OSCE for Board Certification in Anesthesia

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The anesthesiologist

• Medical management and risk assessment
• Establish rapport, trust
• Lead a care team
• Adapt to changing conditions; plan A,B,C
• Systematic approach to solving problems in the face of life threatening conditions
Certification process

In training exams
Yearly ABA Exams
Anesthesia Knowledge test

PGY 2 3 4 job
Certification process

AKT
PGY 2

ITE
3

ITE
4

job
Certification process

AKT 1

ITE 2

PGY 2 3 4

job

OSCE
Objective Structured Clinical Exam
OSCE Origins

OSCE, early adopters

- Royal College of Anaesthetists
  - 16 short stations
- Israeli Board of Anesthesiology
ABA-the master plan

- Build a permanent space, centralize exams
- Chair/desk type offices for oral exam: expand capabilities to include multimedia; allow video observation to train examiners (~15 rooms)
- Patient exam rooms / procedure rooms for OSCE (7-10)
  - Fine for SP low tech scenarios
  - Not ideal for full-capability OR scenarios
MOCA development process

Advisory panel

- Education specialists
- Engineers
- Program developers
- All with significant experience in patient simulation

- Physical space and equipment
- Content development and evaluation
Process—assembling content

• Survey department chairs, program directors, oral examiners, review of closed claims data:

  ... what is missing in current exam content, where have we been burned, what do you wish we could evaluate?
<table>
<thead>
<tr>
<th>Specific Skills</th>
<th>Domains to be Assessed</th>
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</thead>
<tbody>
<tr>
<td>Communication w/ Colleagues</td>
<td>Monitoring and Data Interpretation</td>
</tr>
<tr>
<td>w/ patients and families</td>
<td>Leadership, planning</td>
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<tr>
<td>Difficult conversations</td>
<td>Problems with ventilation</td>
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<tr>
<td>Ethical issues</td>
<td>Crisis management</td>
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<tr>
<td>Reflection and self-assessment</td>
<td>Circulatory instability</td>
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<td>Emergency surgery</td>
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<td>Pattern recognition of</td>
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<td></td>
<td>Supportive care-- MI, renal failure, lung</td>
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<tr>
<td></td>
<td>injury</td>
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<td>Resuscitation</td>
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</tbody>
</table>

**Specific situations**

- High risk obstetric delivery
- Hemodynamic instability
- Respiratory failure while intubated
- Difficulty with ventilation before int
Next steps

• Sample content

• Validation,

• Create a structure for scenario development
Validation

• Content diversity ⇐ - ⇒ exam consistency

• Complexity of practice ⇐ - ⇒ measures of reliability

• Scoring philosophy ⇐ - ⇒ scenario development
  - continuous scale with cutoff for P/F?
  - poison apple?
Time line

80,000 b.c.  40,000 b.c.  2018 a.d.  2020 a.d?

s. patientus  manus simmus
Likely look of OSCE exam

**Standardized patients**
- Hybrid scenarios (blocks, PACU situations)
- Preoperative dilemmas

**Mannequin-based scenarios**
- Machine-patient interactions
- Intraoperative crises
Lessons learned

• Engage simulation experts as early as possible
• . . . and at every stage of process
• Establish goals early, let them dictate content
• Let content dictate structure of exam
• Let structure of exam dictate structure of facility
Thank you