How to Set-Up a OSTE

(Objective Structured Teaching Exercise)

Description: Participants will be interacting with standardized learners (SL) and receive feedback from peer observers. Activity meant to be a learning opportunity, not an evaluation.

OSTE Timeline

Month	Date	Task	Page
May	Late	• Schedule OSTE date. • Email clinical skills lab coordinator to reserve the lab. • Email the receptionist to reserve break room and computer lab. • Email IT regarding multimedia assistance. • Email all involved regarding the OSTE dates. • Obtain two faculty to after-OSTE lead debrief.	2
July	1	• Discuss OSTE case development. • Email soliciting case topics from faculty.	3
	23	• Narrow down case topics to ~4. • Send email about picking cases to OSTE stakeholders.	3
August	1	• Send picking OSTE cases reminder email.	3
	8	• Based on feedback, choose final 2 cases.	3
August	Late	• Edit final 2 cases. • Prepare presenting sheets and Standardized Learner (SL) materials.	3
September	1	• Start SL recruitment process.	3,4
October	1	• Schedule two SL trainings. • Revise SL Orientation and Participant Orientation.	4
	Early	• Confirm faculty facilitators are scheduled.	2
	Late	• Schedule and conduct first SL Training.	4
November	Early	• Schedule and conduct second SL Training. • Schedule day before run through with Clinical Skills Lab coordinator.	4
	1 week prior	• Send out OSTE description email to participants and other involved parties. • Send faculty facilitators the presenting sheets and SL training materials.	5,6
	2 days prior	• Print out OSTE materials. Prep clipboards, folders, timers, etc.	6, 7
	1 day prior	• Visit Clinical Skills Lab to do run through.	2
December	1	• Start entering OSTE data, analyze, and update OSTE Results PPT.	8
	21	• Send out OSTE Results.	8
Appendices		• Appendix A: Example of case	9
		• Appendix B: Consent to Record Form	17
		• Appendix C: SL Evaluation of Participant	19
		• Appendix D: PCOF Evaluation Form (peer)	22
		• Appendix E: OSTE Evaluation	24
		• Appendix F: Example Schedule	26
		• Appendix G: Clinical Skills Lab Floor Plan	28

**Dates are estimates.*

Scheduling

OSTE Events

1. Six months before, approach the programs directors and research director about setting OSTE date. Once date is identified, make sure the clinical skills lab is available. Once have a date, email relevant parties (e.g., program directors, research team, residency coordinator, residency supervisor).

2. Reserve skills lab for desired time for event with clinical skills lab coordinator. Will be using 4 exam rooms, one for each case.

3. Reserve room where the participants will complete evaluations and food/snacks are kept.

4. Confirm multi-media staff that he can help with multi-media set-up, etc. Run through of the clinical skills lab a day or two before each OSTE session.

5. Go to clinical skills lab the day before the event to move unneeded furniture and other items away from exam rooms to be used. In each exam room, you will need two regular chairs (standardized learner and peer observer) and one rolling chair (teacher). Make sure the rolling chair is on the X. If there is no X, to do this with masking tape.

Faculty Facilitators

1. After OSTE date is set, solicit faculty volunteers for the debrief. Email all faculty with the debrief dates and a short description.
    i. Debrief sessions: You will need one faculty facilitator for each OSTE debrief. The debrief takes place directly after the OSTE.
2. Two weeks before the OSTE, email all participants the OSTE Learning Objectives and the schedule.
3. A week before the OSTE, email the faculty the following information and use previous year's template:
    i. Presenting sheets
    ii. SL training materials
    iii. In the email, make sure to request the faculty member arrive 40 minutes before the debrief is scheduled. This is to go over the materials (if they have not previously) as well as account for the OSTE running ahead of schedule.
4. Day of OSTE, give the faculty facilitator their packet. This should include the presenting sheets, SL training materials, OSTE schedule, and possible debrief questions.

