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The value of real-time clinician feedback during OSCEs

Dear Sir

Each year, the University of Washington administers a 9- or 10-station OSCE to approximately 220 second-year students and 220 senior students. Typically, about one-third of those stations are directly observed by experienced clinician observers, which requires hundreds of faculty and volunteer clinician hours. Given the high value of faculty and clinician time, and the less expensive option of using trained standardized patients as observers, we wondered if having clinician observers give real-time feedback to students during OSCEs was a worthwhile activity. We attempted to answer this question by surveying both our clinician observers and students after a recent OSCE.

Forty clinicians volunteered to observe the UW 2012 Senior OSCE. At the end of each testing day, we asked the observing clinicians to answer an anonymous survey including why they volunteered to observe the Senior OSCE. We also surveyed all 221 students immediately following the same Senior OSCE. The students were asked about the value of the feedback and whether we should continue to use clinicians as observers.

Response rates from the clinician observer and student surveys were 93% and 99%, respectively. 89% of students strongly agreed or agreed that the UW should continue to use clinicians as observers. 82% strongly agreed or agreed that the feedback they received at the end of each observed OSCE station was helpful.

Clinicians who volunteered to observe the OSCE also found value in the experience. The most frequent reason for participating, cited by 34%, fell under the theme of Professional Development and Learning. Observers valued learning something about the students, the process, or themselves as teachers. Observers also found the experience enjoyable, an opportunity to interact with medical students and an opportunity to "give back" to the learning community.

In a paper published on MedEdWorld Publish, "Adding value to OSCEs by providing real-time clinician feedback", we concluded that students appreciate direct, real-time feedback, and clinicians volunteer because it is an enjoyable learning experience, and an opportunity to interact with students and teach the next generation of physicians.

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Medical students' deliberate practice of patient assessments

Dear Sir

Conducting patient assessments in a clinical context provides medical students with opportunities to practice and develop examination and communication skills. Such practice is expected to increase their confidence in interacting with patients, and enhance their development from trainee to practicing clinician.

There is good evidence that expertise develops through a protracted process of incremental improvement in skills. Opportunities to repeatedly practice performing patient assessments (defined as a full history, complete physical examination and patient problem formulation), both independently and when observed by more experienced practitioners who provide feedback on skills are components of deliberate practice and are critical in skill acquisition (Ericsson et al. 1993).

In health systems where resources are increasingly scarce, there are fewer opportunities for students in the initial stages of clinical training to engage in deliberate practice through conducting patient assessments. This may occur for a number of reasons, including fewer accessible, suitable patients and prioritising the learning needs of later year medical students and interns. Such difficulties accessing opportunities for deliberate practice could have a significant impact on the learning of medical students, yet there are little data to describe the number of patient assessments undertaken by medical students. Admittedly, such data are difficult to obtain. Unless students are required to maintain detailed logs of patient assessments, we tend to be reliant on student estimates of approximate numbers of assessments collected retrospectively. Nonetheless, the significance of deliberate practice for skill acquisition among medical trainees implies that understanding student opportunities for patient contact is extremely important (Reid et al. in press).

The process by which accumulation of practice promotes clinical skills needs to be better understood. Should students be encouraged to complete an optimal number of patient assessments for the development of clinical skills? How many patient assessments are too few, leading to insufficient development of skills? Understanding the range of factors (individual, organisational) that contribute to opportunities for deliberate practice are essential to developing an educational experience where all students have the chance to maximise their skills. These issues have received scant research attention and we would argue that efforts to understand the quantity, quality and consequences of deliberate practice of patient assessments are warranted.