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Assessing Professionalism Using the Objective Structured Clinical Exam
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Background
The Objective Structured Clinical Exam (OSCE) is widely used as an assessment tool. Traditionally, the OSCE measures history taking (Hx), physical exam (PE), and interview skills. More recently, the OSCE has also been utilized to assess professionalism. Because episodes of unprofessional behavior are situational and therefore difficult to track, a case was designed to present a special challenge that might identify shortfalls in professionalism. A scale was also developed to measure this behavior in each OSCE encounter.

Goal
The purpose of this study was to determine whether professionalism could be adequately assessed by using common OSCE cases or whether a designated case with a specific formal component is needed.

Methods
• A six station OSCE was administered as part of the end of third year assessment.
• A seventh case was added specifically to address professionalism; a professionalism component was developed and added to all cases.
• The professionalism score was obtained by summing scores from the professionalism checklist.
• All standardized patients were asked to complete the Hx, interview, and professionalism checklists.
• Correlations between the OSCE’s components and external criterion (clerkship grades) were examined case by case.
• Reliability analysis was also performed on the data.

Professionalism Checklist
The professionalism scale used to rate each OSCE encounter was designed by considering a variety of unprofessional behaviors that might occur in the context of a typical clinical interview. It was categorized in a way that standardized patients could easily recognize and record these behaviors. Each specific type of behavior can be linked to those described by other professional groups (e.g. American Board of Internal Medicine).

Professionalism Case
The case addressed a simple medication error describing a student who wrote 2.0 mg of a medication and 20 mg is administered to the patient. The student was asked specifically to discuss the error with the patient. It was hypothesized that asking students to disclose a medical error would present several value conflicts:

- the desire to be honest and to help the patient as much as possible
- the desire to protect members of one’s team and the hospital from litigation
- the desire to protect oneself and get a good evaluation

Results
• Professionalism scores were moderately correlated with only one of seven Hx scores (r=.35, p<.01).
• Professionalism scores were moderately correlated with interview scores (range r=.29-.32, p<.01) in five of the seven cases.
• Correlations between professionalism and PE scores were at the nominal level and were not significant.
• Professionalism scores obtained from the designated station were correlated significantly with the external criterion measure used in the study, which is the clerkship grade (r=.21, p<.05).
• The other cases showed no relationship with the external criterion measure.
• The reliability of the professionalism scale in the designated case was in the acceptable range (α=.57; ρ=.62) considering the small number of items used in the checklist.

Conclusions
This study indicated that professionalism was not necessarily captured using general OSCE measures. Although professionalism scores were moderately related to interview scores in most of the general cases, this study provides preliminary evidence that a case specifically constructed to assess professionalism provides more information in addressing this growing concern of medical school training.