Participants

1. Create OSTE schedule.
    i. Each participant will have one case and observe another case, 2 cases in total, thus experiencing both cases.

ii. Each session is 25 minutes where the OSTE participant-SL encounter is 10 minutes, 10 minutes of peer observer-led feedback, and 5 minutes allotted for transitioning between cases.

2. One week before the OSTE, send out OSTE description email. Send learning objectives, OSTE description, OSTE schedule, and OSTE meeting room/time to PGY2s, PGY3s, VHT, and all involved faculty.

Cases

Selecting Cases

1. In early July, email all faculty in Family & Community Medicine to solicit potential OSTE case scenarios. Set a deadline for input (~July 22nd.) *Past Examples*: feedback on poor case presentation; intern that is rude to a nurse (appendix A).
2. In mid-July, send a reminder email about suggesting possible cases to faculty, with content from previous email. Reiterate the deadline.
3. Around July 23rd, narrow down case topics to 4.
4. Send an email with a summary of 4 OSTE case contenders to all involved in planning. Request for them to pick the top 2 cases. Set a deadline for input (~August 7th).

Preparing the Cases

1. Read final 2 cases - edit and revise as needed. Make sure case summary is a manageable length.
2. Review learning objectives with all involved in planning to make sure they are concise and effective.
3. Prepare documents below from the case scenarios.
   i. Standardized learner (SL) training material which includes case summary, learning objectives, presenting sheet, and SP training material.
   ii. Presenting sheet – sheet the participant reads just before entering the exam room on OSTE day. This includes the learning objectives.
4. Update Participant Orientation for the day of the OSTE PowerPoint.
5. On orientation slides, pay special attention to the "how to give feedback" slide. Have a separate slide for (1) the order of giving feedback and (2) the content of the feedback.
6.

Standardized Learners

Recruitment

1. On September 1, use one-page flyer to recruit standardized learners.
   i. Contact actors who have participated in the past to see if they would like to participate again.

ii. Otherwise, advertise externally and talk to people internally. Groups to consider: local Nursing programs, Clovis Community Theater, and Fresno State/Fresno City Theater.

2. Create flyer advertising actor positions for the SLs

   i. Need to specify on flyer the demographic information required for the SLs.

   ii. SL information is as follows: Work is one full day (8-4pm) PLUS 4 hours training. Approximately 12 hours total. Training schedule is flexible. Pay is $25/hour (no benefits).

   iii. Make sure the flyer requests a resume and photo.

3. For interviews, first confirm applicants are available for the OSTE day. Then, set-up an in-person interview.

4. For OSTE, need a total of five actors:

   i. Each of the two cases is running in two rooms concurrently. Thus, need two actors for each case, 4 actors total.

   ii. Need one actor to play the understudy for both cases. This actor learns both cases, does both SL trainings, and is present for the first ~30 minutes of the OSTE day. Trained actors may not want to be an understudy. Could use and train internal staff members of department personnel as back-ups.

Training

1. 1-2 months before event set up two trainings for each SL. A Doodle poll (https://doodle.com/) can be helpful for coordinating all schedules.

   i. Prior to the training, identify five good OSTE videos from previous OSTEs to watch during the two trainings, and update the SL orientation PowerPoint.

   ii. In the first training (~2 hours), go through SL orientation PowerPoint with the SL, give them their cases, and read through cases. Then, show past videos of OSTE and have them use the evaluation form they will use to assess the residents. Also, have them sign a Photography & Audio/Video Recording Consent Form (appendix B).

   iii. In the second training (~2 hours), have SLs acting the same case role-play with one another. Give them feedback. Have them practice using their checklist and giving feedback (sandwiches when possible). If time permits, watch and rate more videos.

2. During the actual OSTE, make sure that the SL is clear to respond with “I don’t know” or “I don’t remember” or somehow downplay the situation should the participant ask a question where the response information is not part of the case scenario.

