It is a widely held belief that decisions of entrustment and progress toward this goal should include multimodal assessment information from multiple assessors. In order to evaluate our students’ progress toward the goal of entrustability, we have implemented three EPA assessment courses in our OMS 3 and OMS 4 curriculum.

**ASSESSMENT OF SKILLS**

**Fall OMS 3**
- 8-station OSCE
- Students are evaluated on: history-taking, focused physical examination, prioritizing a differential diagnosis, developing a plan of care and documenting a clinical encounter via a SOAP note (EPAs 1-6)
- Assessment:
  - Binomial tools used by trained faculty/residents and standardized patients

**Spring OMS 3**
- Direct observation and assessment of insertion of IVs, NG tubes, Foley catheters, and Bag-Valve-Mask ventilation (EPA 12). Students are also evaluated on obtaining consent for NG tube placement (EPA 11).
- Binomial tools with trained evaluators

**OMS 4**
- Evaluation of: interpretation of diagnostic tests (EPA 3), transitioning of patient care (EPA 8), formulation of admission orders (EPA 4), identification of an unstable patient requiring care (EPA 10), collaboration on team (EPA 9) and identifying system failures (13).
- Assessment is multimodal and comprised of:
  - Written examination assessing interpretation of diagnostic tests
  - Standardized sign over of a patient case to an assessor functioning as the physician assuming care
  - Receiving a patient hand-off and writing admission orders for said patient
  - A simulation in which students must identify that their patient is unstable and initiate care/seek help to stabilize the patient and then function as a member of the interprofessional team performing resuscitation. Additionally, they must identify and report a medical error that could cause patient harm and are asked to perform a central line without guidance/supervision.

**RESULTS TO DATE**

The average score on obtaining an H+P remains low at 72%. A gap in knowledge of what is an appropriately broad focused physical examination has been identified.

### Chart: % of Students Unable to Perform Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2017-2018</th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>BVM</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>IV</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>NG</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Foley</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**OMS IV Written Examination** | **OMS IV Admission Orders** | **OMS IV Patient Handoff**
---|---|---
Mean | Range | Mean | Range | Mean | Range
72% | 40-96% | 65% | 16-96% | 87% | 20-100%

**Simulation results:**
- The majority of teams reported the potential medical error to the “attending”
- 85% of teams identified the decompensating patient in a timely fashion
- Of concern: many groups were willing to attempt procedures beyond anticipated skill level without seeking help

**FUTURE CURRICULAR DIRECTIONS**

- Complaint based/focused physical examination sessions added to OMS II curriculum (implemented fall 2018)
- Use of a more qualitative SOAP note rubric for the 8-station OSCE (2019-2020 implementation)
- NG tube placement simulation labs added to didactic coursework for OMS III students (2019-2020 implementation)
- Creation and use of online modules for interpretation of laboratory, radiographic and ECG findings for OMS I and OMS II students (implemented winter 2018)
- Learning activities focused on admission order writing presented to both OMS II and OMS III students (2019-2020 implementation)

**REFERENCES**