



### A3. OBJECTIVE STRUCTURED CLINICAL EXAM (OSCE) FOR THE HEALTH ADVOCATE ROLE

Created for the *CanMEDS Teaching and Assessment Tools Guide* by S. Glover Takahashi and J Sherbino. Reproduced with permission of the Royal College.

#### 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 Health Advocacy 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 or 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 in training 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:

- A 39-year-old male Portuguese immigrant visits you <psychiatrist, family physician, physiatrist, neurologist, occupational health> for assessment and management of <depression OR pain management>.
- The patient does not have a strong command of English.
- About 18 months ago he sustained a work-related injury resulting in a complex regional pain syndrome in his non-dominant left arm. His application for disability insurance was recently denied.
- **You have <<XX (e.g. eight or ten minutes)>> for health advocacy with this patient.**

#### Scenario 2:

- A 17-year-old girl presents to the <emergency department, ambulatory pediatric clinic, family medicine clinic> with a soft tissue injury and abrasion to her forearm suffered when she fell off her bike.
- During your assessment it becomes apparent that she was not wearing her helmet because “helmets aren’t cool.”
- **You have <<XX (e.g. five or seven minutes)>> for health advocacy with this patient.**

#### Scenario 3:

- As a senior resident you have finished your first day running a busy <<internal medicine, orthopedics, family medicine>> ambulatory clinic.
- Over the course of seeing <<X>> patients it has become apparent that there is a surprising number of lower-extremity diabetic ulcers in the patient group. The ulcers are always an incidental or secondary complaint of patients.
- You are attending team rounds the next day, and the <<unit manager, risk management team, chief resident, physician lead>> asks if anyone has noted opportunities to improve patient care.
- **You have <<XX (e.g. eight or ten minutes)>> to discuss what you observed during your first day running the ambulatory clinic with the unit and the health advocacy considerations that arose from your experience.**



### A3. OSCE: SCENARIO 1 AND 2 SCORING SHEET

Learner's name: \_\_\_\_\_

Learner's program: \_\_\_\_\_

Learner's level: \_\_\_\_\_

**HEALTH ADVOCATE: Identifies health needs in a timely and appropriate manner** (including advocacy for health care services or resources, advocacy for healthy behaviours, and advocacy for prevention, promotion, or surveillance).

1	2	3	4	5
Does not accurately or appropriately recognize the need for advocacy or the impact of barriers on current/future health status of the patient.		Addresses and responds to need for intervention or action to manage barriers. Responsive to patient's noted preferences and values.		Demonstrates plans for active dialogue with patient and team. Efficiently and sensitively identifies patient's needs, preferences, and values.

**HEALTH ADVOCATE: Focuses on patient's health care needs, preferences, and values.**

1	2	3	4	5
Focuses on physician and/or system needs and priorities. Alternatively, lets patient drive agenda regardless of appropriateness of expressed wants and preferences.		Attends to patient. Provides workman-like response to questions. Demonstrates care and attention to patient's needs, preferences, and values.		Skilfully anticipates patient needs and questions. Responds with efficiency to patient's needs, preferences, and values. Negotiates, manages, and clarifies differences.

**HEALTH ADVOCATE: Works with patient (and their family).**

1	2	3	4	5
Does not inform patient/family of plans. Does not elicit patient/family wishes. Provides misinformation.		Elicits patient/family perspectives. Respectful. Establishes rapport.		Able to effectively communicate with patient/family. Skilled at sharing decision-making. Provides clear patient information. Confidently negotiates differences.

**HEALTH ADVOCATE: Balances health advocacy with stewardship of health care resources.**

1	2	3	4	5
Loses perspective and does not achieve best solution(s). Doesn't work to find solutions that balance competing issues.		Recognizes the need for balanced approach to stewardship and health advocacy. Seeks advice and input.		Generates effective solutions to balance competing issues, perspectives, and priorities so parties come to a consensus and/or accept solutions.

#### 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 PERFORMANCE<sup>a</sup> – 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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<sup>a</sup> Programs that have moved to Competence By Design may want to modify these levels to the four parts of the resident competence continuum.



### A3. OSCE: SCENARIO 1 AND 2 SCORING SHEET (continued)

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

Comments:

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_



### A3. OSCE: SCENARIO 3 SCORING SHEET (continued)

Learner's name: \_\_\_\_\_

Learner's program: \_\_\_\_\_

Learner's level: \_\_\_\_\_

**HEALTH ADVOCATE: Identifies community/population health needs in a timely and appropriate manner** (includes advocacy for health care services or resources, advocacy for healthy behaviours, and advocacy for prevention, promotion, or surveillance).

1	2	3	4	5
Does not accurately or appropriately recognize the need for advocacy or the impact of barriers on current/future health status of patients. Seems unaware of determinants of health or their possible role.		Takes determinants of health approach. Initiates inventory of determinants. Provides good description of community/population, including possible barriers and resources.		Has an effective and sophisticated understanding of determinants, this community, barriers, and resources.

**HEALTH ADVOCATE: Collaborates with other health care professionals and/or health promotion organizations.**

1	2	3	4	5
Borders on rude, authoritarian or is overly deferential in approach.		Polite. Conveys information. Recognizes need for assistance. Provides thorough, clear communication. Is responsive to requests for information. Integrates views of others.		Demonstrates an effective and sophisticated approach to joint problem-solving. Embraces alternate views and the contribution of others. Negotiates and manages conflicts and differences.

**HEALTH ADVOCATE: Balances health advocacy with stewardship of health care resources.**

1	2	3	4	5
Only focuses on one role or the other, losing perspective and not achieving best solution(s). Doesn't work to find solutions that balance competing issues.		Approach seems to recognize the need for balance. Seeks advice and assistance. Demonstrates understanding of competing issues.		Able to efficiently and collaboratively balance competing issues, perspectives, and priorities so parties come to consensus and/or accept solutions.

#### OVERALL PERFORMANCE IN THIS SCENARIO

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2.	
3.	

Comments:

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_