3. A few days before OSTE, send out an email as a reminder to the SL.

4. Keep track of the time for the SL total training and even time for later payment.

   i. Payment to SL is processed after the Monday after the OSTE day has been completed.

Logistics: Day of Event

Timing

1. 10 minutes: participant-SL encounter
    i. 2-minute warning provided
2. 10 minutes: peer observer facilitated feedback with SL
    i. 2-minute warning provided
3. 5 minutes: leeway time

Participants

1. All participants will be waiting in the reserved room (room 135, see appendix G), when they are not participating in the cases
2. Orientation will take place in reserved room as well. The orientation consists of informing the participants about the OSTE, about feedback, forms to fill out, etc. They will have 10 minutes to talk to the SL with a 2-minute warning. Emphasize that this is a low-stakes exercise, not an exam. Tell the participants that they will receive 10 minutes of feedback from a peer observer and the SL after each encounter. Reiterate that all of the interactions are videotaped, and encourage participants to be honest. Participants will have the opportunity to evaluate the OSTE experience at the end.
3. When observing:
    i. Each peer observer stays in the observer room (room C) to observe the case and completes the peer observer form during the observation period. (see appendix G)
    ii. Three minutes after the participant-SL encounter, the peer observer enters the exam room with the participant for the feedback session. To start the session, the observer will ask the participant "How do you think it went?" There will be a discussion amongst the participant, observer, SL, on how the case went. Observers will use the "sandwich" technique in their evaluations to provide feedback to the participant. There will be a 2-minute warning about how much time is left during the feedback session.
    iii. After the feedback, the SL stays in the exam room, the peer and the participant exits the exam room and goes to the location for the next session.
4. When participating:
    i. After the participant-SL encounter, the participant will exit the exam room (room A, B, D, E, see appendix G). The SL will complete their form.
5. After both participating and observing, the participant goes to room 135 to complete the OSTE evaluation form. Often, the participants need to be directed to do this.

Standardized Learner (SL)

1. SL stays in same exam room (room A, B, D, or E, see appendix G) the entire morning.
2. After each participant encounter, the SL should complete the evaluation form (SL evaluation of the participant encounter; appendix C).

Faculty Facilitator for Debrief

1. There will be 1 faculty facilitator for each debrief (2 faculty total).
2. If possible, set it up so that the faculty leading the debrief can also watch encounters. Make sure to direct them to the correct room for the debrief, and request that they give you the feedback from the debrief either on the questions sheet provided, in person, or via email.

Forms

Evaluations (recommend making duplicate copies of all materials)

1. Peer observer checklist (peer evaluates participant) **(appendix D)**
    i. # of participants participating that day
    ii. Prefill out: OSTE date, case, peer observer name, participant (teacher) name
2. Modified PCOF (SL evaluates participant) **(appendix C)**
    i. # of participants participating that day
    ii. Prefill out: OSTE date, case, SL name, participant (teacher) name
3. OSTE evaluation **(appendix E)**
    i. # of participants participating that day
    ii. Prefill out: OSTE date, case, SL name, participant (teacher) name

Paperwork

1. Participant clipboards
    i. Peer observer checklist
    ii. OSTE schedule
    iii. 2 pieces of lined paper
    iv. Pen attached – make sure it's working

2. In the clinical exam room with the SP
    i. Presenting sheet
    ii. SL training materials

iii. Modified PCOF prefilled out

iv. OSTE schedule

3. Right outside clinical exam rooms
    i. Share presenting sheets to place on the door to the clinical exam room
4. Control room
    i. Peer observer checklist
    ii. OSTE schedules for all those personnel operating the event
    iii. 4 timers
    iv. 4 extra pens
5. Extra reserved room
    i. Participant evaluation of OSTE – [# of participants participating that day + 8 extra]
    ii. OSTE schedule for Iris Price (or person facilitating OSTE evaluation completion)
    iii. 4 extra pens
6. Debrief packet (for faculty facilitator)
    i. OSTE schedule
    ii. Presenting sheets
    iii. SL training materials
    iv. Debrief questions (appendix H)

Results

1. After the OSTE, send out an email to thank everyone for participating in OSTE. Solicit more feedback as well.
2. Double-check that Program Director, OSTE Leadership, and Behavioral Coordinator if they prefer a PowerPoint of the results.
    a. Enter all OSTE data into relevant excel file.
    b. Prepare PowerPoint to show data related to OSTE feedback from three evaluation forms.

