

Assessment Tool 5 – Objective Structured Clinical Exam (OSCE)

CanMEDS Collaborator

Objective Structured Clinical Exam for the Collaborator Role

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Instructions for Assessor:

- **Learning objectives:** OSCE assessments are an effective way to assess if all of your learners are at, above or below a common standard. They will also provide insight as to who is meeting or exceeding in their understanding and application of Collaborator competencies, as well as who is falling behind.
- **How to use adapt:**
 - Select from, modify, or add to the sample OSCE cases. Each case is designed as a ten-minute scenario.
 - Modify these cases to be seven to eight minutes with the standardized patient (SP) and have two to three minutes of probing questions from faculty. The two to four probing questions within the scenario provide considerable additional insight into competence in the area.
 - Combine a variety of different Roles into the same exam.
 - Four to six cases is a reasonable number of cases for an intraining program OSCE.
 - Consider using one scenario at a teaching session. Residents or SPs could do a demonstration.
 - Consider using a video recorded scenario for teaching purposes.

Scenario #1:

PHONE CONSULTATION OF PATIENT

You are on call. A resident from _____ program calls you to do a consult for a Patient AA. The patient needs/priority for AA do not match your program or priorities. You go to see the resident to discuss.

TASK: Discuss patient needs and differing priorities with the other resident (who can be a standardized team member, fellow resident or faculty member playing that role).

Scenario #2:

HANDOVER

You are doing handover from xx to your clinical area, yy. You review the available information and determine you need more information. You call the resident/staff from xx to get additional information. Take two to three minutes to review the handover documents from xx to yy and then call yy.

TASK: On the phone, discuss the handover information received and what is also needed with the sending team member

NOTES:

1. Simulated 'incomplete' handover documents needs to be developed for this scenario.
2. Team member can be a standardized team member, fellow resident or faculty member.

Scenario #3:

GOALS OF CARE

There is a family meeting that includes the patient and their spouse. The patient is now palliative and she wants to go home as soon as possible. The home care planner dominates the discussion. Bed availability is low.

At the family meeting, there are comments indicating lack of agreement from the spouse (re: ability to cope), nurse (re:safety in ambulation, disorientation at night, help needed for personal care) and resident (re: trouble controlling pain at this time). The resident steps out to answer a page. As the resident returns to the family meeting, the home care planner announces that plans for discharge should proceed tomorrow to the patient's home while awaiting a hospice bed. Equipment will be ordered right away. The meeting is adjourned.

As the meeting adjourns, the social worker approaches the resident to sign the discharge orders.

TASK: Discuss discharge with the social worker.

OSCE SCORING SHEET¹

Name: _____

Program: _____

Collaborator: EFFECTIVE TEAM WORK				
1	2	3	4	5
Unaware of need for communication with other health care providers.	Unable to integrate the provision of care by medical team with that provided by allied health professional.	Generally appropriate collaboration with allied health professional.	Appropriate collaboration with allied health professional.	Exceptional ability to elicit relevant detail with efficient use of time.

Collaborator: TEAM COMMUNICATION				
1	2	3	4	5
Authoritarian or deferential in approach. Does not listen respectfully. Verbal and non-verbal communication is disruptive to process.	Actively listens and engages in meeting. Conveys information. Builds trust through actions.	Clearly and directly communicates. Uses reflective listening. Responsive to others requests and feedback.	Effectively and efficiently communicates relevant information, either verbal or written. Identifies communication barriers. Delegates responsibility appropriately and respectfully.	Skilfully recognizes and manages communication challenges. Maintains and coordinates necessary communication outside of meeting(s). Skilfully coordinates patient's care with others.

Collaborator: COLLABORATION ALONG PATIENT CARE CONTINUUM				
1	2	3	4	5
Passive. No initiative. Lacks awareness of role and responsibility.	Contributes to the care plan. Able to identify team and community resources.	Actively seeks out appropriate resources and consults with patient/team/Community resources. Formulates a care plan.	Synthesizes information from patient/team/community to formulate a comprehensive care plan.	Independently facilitates and coordinates a comprehensive care plan, including follow-up. Delegates responsibility.

Collaborator: HANDOVER				
1	2	3	4	5
Disorganized or incomplete handover. Not attentive in giving	Poor skills in handover. Inattentive in giving or receiving	Provides needed patient information. Competent approach or use of	Strong skills in handover including effective clarification and documentation.	Superb handover including documentation and follow up. Uses

¹ Adapted from Glover Takahashi S, Martin D, Richardson D. Chapter 5 In *The CanMEDS Toolkit for Teaching and Assessing the Collaborator Role*. Ottawa: Royal College of Physicians and Surgeons of Canada; 2012.

and receiving patient information, does not clarify. Not efficient or effective in teamwork.	handover leading to errors or delays. Is not team oriented.	structured tool. Understands role of team members and competently collaborates in handover. Accurate documentation.		structured approach or tools with ease and efficiency. Enables effectiveness of team assisting if/as needed.
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Collaborator: MANAGEMENT OF DIFFERENCE AND CONFLICT:				
1	2	3	4	5
Disorganized or incomplete handover. Not attentive in giving and receiving patient information, does not clarify. Not efficient or effective in teamwork.	Poor skills in handover. Inattentive in giving or receiving handover leading to errors or delays. Is not team oriented.	Provides needed patient information. Competent approach or use of structured tool. Understands role of team members and competently collaborates in handover. Accurate documentation.	Strong skills in handover including effective clarification and documentation.	Superb handover including documentation and follow up. Uses structured approach or tools with ease and efficiency. Enables effectiveness of team assisting if/as needed.

OVERALL PERFORMANCE IN THIS SCENARIO

1 Needs significant improvement	2 Below expectations	3 Solid, competent performance	4 Exceeds expectations	5 Sophisticated, expert performance
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PGY LEVEL OF PERFORMANCE² – AT WHAT LEVEL OF TRAINING WAS THIS PERFORMANCE?

B Below PGY1	1 Mid-PGY1	2 Mid-PGY2	3 Mid-PGY3	4 Mid-PGY4	5+ Mid-PGY5 or above
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² NOTE: Programs that have moved to Competence By Design may want to modify these levels to the four parts of the resident competence continuum.

Areas of strength	Areas for improvement
1.	
2.	
3.	