Improving the use of OSCE as an Assessment Tool in Tikrit University College Of Medicine (TUCOM)

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Abstract

Background: Challenge Model is a sequences of steps that helps leaders/managers work with their teams to deal with one challenge at a time to overcome obstacles in order to achieve results. One of the problems in medical student's clinical assessment is rater variation. Objective: To overcome rater variation in clinical assessment of medical students. Methods: We used challenge model, which is a sequences of steps that helps leaders/managers work with their teams to deal with one challenge at a time to overcome obstacles in order to achieve results. Steps of challenge model are creating a shared vision and define one measurable result; assess the current situation and identify opportunities and obstacles; define your challenge and select priority actions; develop an action plan; and implement your plan and monitor and evaluate progress toward achieving your desired result. Results: Increase the use of OSCE as method for years 4, 5 and 6 students assessment in TUCOM by 60% to the end of 2013. CURRENT SITUATION* OSCE is used by 30% for assessment at the end of their clinical clerkship [6th year students only.] There is no suitable and comfortable place for using OSCE method in students assessment. Only around 40% of faculty members are interested in development and implementation of OSCE. Conclusion: The Challenge Model provides a systematic approach for working together –as a team- to identify and face one challenge at a time and achieve results. The model leads us through a process of forming commitment to a shared vision that contributes to realizing our organization's mission, defining and owing a challenge, prioritizing actions for implementation, and carrying out the work plan to achieve results.

Key words: assessment, medical college, OSCE.

INTRODUCTION:

Challenge Model is a sequences of steps that helps leaders/managers work with their teams to deal with one challenge at a time to overcome obstacles in order to achieve results. [1] the aim of this study is to overcome rater variation in clinical assessment of medical students.
Methods:
The Challenge Model include the following steps:

- create a shared vision and define one measurable result;
- assess the current situation and identify opportunities and obstacles;
- define your challenge and select priority actions;
- develop an action plan;
- implement your plan and monitor and evaluate progress toward achieving your desired result. [1]

Results:

Step 1. Review your organizational mission and strategic priorities.
TUCOM mission and strategic priorities were reviewed by our team.

Step 2. Create a shared vision
The created shared vision of the future for TUCOM is “

’TUCOM founded on the advancement of knowledge through research and education. In which the common goal of improved health guides patient care, education, and research, thereby fostering the collective pursuit of knowledge and its translation, through education and application, to bettering the human condition. ‘

This shared vision serves to inspire the team to face each new challenge.

Step 3. Agree on one measurable result
Thus the one measurable the team agreed on is “Increase the use of OSCE as method for years 4,5 and 6 students assessment in pediatrics in TUCOM by 60% to the end of 2012”

Step 4. Assess the current situation

Current situation is:
- OSCE is used by 30% for assessment of TUCOM students at the end of their clinical clerkship [6th year students only].
  - There is no suitable and comfortable place for using OSCE method in students assessment.
  - Only around 40% of faculty members are interested in development and implementation of OSCE.

Step 5. Identify the obstacles and their root causes

Obstacles identified using SWOT analysis. Obstacles root causes were identified by using the Five Whys? And Fishbone approaches.[1]

The obstacles are:

5.1. Some faculty members and students don’t know what is OSCE, its validity and reliability.
5.2. Some staff are not adequately trained how to develop and implement OSCE.

5.3. The budget cut down affect the availability of OSCE resources.

5.4. The bad electrical supply after 2003, do affect the feasibility of OSCE uses.

5.5. The college administration not provided support for development and implementation of OSCE.

5.6. Many more faculty members and students need OSCE assessment method, but either are afraid to seek the services or do not well trained.

Step 6. Define your key challenge and select priority actions

The Challenge is:

How will we increase the use of OSCE when faculty members and students who need these services do not know how to use it?

Priority actions to address the challenge.

The Priority Matrix [Table 1] was used to rank actions based on the time it takes to complete them, cost, potential for improving quality, and availability of resources. [1] This tool can be used for prioritizing strategies and actions as part of developing an action plan [1].

A. Train staff in providing high-quality OSCE.

B. Get budget for providing resources of OSCE.

C. Educating students about OSCE.

According to form described by Galler et al [1], all the above steps collected together and presented in Box 1.

Step 7. Develop an action plan

The action plan is presented in Table 2.