Reflection Sessions

1. You have an option, and we recommend holding a reflection session. This consists of gathering participants and watching each other's' videos. Only videos of those faculty present should be reviewed.
2. A month before the reflection sessions, make sure OSTE videos are ready, organized, and easy to locate. The videos should be stored on some cloud system (e.g., box, dropbox).
3. Two weeks before reflection session, send out an email reminder to faculty facilitators.
4. One week before reflection session, send out an email reminder to all involved in the reflection session (e.g., faculty observers, research personnel, all faculty participants).

Appendix A: Example of Case

Alicia Nowell, MD (PGY2)

Aggrieved resident

Name of resident (actor)	Alicia Nowell, MD
Resident gender/race/age	Female, 30 years old
Resident presenting situation	Dr. Nowell has been declining in resident performance, although she has been counseled about her deficiencies
Resident - Elaboration of complaint/concerns	Dr. Nowell did well on a lot of rotations and received "Honors" for some. She had acceptable average knowledge level for an intern. However, there were knowledge gaps identified during her presentations by several senior residents. She was counseled on these areas during her intern year but improvements in her knowledge gaps were not apparent.
About Dr. Jones:	<u>Family Life</u>: • Alicia grew up in Porterville, CA. She is the oldest of two children. • The family lived in a secluded part of town where their neighborhood did not have other children living on their street. Consequently, Alicia's constant playmate was her younger sister, Madison. • The two sisters generally got along well as her younger sister was very flexible. Alicia, on the other hand, was always bossy, outspoken, and dominated her sister. • Both parents worked for State Farm Insurance as claims adjusters. Their combined annual income was about $100K. • The parents were frugal since they wanted to build up savings for their children's college education. • Alicia and Madison were home-schooled by their neighbor who was a certified, retired teacher. They were the teacher's only students. Once the children reached high school age, they attended their local public high school. Alicia had a hard time adjusting to public school due to the large number of students and the different classes she had to attend. After her 9th grade year, she was more relaxed about attending the local high school, especially since Madison started attending the school as a 9th grader. Madison, her sister, was also her best friend through high school. <u>Academic Path</u>: • Alicia was generally bright and performed academically well during her home schooling years. Once she started her public high school, her grades dropped slightly during her 9th grade year. She brought up her grades during her 10-12th grade years and finished high school with a GPA of 3.86.

	• Alicia applied to the University of California, Los Angeles and got in. She graduated with a Bachelor of Science degree in Biology and continued her medical training at UCLA. • For residency, she was a match to the UCSF Fresno Family & Community Medicine Program. • During her intern year, she was very stressed, although she did well on rotations, getting "Honors" on many rotations. • Alicia was noted to have "strong opinions" in multiple evaluations that could "cause friction" at times with her senior residents. • Her knowledge level was consistent with level of intern. • Her clinic performance was satisfactory but clear gaps in knowledge were found during presentations during her intern year. <u>Personal Life</u>: • Alicia met her boyfriend (Frank Johnston) in medical school at UCLA during her first year. They had hoped to end up in the same residency program but did not. Frank was in the Family Medicine program at Boston University. • Although they spoke by Skype frequently, there was much unspoken tension between them. Part of this tension was due to their long-distance relationship and not being able to spend time together and do the things they like such as watching football and basketball on TV and bowling. • The other part of the tension was whether they would be married after residency due to their rocky relationship. <u>Character Traits</u>: • Outspoken with strong opinions • Does not like confrontation and tries to avoid it • Bossy • Impatient
Resident psychosocial profile	Alicia's clinic performance was satisfactory but clear gaps in knowledge were found during presentations during the intern year. She had been counseled about shortcomings that were readily acknowledged, but did not seem to improve much during the intern year. Her efforts to reach out to senior residents or faculty were not done. Alicia was noted to have personal problems during the year as well and would come to clinic extremely irritated. Clinic personnel brought this to the attention of the attending.
Scenario development/Situation	With the coming of year two, Dr. Nowell was given a heavier patient load as were all second-years. Presentations naturally become somewhat less comprehensive due to increased knowledge level and experience, but also driven by necessity to see patients in a timely manner. Dr. Nowell really had a difficult time adjusting to her new schedule, and was very vocal about "having to see all these patients." In addition, her

