Creating Community: The OSCE for Clinical Reasoning Project

Analia: Now it's official.

Debra: Action.

On-screen: ["Clinical reasoning is foundational to many patient care and communication competencies, and strong skills are necessary for high-quality patient care."

In 2022, NBME launched OSCE for Clinical Reasoning Creative Community, a collaboration between NBME and medical educators, to solve the pressing challenges faced by the medical education community today.

Timeline: 2022, 2023, 2024.

Why is clinical reasoning important?

Debra Klamen, MD, MHPE, Southern Illinois University School of Medicine.]

Debra: I think the very fact that this creative community exists, has existed for two years, and that there was actually money attached to it, I think has really given this kind of clinical performance assessment a push to people who aren't as involved in it all the time, but how important this particular piece is.

I mean, after all, this is what physicians need to do all day. Some of our other assessments, you know, they don't answer multiple choice questions all day, but this is what a physician is being about. It's supremely important.

On-screen: [Analia Castiglioni, MD, University of Central Florida College of Medicine.]

Analia: There is an interest, you know, not just at the medical education level, I mean, that's where we need to start, but at reducing medical errors, right? And diagnostic errors are one of the largest, you know, if not the largest, number of errors are made on a regular basis. So that's why this is so important at the end of the day.

On-screen: [Candace Pau, MD, Kaiser Permanente Bernard J. Tyson School of Medicine.]

Candace: The expertise I think from the NBME to provide the resources, to be able to gather all this data, analyze all this data, and put it together, is something that would be really hard to achieve outside of this creative community. And I think adds so much

validity and applicability to the work that we're doing that a school on its own would have a really hard time replicating.

On-screen: [What was the most interesting or surprising thing you learned?

Kristen Mitchell, DO, University of New England College of Osteopathic Medicine.]

Kristen: So if you had asked me two years ago, if we were assessing clinical reasoning, I would've said, "Yes," and given you some examples.

What this project has taught me, is that what we were assessing were simple parts of that clinical reasoning, and the depth of this project to look into that black box that we've referred to as the students' process, means I'm no longer sure we were actually looking at their clinical reasoning.

On-screen: [Khadeja Johnson, MD, Morehouse School of Medicine.]

Khadeja: I've been surprised about how much I have thoroughly enjoyed talking about everything that we do and going back and forth over and over again, trying to see the best way to assess the students and what they're thinking, and how they're thinking about things.

On-screen: [Jan Veesart, MD, University of New Mexico School of Medicine.]

Jan: One of the things that surpassed my expectations is just how much I would enjoy getting to know my colleagues, because they're fascinating people, and they all come with really interesting perspectives and a real deep dedication to student education.

And then the whole idea of student assessment, I thought I had a pretty good understanding of it, but through the last two years I've really developed a deeper appreciation for how many facets there are to that entire process.

On-screen: [David Gordon, MD, Duke University School of Medicine.]

David: We all came in, I think, with a similar idea of, we know clinical reasoning most commonly now is assessed as an outcome. Like, did you obtain a piece of information? Did you recognize a diagnosis?

But where we really wanted to push the boundaries was, could we assess it as a process? It's a harder, more challenging way to approach clinical reasoning, but I think it brings you closer to the way we want to assess clinical reasoning, and the way we assess it in a clinical environment. So I think this project has put us in a great position and a great start, and there's more exciting stuff to follow.

Mattew: What's so cool about the community is everything is so creative that I feel like everything has been co-produced. I think that was like a light bulb moment for everybody, the idea of pivot points.

On-screen: [Matthew Kelleher, MD, MEd, University of Cincinnati College of Medicine.]

In clinical reasoning, people have these moments where they shift their line of thinking, and those shifts are probably something indicative of how they're reasoning.

On-screen: [How have you changed your approach to assessment?

Laurie Caines, MD, University of Connecticut School of Medicine.]

Laurie: It hasn't really changed my practice in terms of assessment. I think it's more in terms of teaching, honestly, because when you've done the pilot, and you've watched the students take the cases, I think you can see sometimes where the gaps are and clarifying the process of clinical reasoning.

Matthew: The thing that I think has been said a lot is that we want to assess the process and not just the outcome.

Laurie: Right.

Mattew: I think that has helped in shifting a lot of my thinking over these two years.

On-screen: [HDIG, Hypothesis-Driven Information Gathering.]

Kristen: The term, HDIG, has made its way into my regular vocabulary, and I think I'm working to use the phrase, problem representation, more. It used to be something we would call a patient summary or something we would call the bullet statement. And so really working to create a better understanding between the students and my colleagues for what specifically we're looking for.

On-screen: [Vishal Poddar, MD, Howard University of Medicine.]

Vishal: I'm trying to incorporate these words when they're giving feedback, because we have feedback one-to-one from the residents for each encounter, so it has become part of my teaching tools. Not officially or not formalized as yet, but in day-to-day practice.

On-screen: [What did NBME learn from you?]

Khadeja: We have very non-traditional students at our school. So, many times I will take on a lens of looking at things from my students' perspective. They're underrepresented in medicine, so I look at the cases based on how they may look at the cases, how they

may interpret things differently. And I think I brought that lens here, 'cause I carry that lens wherever I go.

Laurie: We had people from all different geographic locations. We had people who were emergency room doctors, people who were psychiatrists, people who were internists, pediatricians. And I think that was really important to have all of our differing opinions and differing experiences involved in sort of creating this group of people.

David: I think this expands the possibilities of the NBME to be involved, not just in the assessment, but the formative training and feedback. There's some unique opportunities to bring people together, which is a different, more open way of being involved and connected to medical education.

On-screen: [Final thoughts?]

I really think community is a key word, and it was a really good choice to describe this initiative. Bringing in more output and creating more outreach, I think will create more information and kind of more connection to what's going on in schools and what the needs are out there.

Candace: I think there's just a lot more once we get through all of the data to look at those student profiles and be able to really capture what is the key feedback that we can offer to students based on this type of assessment, which I think we're getting there.

Vishal: Coming together, its so many brilliant minds, and getting exposure, interacting with people, looking at different perspective, has also made me a better person, or more experienced as an administrator when I'm trying to incorporate all that I learned into clinical education has definitely helped me, and will continue to help me grow and bring it into the clinical perspective.

Jan: There isn't an environment like the creative communities that exist anywhere else. And even if you happen to run across somebody at a conference or in a particular specialty interest group, it's not quite the same, because NBME purposely tried to recruit folks from all over the US, and then we met regularly to focus on this project, which don't have that opportunity anywhere else.

Debra: All the camaraderie as we struggle to find something together, and I think we have moved the needle, but I still don't think any of us has that black box answer.

Analia: We were lucky to be, you know, that group that was able to move that needle, or that will help the rest of the medical education community continue to move the needle.

Hopefully the work that we've done can give some, you know, further guidance, or help advance that work across schools.

Kristen: I'm so excited about where it goes, but I'm also already sad that I'm not a part of the next part of this project.

On-screen: [Follow the Project Insights and learnings at reassessthefuture.org. Copyright 2024 NBME. All Rights Reserved.]

Kristen: We didn’t pass out.