Step 8. Implement your plan and monitor and evaluate your progress

During implementation, the ideas to make improvements and bring about change often come to a halt [1]. Thus leadership and management are critical at this step. Leader can't always use the same old systems and processes when he is approaching his challenges in new ways [1].

Implementing your action plan

Planning and implementing are the two of the four key managing practices; however, the other six leading and managing practices will help us stay on course: [1]

1. Continuously scanning during implementation is needed so that we can anticipate potential problems or changes in the environment that could impact our work;

2. Focusing on specific challenges and set new priorities as needed;
3. Aligning of our team members to work together to deal with problems as they arise, mobilize new resources, and align new stakeholders as needed;

4. Organization of people to do the work in the most efficient and effective way, and re-assign duties or redistribute work or resources as needed;

5. Monitoring of progress along the way and make sure we have a feasible evaluation plan;

6. We should Inspire and motivate people to stay engaged.

However, during implementation, priorities that we have set may compete with urgent work arises during implementation.[1] The leader and his team may be diverted by the newly competing priorities and this newly emerged priorities my be not important. Thus the must consider these newly emerged priorities on scientific analysis.

To stay on the track and to achieve our results, we used the “Putting First Things First: The Important and Urgent Matrix”.

**Monitoring and evaluating your progress**

The monitoring and evaluation of the implemented process or program is of vital importance. By monitoring we are able to detect the deviation of the plan from the standards. Our results are to be formulated using the SMART rule and established clear baseline data, this will let our team to be able to monitor and evaluate our progress toward achieving the result. [Table 2]

The monitoring and evaluation of our model implementation progress will depend on the following mechanisms:

a. The level at which we are working,

b. The complexity of our stated result, and

c. The resources available.

We focus on a particular activity and the data collected routinely, followed by analysis, which is either monthly or quarterly. Data collected at any point in implementation should be compared to the baseline data. We always use the challenge model to strengthen my leadership capabilities.

**Supporting your team**

During implementing of a new a new action plan, particularly when it involves changing, the team should expect the facing of obstacles. In addition, sometimes people outside the team (and maybe even some of your team members) may need explanations to understand the reasons for doing things differently and encouragement to try the new way [1,2]. Furthermore, we may need to work harder on aligning outside stakeholders around the challenge so we can get their cooperation. When you run into a sizable issue, it can lead to a breakdown.

**Leading your team through breakdowns.** One of the differences between a group of individuals and a high-performing team is that, in a team approach, difficulties and breakdowns are expected and embraced, and the team addresses the breakdowns together [1] the team used breakdown as catalysts for learning [1].
A breakdown is any situation that: [1]

a. threatens progress toward a commitment

b. violates an explicit agreement

c. presents uncertainty or difficulty

d. stops effective action

e. presents obstacles to fulfilling your commitments

It is very important to handle breakdown effectively in order to prevent minimizing or ignoring problems, blaming each other, or eroding teamwork, trust, and effectiveness. [1]. Breakdown well handling can be a major source of breakthroughs or finding new ways to approach our work and achieve results. During handling of breakdown, the team must remember that:

1. All large commitments will have breakdowns;

2. The greater your commitment, the more and greater the breakdowns will be;

3. when there is no commitment, there will be no breakdowns.

It is the leader job to help his team’s members understand how to respond to breakdowns and to work with them to approach problems together and find a way through that will result in new and better ways of doing things. [1]

Acknowledging the team

To keep the members of the team inspired and motivated, the leader should point out and celebrate incremental results, and link those results to specific actions they have taken. Above all, the leader should acknowledge and praise both individuals and the team on a regular basis, and be there to support them.

Thus the team leader should: [1]

a. show appreciation regularly to individuals and the team for their work;

b. acknowledge the challenges they are facing;

c. praise them whenever their work is well done, even if it is not at a major milestone;

d. thank them for their commitment and their daily efforts;

e. recognize them for their accomplishments and show how their work has made a difference.

“Challenges and change are two constants in life. They are part of nature and part of our work life. By applying the Challenge Model and working with our team to follow the process, one step at a time, I will give my team direct experience in applying the leading and managing practices and see the results. At the same time, the members of the group will gain the confidence to tackle problems in the future, the skills
to inspire mutual commitment, experience in practicing effective teamwork, and above all, an opportunity to see how they can make a difference in people’s lives’’ [1].