<table>
<tr><td></td><td>presentations did not progress as expected, and were still very superficial in laying out differential diagnoses, utilizing lab tests and understanding what results meant for patients. Medications that she should have started to retain in memory as they were very commonly used were not.

All the while, she would present to the preceptor in a great hurry, clearly not wanting to engage in discussion even when her presentations or understanding were clearly insufficient. She would grow impatient when preceptors attempted education. At other times, when presenting, Dr. Nowell gave her strong opinion about what was going on with the patient, along with her treatment plan. When questioned about other parts of history, physical exam, or labs, she returned to her aggrieved, over-burdened disposition.

It was very difficult to impress upon her the need to be more comprehensive in her history taking, exams, evaluation of lab results and differential diagnoses. She clearly seemed to feel more competent than she actually was, but was extremely difficult to talk to about this issue. It had been brought up multiple times by other attending physicians as well.

These issues were ultimately brought to Dr. Nowell's advisor attention to be addressed.</td></tr>
<tr><td>Resident emotions</td><td>Alicia is clearly uncomfortable with evaluations, not maintaining eye contact, but using body language when she does not agree with a statement that is made. She is a bit loud when discussing something she feels very strongly about. However, she gets quiet when she feels like she is not being heard.</td></tr>
<tr><td>Teaching scenario</td><td>Dr. Nowell showed up for her meeting early and was waiting for her advisor in the precepting room. You, Dr. Nowell's advisor, need to address her declining performance along with her perception of mastery of outpatient medicine, determine cause for declining performance, and help her set realistic goals for improvement.

Faculty possible statements and Dr. Nowell's responses:

<table><tr><td>Faculty</td><td>Dr. Nowell</td></tr></table></td></tr>
</table>

Alicia, you are here early. Thanks for coming to meet me today.	No problem.
How are you?	I'm fine.
How is everything at home?	It's fine.
Do you live alone or do you have close friends you live with/	I live on my own. I don't like sharing a residence since I'm picky about housekeeping.
How about close friends?	I have my boyfriend, Frank.
Does he reside in Fresno?	No, he is in the residency program in Boston. We talk a lot using Skype.
Not to pry but how is your long distance relationship?	It's okay. It's been difficult due to the distance.
Can you tell me more about what is going on?	Well, there's tension between us due to the distance. We aren't able to spend as much time together doing what we both like.
Some of the medical staff have said that you periodically come in very irritable. You know, people do notice. We should try to keep our personal feelings to ourselves while in the clinic and be professional.	Okay, well, I'll be more careful about my bad moods.
I realize we haven't had much time to meet during the last part of your intern year but we need to discuss what we've talked about before.	Okay. I honestly don't think we need to discuss anything about my intern year. I did just fine. Remember, I received "Honors" on many rotations and you even said I met intern level knowledge.
Yes, I remember. However, we've also talked to you a number of times about some	Yeah, so, okay…

