CONTINUING PROFESSIONAL DEVELOPMENT:
THE USE OF STANDARDIZED LEARNERS TO RE-IGNITE FACULTY SKILLS WITH TRAINEES

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What is an OSTE?

- Standardized Learners
- Faculty/Observers
- Realistic Scripts
- Faculty/Learners

Objective Structured Teaching Exercise
Literature On OSTEs

- “Direct observation by faculty of medical interviewing, physical examination, communication and counseling of patients is a fundamental requirement for evaluation of clinical skills of the learners and it continued to influence faculty behavior over time.”

- “Faculty vary in their translation of direct observation data into judgments and scaled generic ratings. High levels of inference by faculty are used during the direct observation process.”
Literature on OSTEs

“The overall goal of improving resident skills had to be balanced between the psychosocial needs of faculty and the resident and their relationship with the resident.”
Objectives of Faculty Development with OSTEs

- A model to assess learner clinical performance with standardized patients (OSCEs) is now being adapted to assess teachers in the clinical setting; **Objective Structured Teaching Exercises (OSTEs).**

- The OSTE has been used as a means of assessing and improving faculty teaching performance as well as assessing the impact of teaching skills programs.
Purpose of Designing OSTES

- To explore factors that impact faculty assessment of trainees, specifically in terms of how they judge and rate trainees after discussing a clinical case.

- Focus was on the relationship between the faculty and trainee post a clinical encounter and during teaching/feedback.
Methods

- **Setting**: The North Shore-LIJ Health System’s Department of Cardiology includes two tertiary care hospitals, with 800 beds each.

- **Participants**
  - 28/30 full-time faculty participated
  - 6 female & 22 male
  - 1 Professor, 7 Associate Professors, & 20 Assistant Professors.
  - 32-65 years of age & 1-35 years practice
Methodology for our OSTE

- 3 two-hour sessions in the evening.
- OSTE scenarios were scripted by the Program Director.
- Standardized patients were trained to the script as leaners (SFs).
- The purpose of the session and a review of the pre-work were discussed over dinner.
- Faculty/learners participated in 2 OSTE stations.
- OSTE checklists guided immediate & specific feedback to the faculty/learners.
- Learners, the SF and observers participated in a group debrief to discuss their experiences & application of new skills to their clinical environment.
- Learner feedback on the OSTE was solicited in a course evaluation & a one-minute paper.
### Results

#### Table 1: Faculty Perception of Acquired Skills

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Number of Responses</th>
<th>Mean (Scale 1 strongly disagree - 6 strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I learned in today’s course will help me to be more effective at work</td>
<td>21</td>
<td>4.86</td>
</tr>
<tr>
<td>Activities used in today’s program were helpful in better understanding the subject matter</td>
<td>22</td>
<td>4.86</td>
</tr>
<tr>
<td>My interaction with the “standardized fellow” enhanced my learning experience</td>
<td>17</td>
<td>5.06</td>
</tr>
<tr>
<td>The feedback that I received from Faculty and the Standardized Fellow enhanced my learning experience</td>
<td>18</td>
<td>5.16</td>
</tr>
<tr>
<td>The group debrief at the end of the session enhanced my learning experience</td>
<td>18</td>
<td>4.92</td>
</tr>
<tr>
<td>I have learned new skills</td>
<td>20</td>
<td>4.90</td>
</tr>
</tbody>
</table>
## Results

Table 2: Faculty Perception of Acquired Knowledge

<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Number of Responses</th>
<th>Mean (Scale 1 strongly disagree - 6 strongly agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the 4 components of Emotional Intelligence</td>
<td>22</td>
<td>4.45</td>
</tr>
<tr>
<td>Discuss the role of Emotional Intelligence in effective leadership</td>
<td>22</td>
<td>4.73</td>
</tr>
<tr>
<td>Identify the SFED model of feedback</td>
<td>22</td>
<td>4.55</td>
</tr>
<tr>
<td>Practice utilizing SFED model of feedback to case based discussions involving Fellows</td>
<td>21</td>
<td>4.81</td>
</tr>
<tr>
<td>I remember the factual information presented in this course</td>
<td>20</td>
<td>4.80</td>
</tr>
</tbody>
</table>
Global Faculty Feedback

- Approximately 75% of the faculty reported the program design was comfortable and met their learning needs.
- 72% stated they would recommend the program to a friend; “…well executed and professional”
- EI and S-FED as the most important concepts learned.
  - This aligned with their recognition of self-awareness as an important concept to reflect on.
Faculty Comments

• “learning to be self-aware of our response to students and fellows” and “how to deal with fellows in an empathetic way”.

• “when should we be doing this (feedback), regularly or only with medical errors/negative feedback?”

• “…will continue to adjust expectations of fellows…the goal is to make them better doctors…not to punish them; I am more cognizant of how I provide feedback.”

• “to continue to hold negative emotions in check, allow for positive emotional feedback, and be supportive.”
Resources

- Clinical Skills Center
- Access to Standardized Patients to be trained as standardized learners/fellows
- Trainer staff for standardized learners/fellows
- Communications-trained faculty for direct observation
- Administrative support from both the clinical skills facility
- GME fellowship leadership & clinical department chair: to assure a quality program and faculty participation
Next Steps-OSTEs

- Chief Resident Training on IP/CS & Professionalism
- Cardiothoracic Surgery Faculty on IP/CS
- SOM Core Clinical Faculty overseeing year ¾
  - Global Assessment Feedback to students
  - Group meetings ie Group OSTEs
References


- Bradeberry T, Greaves J. *Emotional Intelligence 2.0.* San Francisco: Talentsmart; 2009.