**Challenge, feedback, and support.**

When the teams implement their action plans they achieve measurable results, which, in turn, motivate them to take on a new challenge. Managers in the organization serve as facilitators and coaches to provide support and feedback during planning and implementation. In addition to providing an effective way to improve organizational performance and health outcomes, the program enables shared learning of best practices across units and regions [1,3].

**Sustained improvements.** The program requires an organization’s commitment over time and is intended to become part of an organization’s ongoing management and supervision system. The Leadership Development Program builds confidence in the organization’s abilities to make continuous and sustained improvements in education and training programs [1,4]

**Conclusions:**

The Challenge Model provides a systematic approach for working together –as a team- to identify and face one challenge at a time and achieve results.

The model leads us through a process of forming commitment to a shared vision that contributes to realizing our organization’s mission, defining and owning a challenge, prioritizing actions for implementation, and carrying out the work plan to achieve results. Many educational problems in TUCOM may be solved by application of Logic Model

**References:**

Table 1. Priority Matrix

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Priority actions</th>
<th>Training of Faculty Members</th>
<th>Budget</th>
<th>Educating the students about OSCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank from 1 to 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to implement</td>
<td>1= the most time</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3= the least time</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Cost to implement</td>
<td>1= the highest cost</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3= the lowest cost</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Potential for improving quality in the long term</td>
<td>1= the least potential</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3= the most potential</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Availability of resources</td>
<td>1= the least available</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3= the most available</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

| Total    | 12              | 8                           | 10     |                                   |
Box 1 Putting the steps all together.

**VISION:**

TU COM founded on the advancement of knowledge through research and education. In which the common goal of improved health guides patient care, education, and research, thereby fostering the collective pursuit of knowledge and its translation, through education and application, to bettering the human condition.

**MEASURABLE RESULT**

Increase the use of OSCE as method for years 4, 5, and 6 students assessment in pediatrics in TUCOM by 60% to the end of 2012.

**CURRENT SITUATION**

* OSCE is used by 30% for assessment at the end of their clinical clerkship [6th year students only.]

■ There is no suitable and comfortable place for using OSCE method in students assessment.
■ Only around 40% of faculty members are interested in development and implementation of OSCE.

**OBSTACLES AND ROOT CAUSES**

1. Some faculty members and students don’t know what is OSCE, its validity and reliability.
2. Some staff are not adequately trained how to develop and implement OSCE.
3. The budget cut down affect the availability of OSCE resources.
4. The bad electrical supply after 2003, do affect the feasibility of OSCE uses.
6. The college administration not provided support for development and implementation of OSCE.
7. Many more faculty members and students need OSCE assessment method, but either are afraid to seek the services or do not well trained.

**CHALLENGE**

How will we increase the use of OSCE when faculty members and students who need these services do not know how to use it?

**PRIORITY ACTION TO ADDRESS THE CHALLENGE**

■ Train staff in providing high-quality OSCE.
■ Get budget for providing resources of OSCE.
■ Educating students about OSCE.
### Table 2: PREPARING MONITORING AND EVALUATION PLANS

<table>
<thead>
<tr>
<th><strong>Challenge:</strong></th>
<th><strong>Desired measurable result:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How will we increase the use of OSCE when faculty members and students who need these services do not know how to use it?</td>
<td>Increase the use of OSCE as method for years 4, 5 and 6 students assessment in pediatrics in TUCOM by 60% to the end of 2012”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What are the indicators linked to your desired result?</strong></th>
<th><strong>Number of faculty members who join the training programs annually</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>From where will you get the data for these indicators?</strong></td>
<td><strong>College administration</strong></td>
</tr>
<tr>
<td><strong>How will you collect the data?</strong></td>
<td><strong>In a prospective study design, we follow up the HRD records</strong></td>
</tr>
<tr>
<td><strong>What is the frequency of data collection?</strong></td>
<td><strong>Every 6 months</strong></td>
</tr>
<tr>
<td><strong>What is the period covered by the baseline?</strong></td>
<td><strong>One year</strong></td>
</tr>
<tr>
<td><strong>When will the follow-up measure be taken</strong></td>
<td><strong>December 2012</strong></td>
</tr>
</tbody>
</table>