion or dissatisfaction)</th>
<th>2 Marginal (Uses some skills effectively but others may create clinical problems)</th>
<th>3 Competent/Adequate (Uses most skills effectively)</th>
<th>4 Very Effective (Uses all skills effectively, minor suggestions would enrich)</th>
<th>5 Exemplary (At the level of an experienced clinician whose skills are so good you would recommend to friends/family)</th>
</tr>
</thead>
</table>

**Overall, how would you rate the overall professionalism of this resident?**

<table>
<thead>
<tr>
<th>1 Inadequate</th>
<th>2 Marginal</th>
<th>3 Competent/Adequate</th>
<th>4 Very Effective</th>
<th>5 Exemplary</th>
</tr>
</thead>
</table>

**COMMENTS:**

NYU School of Medicine  
Section of Primary Care Residency Program OSCE  
3/10/06
Training Students for OSTE

Student Demographics
- Fourth-year students recruited from the Medical Education Area of Concentration. These are students with an interest in medical education.
- Students schedules designed to allow time for OSTE training and OSTE participation.
- (Recruitment letter attached)

Cases
- Three cases used for OSTE
- Four students trained for each case
  - Allows for cases to run concurrently
  - Provides “back-up” in-case students drop-out
  - Allows us to run OSTE more than once (i.e. for faculty and residents)

Training
- Six hours of training performed for each case
- Training run in two 3-hour sessions (for each case)
- Training schedule attached
  - Session one
    - Orientation to OSTE
    - Watch videotape of OSTE
    - Read case and discuss acting of case
    - Read through evaluations
    - Allow each student to role-play case with faculty leader playing the instructor
    - Debrief each student’s performance
  - Session two
    - Orientation to principles of feedback
      - Eliciting self-reflection from instructor
      - Using “I” messages
      - Feedback from point-of-view of student in the case
      - Focused on behaviors
      - Specific
      - Positive and constructive
    - Discussion of evaluations
    - Watch videotape of OSTE and discuss what feedback should be given to instructor on videotape
    - Each student role-plays case and role-plays how to give feedback
    - Debrief each student’s feedback performance

Readings
- Prior to first training session, students given article on OSTE (insert citation here) and the case
• Prior to second training session, students given article on feedback (insert citation) and list of adjectives to use when giving feedback.
Dear Medical Student,

We are writing to introduce you to the Objective Structured Teaching Evaluation (OSTE) that you will participate in as part of the Medical Education AOC. The OSTE is a method for assessing teaching skills of faculty and residents that has been used at other institutions with success. This is our second year of running the OSTE at UCSF and feedback from participating students and faculty last year was overwhelmingly positive.

The OSTE is similar in structure to the OSCE experience, except that it is the faculty’s teaching skills that are evaluated. We will train you to act as a “standardized student” in a scripted teaching scenario with a faculty participant. Students will rate faculty on specific teaching skills and provide faculty with direct feedback on their performance.

OSTE participation will require a total of 6 hours training time (two 3-hour sessions). This training time will occur sometime between October 20 – 25th. Subsequently, students will participate in the actual OSTE on either October 25th from 6:00 – 9:00 pm or October 27th from 8:00 – 11:30 am.

We will contact you shortly with further details about the OSTE. Please feel free to contact Maria Wamsley (Wamsley@itsa.ucsf.edu) if you have any questions.

Sincerely,

Maria A. Wamsley, MD
Co-Director, Longitudinal Clinical Experience

Katherine A. Julian
Director
UCSF Primary Care/General Internal Medicine Residency Program
OSTE Training Schedule

Session 1

9:00-9:15  Orientation to OSTE/Training session
9:15-9:45  Orientation to case and rating scales/Read-through
9:45-10:00  Videotape 1 (pre)
10:00-10:10  Evaluations
10:10-10:40  Evaluations discussed
10:40-10:50  Break
10:50-11:00  Roleplay case – Student B
11:00-11:05  Performance debrief
11:05-11:20  Evaluations/Discussion
11:20-11:30  Roleplay case – Student A
11:30-11:35  Performance debrief
11:35-11:50  Evaluations/Discussion
11:50-12:00  Feedback/Wrap-up

Session 2

9:00-9:05  Orientation to Training session
9:15-9:30  Orientation to concepts of feedback
9:30-9:45  Videotape 2 (post)
9:45-9:52  Evaluations
9:52-10:10  Evaluations discussed
10:10-10:25  Feedback roleplay
10:25-10:35  Break
10:35-10:45  Roleplay case – Student A
10:45-10:52  Evaluations
10:52-11:02  Debrief evaluation
11:00-11:10  Roleplay feedback
11:10-11:15  Debrief feedback roleplay
11:15-11:25  Roleplay case – Student B
11:25-11:32  Evaluations completed
11:32-11:42  Evaluations discussed
11:42-11:52  Feedback Roleplay
11:52-11:57  Performance debrief
11:57-12:07  Final OSTE planning

*If time seems short for second session, option of skipping the evaluation discussion for the second roleplay (by then students will have rated the case 5 times) and going straight to the feedback roleplay.
Contact Information

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  Assistant Clinical Professor of Medicine
  Program Director, UCSF Primary Care Internal Medicine Residency Program
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  San Francisco, CA 94404
  Kathy.Julian@ucsf.edu

• Maria Wamsley, MD
  Associate Clinical Professor of Medicine
  Co-Director, Longitudinal Clinical Experience
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  San Francisco, CA 94404
  Maria.Wamsley@ucsf.edu