



THE UNIVERSITY
of EDINBURGH

A low cost/open source system for delivering feedback in OSCEs and clinical attachments



David Hope
July 2014

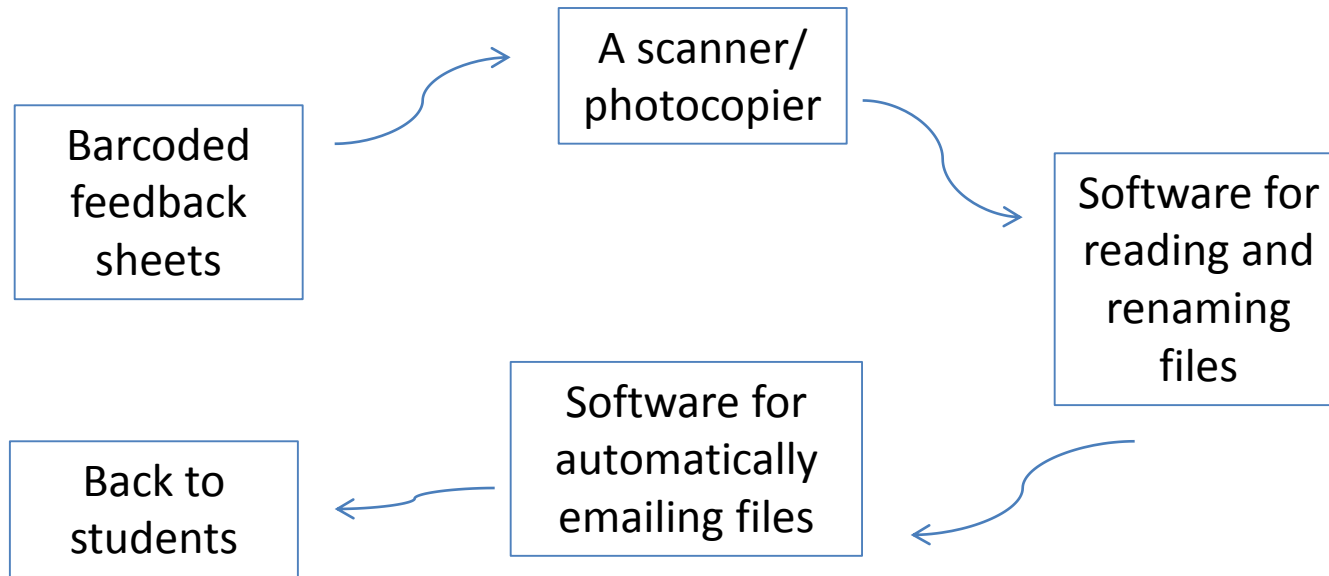
Background and Purpose

- OSCE-type assessment is widely used to determine progression
- Virtually no feedback is offered in the UK on performance in this reliable and valid assessment despite a strong desire for it
- Given the enormous (potentially >5000 sheets) amount of paperwork manual feedback is extremely difficult, but in-person feedback makes the assessment unacceptably long

Technology!

- Ipads, laptops, recorders
- Very expensive
- Range £10,000 - £100,000, most of it recurring
- Significant practical barriers
 - Untested – is it worth doing at all?
 - How can we find out?
 - If it all goes wrong are we stuck with it?

A low cost solution



Delivery

- Delivered in the 2012-13 and 2013-14 year 3 OSCEs (first clinical year)
- Approximate sample size of 500 students each with eight stations
- One-off software costs of ~£200
- Recurring costs of around ~£150
- Free or open-source versions of each software subsequently identified

Feedback sheets



7 Clinical Communication
1300 - 1420

Parent comments on concise, reassuring, would have given her 150%!

WHAT WENT WELL/DIDN'T GO WELL

This is a global impression to help students identify their **relative** strengths and weaknesses and does not equate directly to pass / fail. The information needs to be used by the student in conjunction with their score and/or mark and pass score for each station.

Examples:

1. student **not performing well at all** → record all domains as Didn't Go Well.
2. student **not performing well in specific domains and OK in others** → record only those domains that were not good as Didn't Go Well – and perhaps none recorded as Went Well.
3. student **performing really well across all domains** → record all domains as Went Well.
4. student **performing well/really well overall but some areas of relative weakness** → record relatively weak domains as Didn't Go Well and probably the rest as Went Well

DOMAIN OF TEST	WENT WELL	DIDN'T GO WELL
1. Introductions / Care and rapport with patient throughout		
2. History / Examination		
3. Sequencing and flow		
4. Specific communication skills: signposting, reflecting, summarising etc.		
5. Safety with equipment (needles, waste etc.)		
6. Clinical judgement e.g. if questions at the end		

HOW TO DO BETTER NEXT TIME / OTHER COMMENTS - from the examiner

*Nice gentle manner, very empathic
very good knowledge base
Nice flow - clearly has rehearsed this well
and it shows
Nice summary of advice given
clearly given advice - when to call 999 if chest pain
does not relate to importance for safety
Read up on DVSA advice for driving after an MI
Please stop saying "and things"! - it makes you sound
less professional when you clearly know
your stuff.*

- Identifying details
- What went well/didn't go well
- Free text comments
- In this example, the student has been given ~250 words of constructive feedback

Did students like it?

- Overwhelmingly positive response
- Very commonly stated it was the most useful feedback they had received at medical school
- Strongly recommended continuing project
- Single most popular response for what could be done to improve the project: “Nothing.”

Feedback for learning

- Research evidence suggests feedback is most useful when it focuses on meta-cognitive skills (e.g. Hattie, 1996)
- We wanted to ensure the feedback was used and helped developed independent learning
- A very small minority of students had difficulty accepting feedback – we must help these students

Feedback for learning

- In a class-wide session students discussed, listed, and returned
 - A strength they have identified from their feedback
 - Two points for learning based on feedback
- How they went about engaging in feedback with their peers – and how they would follow this up in future

Conclusions

- This was only doable because of the low cost
- BUT the enthusiastic response demonstrates low-cost solutions or ‘gold-plated’ solutions are viable – neither is a waste of time
- The time and resources spent on fine-tuning the project were well spent
- Students were extremely happy with the results and staff engaged well

Future directions

- Testing performance improvements in subsequent years
- Identifying sub-groups who are resistant to feedback to determine why
- Improving delivery and expanding feedback until it becomes the norm
- Providing training materials so anyone replicate this