knowledge gaps and you acknowledged that you could learn more on topics such as diabetes and hypertension.	
Some senior residents and preceptors have reported to me that you are often unwilling and impatient about listening to them when they try to offer help with filling in some of your knowledge gaps.	Well, I'm having to see a lot of patients this year. I have no time to sit back and listen to people talk. I believe I've mastered those topics already anyways.
According to several concerned people, this is not the case. When someone is trying to offer you help to provide some education, please take the time to listen. I listened to your recent patient presentation and I myself found areas where you need to be more comprehensive such as history taking, exams, and evaluation of lab results, and differential diagnoses. How do you feel about what I've said so far?	Okay, I understand what you are saying.
We need to come up with a plan together so that these knowledge areas are improved. What do you suggest is the best approach?	I don't know. Like I said, I'm feeling that I don't have time and I'm having a hard time with my personal life with my boyfriend.
Okay, let me make a suggestion regarding a plan to improve your knowledge gaps. We need to set realistic goals where you will be able to study and achieve higher knowledge. We will list the topics you need to study, come up with study deadlines, and develop a study strategy (e.g. online, textbook,	Okay.

<table>
<tr><td></td><td>
<table>
<tr><td>etc.). I think it is important that you have the most input on the dates to complete your tasks and also the strategy for how you will study those topics.</td><td></td></tr>
<tr><td>As far as your boyfriend is concerned, let me provide you with some resources via email that may help you better communicate with him due to your long distance. We need to meet regularly to ensure that you will stay on task and be successful.</td><td>Okay, wow, I appreciate your feedback. Thanks.</td></tr>
</table>

Make the faculty work to pull the information from you. Do not blurt out all of the information at once. The faculty needs to explore the background of the resident's personal information and address the self-perception of outpatient knowledge mastery and provide support and resources for resident dealing with her boyfriend.
</td></tr>
<tr><td>Close of encounter</td><td>If it doesn't come up specifically, Dr. Nowell should ask about developing a plan and setting goals to address resident outpatient knowledge deficiencies and about how to handle her relationship. An alternative to address both issues, the faculty could provide resources like counseling, mentoring, etc.</td></tr>
</table>

Debrief session:

Immediately following each encounter, you, as Dr. Nowell, will complete a brief checklist. You will be part of a 10 minute debrief where you, the faculty participant and a peer observer (another faculty) will talk together. You will be asked to give the participant some feedback about their encounter with you.

Learner Objectives:

As faculty advisor, discuss actual declining resident performance coupled with resident-perceived mastery of outpatient medical knowledge.

To assess resident perception of possible causes/insights relating to change in performance.

To agree/compromise on setting realistic goals for improving performance.

Presenting Sheet:

Alicia Nowell, MD is a 30-year-old resident in her 2nd year in Family & Community Medicine here at UCSF Fresno. She is impatient, outspoken, and dislikes confrontation. She was very stressed out during her intern year and continues to be during her 2nd year. She did well on many rotations during her intern year, receiving "Honors" for several and she met average knowledge level for an intern. However, several senior residents and preceptors have noted knowledge gaps during her patient presentations. You, as her advisor, have spoken to her several times during her intern year about improving her knowledge gaps related to outpatient medicine. However, her performance has declined since her intern year. She claims that she already knows the material very well. Clinic staff have also noted that she periodically comes to work in a very bad mood.

You, as Dr. Nowell's faculty advisor, will meet with Dr. Nowell to address her declining performance, her self-perception of outpatient medicine mastery, and try to figure out how you can get her back on track.

You will have 10 minutes to talk to Dr. Jones. You will have 10 minutes of peer-led feedback.

