



# The OSCE+ Model: A Multi-station Rounding Exercise for Pre-clinical Medical Students



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# Disclosure



Neither presenter has any financial disclosures to claim.

# Objectives



By the conclusion of this session, the learner will be able to:

1. describe our “OSCE+” concept.
2. implement an OSCE+ approach to preparing medical students for clinical rounding prior to their clinical rotations.

# Take a moment back in time.....



Remember the first time you drove an automobile on the street... try to remember...

- ❑ how your body felt?
- ❑ what you were thinking?

What did it feel like when...

- ❑ you started down the street while approaching parked cars on the side of the street?
- ❑ a car was coming the other way towards you on the other side of the street
- ❑ you made your first left turn?
- ❑ you approached your first pedestrian crossing the street?
- ❑ and, how you felt once you arrived at your destination?

Now think about how you drive the car today!



# Rounding

“Oh boy, this could be bad - hold your breath”

**Chaotic atmosphere**



Sensory over-stimulation

“Whew I did it!”

Patient presentations

**Sweaty palms**



“I’m not doing so bad...”

**Racing heart**

**Cloudy thoughts**

“Finally, end of the day. Boy my feet hurt!”

# OSCE +



- Developed to provide students with an opportunity to experience all of the components of patient rounding
  - Pre-rounds
  - Note writing
  - Diagnostic interpretation
  - Rounding
  - Patient presentation
  - Patient follow-up
  - Preceptor evaluation
  - Patient feedback



# Patient cases

## □ 10 Wellness Visits

### Topics covered

- Diet/exercise/weight loss counseling
- Routine medication refill/med interaction
- Hypertension
- Diabetes
- Childhood Vaccinations
- Colonoscopy/Immunization screening
- COPD/Asthma/smoking cessation



## □ 10 Sick Visits

### Topics covered

- Abdominal pain/Diverticulitis
- Sore throat
- Chest pain
- Shortness of breath
- Pyelonephritis/nephrolithiasis
- Cellulitis
- Adult presentation of a congenital cardiac defect
- Migraine headache
- Depression



# How it works...

- 40 medical students and 4 faculty/attendings participate
  - ▣ 20 students see sick visits
  - ▣ 20 students see wellness visits
- Pre-rounding
  - ▣ 2 students per patient
  - ▣ Split into A/B teams
- Rounding
  - ▣ 10 students per attending that round on 10 patients in the morning and 10 patients in the afternoon
- Evaluations



# Pre-Rounding (1 hour)

- 2 students see a patient as a team
- They then split into A/B teams to complete their own SOAP note, including interpretation of all diagnostic tests that are part of the chart (labs, ECGs, PFTs, x-rays, ultrasound)
- They have a total of 1 hour to complete the pre-rounding task



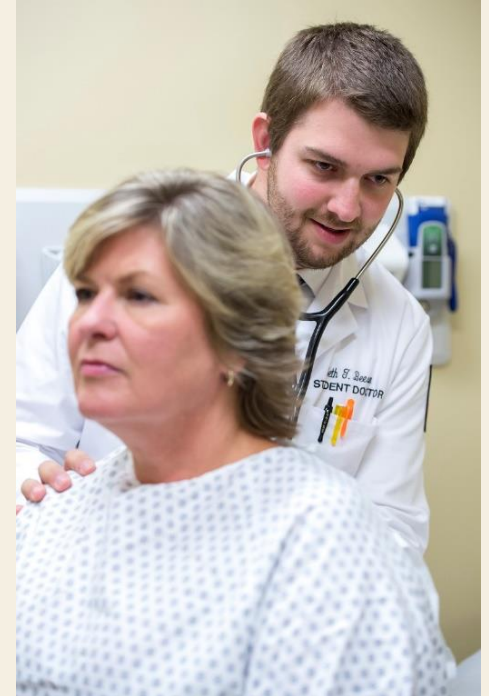
# Rounding (2-3 hours)

- ❑ One attending physician per group of 10
- ❑ Students present patient in front of attending and cohort
- ❑ Rounding team then see's patient and attending gathers further history, performs a focused physical exam, then discusses plan with patient and asks if any questions
- ❑ Attending physician assess student's
  - ❑ SOAP Note for detail and completeness
  - ❑ prescription for accuracy and completeness
  - ❑ patient presentation



# Evaluation of Students

- Standardized Patient (SP) evaluation
  - Completed Press-Ganey style questionnaire by the SP for later review
- Attending physician evaluation
  - Direct and immediate feedback on rounds
  - One-on-one session completed by rounding attending at the completion of the day of rounding with each student



# Student Comments

- ❑ “The OSCE+ was AWESOME preparation for oral presentations, however, we NEED more of it!!”
- ❑ “This is why I came to medical school... finally I am doing what I want to do!
- ❑ “This experience was exhausting, but I loved it.”
- ❑ “I need better shoes.”
- ❑ “My feet are killing me; I need to buy better shoes.”
- ❑ “My back hurts from standing for so long!”
- ❑ “What shoes do you recommend I get?”
- ❑ “I had a hard time keeping my attention by the last patient of rounds.”
- ❑ “By far, the best activity I’ve done at CUSOM!”



# Future Plans and Possibilities

- Intensive Care patients
- Adding procedures
- Adding a rapid response team activity  
    (“interrupting” rounds)
- Adding EHR
  - Information access and navigation
  - Drug interactions
  - Drug allergy warning systems
  - Computerized order entry
- Cover/Assess Entrustable Professional Activities (EPAs)
  - Currently in review/AACOM Poster
- Residency milestone evaluations



# Questions



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