### University of Massachusetts Medical School

# eScholarship@UMMS

Office of Institutional Research, Evaluation, and Assessment Publications and Presentations

Office of Educational Affairs

2006

# Using a Targeted OSCE Station to Measure Unprofessional Behavior

Mary L. Zanetti University of Massachusetts Medical School

Et al.

# Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/res\_eval

Part of the Educational Assessment, Evaluation, and Research Commons, and the Medicine and Health Sciences Commons

#### **Repository Citation**

Zanetti ML, Alper EJ, Gammon WL, Mazor KM, Hatem DS, McGee SM, Pugnaire MP. (2006). Using a Targeted OSCE Station to Measure Unprofessional Behavior. Office of Institutional Research, Evaluation, and Assessment Publications and Presentations. Retrieved from https://escholarship.umassmed.edu/res\_eval/26

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Office of Institutional Research, Evaluation, and Assessment Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.



# Using a Targeted OSCE Station to Measure Unprofessional Behavior

Mary L. Zanetti, Eric J. Alper, Wendy L. Gammon, Kathleen M. Mazor, David S. Hatem, Sarah M. McGee, and Michele P. Pugnaire University of Massachusetts Medical School, Worcester, MA



# **Background**

Standardized patients are widely used in medical education but their use to assess professionalism is limited. With grant support from the Edward J. Stemmler, MD Medical Education Research Fund ("Stemmler Fund") of the National Board of Medical Examiners (NBME), the usefulness of standardized patients (SPs) in the assessment of professional behavior was investigated. A targeted professionalism Objective Structured Clinical Examination (OSCE) station featuring a values conflict was written. Student performance in the targeted professionalism case was compared to their performance in three other stations. A professionalism assessment was developed and subsequently revised during the course of the study (see Figures 1, 2, and 3), with the final version containing various components of American Board of Internal Medicine (ABIM) core set of eight professionalism attributes and several other scales in recent medical research.

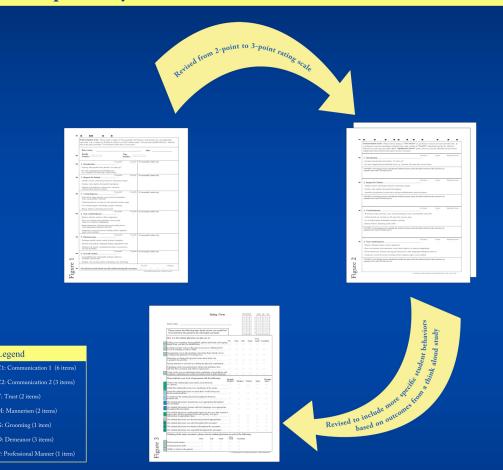




The authors would like to acknowledge the invaluable assistance of L. Atwell, S. Barrett, M. Carlin, and L. Sefton.



## **Development Cycle of Professionalism Assessment**



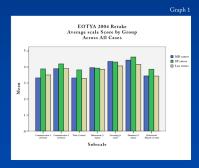
### Methods

Legend

A comprehensive selection process was used to create the dataset of 20 students from the 2004 End of Third Year OSCE. We first selected all students who had been cited for unprofessional behavior by the Clinical Science Academic Evaluation Board (CSAEB) (n=7). Two of those students did not participate in the 2004 End of Third Year OSCE and therefore were removed. The remaining 15 students were selected from the bottom and top quartiles (seven top performers and eight bottom performers) based on their overall interviewing scores across all OSCE stations. Two of the seven top performers had been cited by the CSAEB; therefore, we replaced those two with the next two students with the highest overall interviewing scores. Nine raters (3 lay raters, 3 SPs, and 3 faculty raters) reviewed 80 videotaped encounters (20 students x 4 cases) and assessed each student using the professionalism assessment (see Figure 3). Data from this scoring was used to compute descriptive statistics and conduct correlational analysis.

#### Results

Results of the data analyses from the 2004 re-score of 80 videotaped student encounters using the professionalism assessment are presented below (see Graph 1). This graphical display highlights the similarities and differences across the three groups of raters.



Using the seven subscales, a correlation analysis was conducted for each group of raters (see Table 1). Within each group of raters, the Professional Manner global rating was compared to each of six subscales, and a statistically significant correlation resulted for each. The correlation between the Demeanor subscale and Professional Manner global rating was the weakest for SPs, with faculty and lay ratings much stronger and more similar. While the correlations between the Grooming and Professional Manner were statistically significant, results were much weaker for each group of raters.

		MD Raters Professionalism (1 item)	SP Raters Professionalism (1 item)	Lay Raters Professionalism (1 item)
Communication 1 (6 items)	Pearson Correlation	.905(**)	.705(**)	.795(**)
	Sig. (2-tailed)	.000	.000	.000
	N	216	218	218
Communication 2 (3 items)	Pearson Correlation	.859(**)	.681(**)	.776(**)
	Sig. (2-tailed)	.000	.000	.000
	N	216	218	218
Trust (2 items)	Pearson Correlation	.814(**)	.655(**)	.769(**)
	Sig. (2-tailed)	.000	.000	.000
	N	216	218	218
Mannerism (2 items)	Pearson Correlation	.692(**)	.825(**)	.727(**)
	Sig. (2-tailed)	.000	.000	.000
	N	213	215	215
Grooming (1 item)	Pearson Correlation	.398(**)	.417(**)	.472(**)
	Sig. (2-tailed)	.000	.000	.000
	N	213	215	215
Demeanor (3 items)	Pearson Correlation	.743(**)	.233(**)	.778(**)
	Sig. (2-tailed)	.000	.001	.000
	N	216	218	218

#### Conclusion

The study's outcomes will contribute to the development of a validated professionalism assessment for use in OSCEs at other institutions. These findings have also advanced our understanding of how professional behavior in medical students is perceived and assessed by three distinct groups of evaluators.