Appendix B: Consent to Record Form

UCSF Fresno Medical Education Program
School of Medicine

Faculty, Staff, Resident, Fellow, Student, Volunteer, Alumni, Visitor, Patient, Patient's Family

UCSF Fresno Photography/Media Consent Release for Media/Public Relations/Educational Purposes

UCSF Fresno Center for Medical Education and Research
155 North Fresno Street, Fresno, CA 93701

Authorization and Consent to Photograph, Publish and Release Information

I, (name) _____(title/position)_____ authorize The Regents of the University of California ("University"), including UCSF Medical Center/UCSF Children's Hospital ("Medical Center"), UCSF Fresno, their officers, agents, employees, students and affiliates to take photographs of me, to interview me, to publish, print and broadcast my voice and image, and to authorize other persons to do the same. I understand that my identity may be revealed through my photographs and/or through the use of my name and voice.

☐ I agree that the University may use, and authorize others to use, my name, voice and image for web, public relations and news media purposes, such as for newspapers, web or news television programs, social media and for educational or research purposes such as to illustrate medical lectures.

My permission is subject to the following limitations:

_____

_____

IN ALL CASES
I waive any right to compensation. I hold The Regents and their designees harmless from and against any claim for injury and or compensation resulting from the activities authorized by this agreement.

The term "photograph," as used in this agreement shall mean motion picture or still photography in any format, as well as videotape/disc, digital media, web and any other means of recording and reproducing visual images and sound.

Check one: ☐ Faculty ☐ Staff ☐ Resident/Fellow ☐ Student ☐ Volunteer ☐ Visitor ☐ Alumni

☐ Patient ☐ Patient's Family Member ☐ Other_____

Date: _____

Print Name: _____ Signature:_____

If subject/patient is under the age of 18, parent or legal guardian authorization is required below

Print Name: _____ Signature:_____

Relationship to Patient_____

ADDRESS:

_____

City/State/Zip _____ Telephone: (_____)_____

Witness (if unable to sign):

Print Name: _____ Signature:_____

Appendix C: SL Evaluation of Participant

Case: _____ **Date:** _____

Rater's Name: _____ **Teacher's Name:** _____

Instructions: *Please indicate your rating of the participant's performance for each indicator below by putting an "X" in the appropriate box.*

Indicator	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. **Expressed respect for me** –used my name; verbally/non-verbally showed interest in me as a person; appeared to have my interests at heart.						
2. **Effectively gathered information** – collected information in a way that seemed organized; began with several open-ended questions and progressed through discussion using a balanced ratio of open- to closed-ended questions; summarized periodically.						
3. **Listened actively** – paid attention to both my verbal and non-verbal cues; used facial expressions/body language to express encouragement; avoided interruptions; asked questions to make sure I understood what he/she said.						
4. **Provided positive and corrective feedback** – gave me specific and helpful feedback on how to improve.						
5. **Appropriately explored my perspective** – encouraged me to identify everything that I needed to say; encouraged me to bring up my problems.						
6. **Stated goals clearly and concisely** – made the mutual goals of the session clear in a concise way.						
7. **Met my needs** – worked toward a plan which addressed my learning needs.						
8. **Overall, how would you rate the participant's performance?**						
9. **Warmth –** made you feel secure, you were comfortable sharing with them.						

10. **Comments** (required if you checked "Excellent" or "Very Poor" otherwise optional):

_____

_____

_____

_____

11. If you had a problem, how likely would you be to approach this person in real life?

Very Unlikely	Unlikely	Somewhat Unlikely	Neutral	Somewhat Likely	Likely	Very Likely
1	2	3	4	5	6	7

Check below if OSTE staff should review this interaction

☐

Appendix D: PCOF Evaluation Form (peer)

Peer Observer Form

Your Name: _____ **Teacher Name:** _____

Date: _____ **Case:** _____

Skill Set and Elements *Check only what you see or hear. Avoid giving benefit of the doubt.*	**Comments/Notes**
Establishes Rapport ☐ Warm greeting ☐ Uses eye contact ☐ Humor or small talk	
Maintained Relationship ☐ Listened Actively-paid attention to learner's nonverbal or verbal cues ☐ Demonstrates presence, not seeming "rushed" ☐ Established learning environment by being respectful or encouraging	
Learner Involvement ☐ Identified learner needs ☐ Explored learner perspective ☐ Encouraged learner to ask questions, learn on own ☐ Engaged learner ☐ Avoided domination	
Problem-Solving ☐ Stated goals clearly and concisely ☐ Used open-ended questions ☐ Used close-ended questions ☐ Summarized periodically ☐ Effectively gathered information	
Feedback ☐ Provided specific feedback ☐ Provided positive feedback ☐ Provided corrective feedback on how to improve	
Supportive Communication ☐ Uses verbal/non-verbal empathy during discussions ☐ Uses continuer phrases ("mmm hmm," "of course," "go on") ☐ Repeats (reflects) important verbal content	

Appendix E: OSTE Evaluation

FACULTY EVALUATION OF THE OSTE

(Objective Structured Teaching Exercise)

Instructions: Mark an X under the appropriate column.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This exercise is an appropriate faculty development activity.					
This activity was relevant to my teaching.					
This activity has helped improve my teaching skills.					

Question	Response				
Did you find the OSTE a helpful tool in discovering areas you would like additional experience in?	☐ Yes	☐ No			
As a result of your experience with the OSTE, will you change your teaching practices?	☐ Yes If yes, which area? _____	☐ No			
Is there anything about the OSTE you would like changed for the future?	☐ Yes If yes, what? _____ _____ _____ _____	☐ No			
Have you ever experienced a situation like this? Check all that apply.	☐ Intern lacking medical knowledge	☐ Resident taking too long to complete notes	☐ Resident who became emotional during presentation	☐ Resident behind in non-clinical requirements	
Any additional comments?					

Appendix F: Example Schedule

February 27, 2018 OSTE-UP Schedule - Morning Session

Location	Room A	Room B	Room D	Room E
Case	**1**	**2**	**3**	**4**
Standardized learner	**SL1**	**SL2**	**SL3**	**SL4**
ORIENTATION 8:30-9:15 AM Room 135				
Faculty observer for 9:15 AM	F1	F2	F3	F4
Participant for 9:15 AM	F5	F6	F7	F8
Faculty observer 9:40 AM	F7	F8	F5	F6
Participant for 9:40 AM	F2	F1	F4	F3
BREAK from 10:05-10:25 AM				
Faculty observer for 10:25 AM	F4	F3	F2	F1
Participant for 10:25 AM	F6	F5	F8	F7
Faculty observer 10:50 AM	F8	F7	F6	F5
Participant for 10:50 AM	F3	F4	F1	F2

Scenarios are done at 11:15 AM.
Assemble in room 135 for group debrief from 11:15 AM to 12:00 PM. Led by first faculty
Lunch from 12:00 PM to 1:30 PM in room 116

February 27, 2018 OSTE-UP Schedule - Afternoon Session

Location	Room A	Room B	Room D	Room E
Case	**1**	**2**	**3**	**4**
Standardized learner	**SL1**	**SL2**	**SL3**	**SL4**
ORIENTATION 1:30-2:15 PM Room 135				
Faculty observer for 2:15 PM	F11	F12	F13	F14
Participant for 2:15 PM	F15	F16	F17	F18
Faculty observer 2:40 PM	F17	F18	F15	F16
Participant for 2:40 PM	F12	F11	F14	F13
BREAK from 3:05-3:15 PM				
Faculty observer for 3:15 PM	F14	F13	F12	F11
Participant for 3:15 PM	F16	F15	F18	F17
Faculty observer 3:40 PM	F18	F17	F16	F15
Participant for 3:40 PM	F13	F14	F11	F12

Scenarios are done at 4:05 PM.
Assemble in room 135 for group debrief from 4:05 PM to 4:50 PM. Led by second faculty

Appendix G: Clinical Skills Lab Floor Plan

Clinical Skills Laboratory