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## Assessing Professionalism Using the Objective Structured Clinical Exam

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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 ( $\alpha=.57; \rho=.62$ ) 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

Table 1. Checklist Components

Case:	Checklist Components:			
	History	Physical Exam	Interview	Professionalism
Alcohol Counseling	x		x	x
Acute Abdomen in Older Female	x	x	x	x
Acute Pelvic Pain	x		x	x
Confused Elder	x	x	x	x
Medication Mix-Up*	x		x	x
Spousal Violence	x		x	x
Vomiting Baby	x		x	x

\* Case specifically designed to assess professionalism

Table 2. Correlations between Professionalism Scores and Other General OSCE Measures

	Professionalism Score		
	n	r	p
<b>History Score</b>			
Alcohol Counseling	99	.043	.675
Acute Abdomen in Older Female	100	.080	.428
Acute Pelvic Pain	100	.184	.067
Confused Elder	100	.347**	.000
Medication Mix-Up	99	.053	.605
Spousal Violence	97	.173	.090
Vomiting Baby	100	.142	.160
<b>Physical Exam Score</b>			
Acute Abdomen in Older Female	100	.099	.327
Confused Elder	100	.090	.372
<b>Interview Score</b>			
Alcohol Counseling	99	.196	.052
Acute Abdomen in Older Female	100	.320**	.001
Acute Pelvic Pain	100	.323**	.001
Confused Elder	100	.323**	.001
Medication Mix-Up	100	.027	.793
Spousal Violence	96	.289**	.004
Vomiting Baby	100	.313**	.002

\*\*significant at .01 level

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PROFESSIONALISM CHECKLIST

Student \_\_\_\_\_  
SP Rater \_\_\_\_\_

Please circle a rating of 'Unacceptable' for behaviors which made you uncomfortable, concerned you, distracted you, affected the overall encounter, or made you hesitant to see this student doctor again.

- Introduction:** Unacceptable Acceptable  
If 'Unacceptable', indicate why:

**Greeting:** Disrespectful/overly familiar: "So what's up?"  
**PT's name:** inappropriate/uncomfortable terms, e.g., nickname, first name only, sweetie, honey
- Respect for patient:** Unacceptable Acceptable  
If 'Unacceptable', indicate why:

**Attitude:** sarcastic, patronizing, dismissive, demeaning, arrogant  
**Courtesy:** rude, impolite, disrespectful interruptions  
**Attention to pt preferences:** intrusiveness, causing pt embarrassment, ignores pt requests
- Verbal behavior:** Unacceptable Acceptable  
If 'Unacceptable', indicate why:

**Word choice:** slang, obscenity, swear, racist/sexist/pejorative terms, uncomfortable "street talk"  
**Verbal tone/delivery:** too loud, too soft, pressured, sarcastic, angry  
**Use of medical jargon:** intimidating, arrogant, confusing  
**Humor:** offensive, distracting, poorly timed
- Non-verbal behavior:** Unacceptable Acceptable  
If 'Unacceptable', indicate why:

**Hygiene:** unkempt, unclean or dirty in appearance  
**Dress:** not consistent with expectations: overly casual, seductive, or otherwise inappropriate  
**Posture/mannerisms:** slouched, chewing gum, biting nails or other inappropriate/unhygienic behaviors  
**Composure:** excessively anxious (sweating, tremor), impatient, angry, overly confident
- Physical exam:** Unacceptable Acceptable  
If 'Unacceptable', indicate why: