

OSTE Case 1: Toddler with Vomiting and Diarrhea
DETAILED STANDARDIZED LEARNER INSTRUCTIONS

The Scenario	<p>Your name is Dr. Alex Ross. You are a new intern, here in your continuity clinic for the 3rd week of internship. You are about to present a case of a toddler with vomiting and diarrhea to a preceptor you don't know very well. You've only presented to this faculty person once before. It is about 1PM, the start of the afternoon session in the clinic.</p>
Interview Challenge For Faculty	<ul style="list-style-type: none"> • To elicit the pertinent history and physical exam from you • To elicit your preliminary assessment and plan for Daniella • To provide feedback to you
Personality/ Context	<p>You are normally a pretty outgoing person. You are a little more subdued because it is early in your residency and you are aware that you need to prove yourself to all of the residents and faculty members. In addition, you are worried you will make a mistake and cause a bad outcome for one of your patients. You are more hyper-vigilant than usual because of this.</p> <p>In this particular case, Ms. Ortiz' nervousness has you a little nervous as well.</p>
What to present to the faculty person initially	<p>Daniella Ortiz is an 18 month old here with her mother for a sick visit for vomiting, fever and diarrhea. The Mom, Ms. Ortiz, is really worried about her daughter. She says Daniella has been really sick for the past 3 days – vomiting about 6 times a day initially, three times the next day and once so far today (Not bloody, not bilious) and with diarrhea about 10 times the first day, then three times the next day and once so far today (also with no blood). She had a fever to 101.3 on the first day of illness. She was given Tylenol, which resolved the fever. It has not recurred. The Mom says Daniella has not urinated for the past 18 hours – since 7PM last night. She insists the diaper was dry this morning. I'm worried that she might be really sick.</p>
Other HPI Information	<p>If asked about Daniella's intake, you report that she has been drinking well, but "vomits everything." She hasn't been eating normally, however. She just prefers to drink – ever since this started 3 days ago. She eats just a bite or two of food about twice a day.</p> <p>No travel history. No ill contacts. Temp was taken axillary.</p>
If asked, give more information:	<p>If you are asked to provide more history: Birth History: uncomplicated, FT, vaginal delivery PMH: none</p>

	Meds/Allergies: none
If asked about the Family Hx:	<p>Be a little flustered if asked about Family History. You had meant to mention this when you did your initial presentation, but you just forgot about it. There is a distant cousin with a rare genetic disorder that involves vomiting called citrullinemia. The cousin had severe vomiting starting around 8 months of age and ultimately died from the disorder at age 12 months. You wonder if there is any chance that Daniella could have this disorder. You have never heard of this disorder.</p> <p>If asked by the preceptor if you know of any resources to get more information on this disorder, mention that you remember learning about a website with information about genetic diseases called OMIM (Online Mendelian Inheritance in Man). You hadn't yet gotten a chance to look this disorder up.</p> <p>There are no other medical problems in the family.</p>
If asked about the Social History:	<p>Daniella lives with her two parents: Rose and Federico Ortiz. Federico works driving a taxicab. Rose takes odd jobs cleaning houses. Daniella has one older sibling, a 5 yo brother, Hector. All are healthy. No one smokes in the home.</p> <p>If asked for more: There is no history of domestic violence. There is no history of drug or alcohol use problems in the family.</p>
If asked about the physical exam:	<p>You had trouble examining this toddler. She shrieked when you entered the room and went running to her Mom. She fought you during various parts of the exam and cried when you tried to examine her ears. At various parts of the exam, she shouted, "No!" or "Go home!"</p> <p>Everything you examined was normal, as best as you could tell, given that she was so uncooperative.</p> <p>If asked about how you examined Daniella:</p> <p>You put her on the exam table. Her mom was standing near the exam table trying to calm Daniella down. You did not play with Daniella.</p> <p>If asked for further details about the physical, give a complete physical exam (without vitals):</p> <p>General – upset but easily consoled, no dysmorphic features, was drinking juice in the exam room (the 8 ounce bottle only had 2 ounces left)</p> <p>HEENT – NC/AT, PEERL, EOMI, TM's pearly (mobility difficult to assess, some cerumen in canal), OP with no lesions, MMM</p> <p>Neck – supple, no nodes or other masses palpated</p> <p>Lungs – clear</p> <p>Heart – RRR, nl S1S2</p>

	<p>Abdomen – soft, NT, ND, no HSM/masses, no “olive” palpated</p> <p>Extremities – WWP</p> <p>Skin – no lesions noted</p> <p>Neuro – grossly intact – movements symmetrical, active</p> <p>If asked to provide pertinent positives and negatives:</p> <p>Think about this for a minute (let there be a pause). Mention that you are concerned about the genetic syndrome of the distant cousin, but aren’t sure what the other symptoms or signs of the syndrome are.</p> <p>If prompted to think about dehydration/acute abdomen, then list off these pertinent positives and negatives:</p> <p>Gen’l – active, vigorous, was drinking juice in the exam room (the 8 ounce bottle only had 2 ounces left)</p> <p>HEENT – MMM, forgot to check her fontanelle, crying with tears</p> <p>Abdomen – soft, NT, ND, no HSM/masses</p> <p>Skin – no tenting</p> <p>Extremities – cap refill brisk (<1 sec)</p> <p>If asked if there are any other pertinent positives or negatives, admit that a heart rate would be helpful in evaluating this patient.</p> <p>If asked about vital signs:</p> <p>You did not take vitals signs on this patient. The nurse did not either. You are embarrassed, but promise to check them – especially the heart rate – when you return to the room.</p>
If asked about your Assessment and Plan:	<p>If you <u>were not</u> prompted to discuss Family History: You had meant to mention this when you did your initial presentation, but you just forgot about it. There is a distant cousin with a rare genetic disorder that involves vomiting called citrullinemia. The cousin had severe vomiting starting around 8 months of age and ultimately died from the disorder at age 12 months. You wonder if there is any chance that Daniella could have this disorder. You have never heard of this disorder.</p> <p>If asked by the preceptor if you know of any resources to get more information on this disorder, mention that you remember learning about a website with information about genetic diseases called OMIM (Online Mendelian Inheritance in Man). You hadn’t yet gotten a chance to look this disorder up.</p> <p>Mention that you are concerned about the genetic syndrome of the cousin, but aren’t sure what the other symptoms or signs of the syndrome are.</p> <p>If you <u>were</u> prompted to discuss Family History: You are concerned about this genetic syndrome. They both presented with pretty bad vomiting.</p> <p>In either case:</p> <p>If prompted to think of other, more common problems, then mention acute gastroenteritis – either bacterial, viral or parasitic. Don’t mention a concern about dehydration unless prompted in some way.</p>

	<p>If pressed to list more possibilities, mention gastroesophageal reflux and milk protein allergy.</p> <p>If asked about your plan: Discuss that you aren't too worried about dehydration, so maybe "we can just watch this." (Don't offer a plan to educate the family about the signs and symptoms of dehydration unless prompted in some way.)</p>
Reactions to feedback:	<p>You are very susceptible to the cues (verbal and non-verbal) from the faculty member you are presenting to.</p> <p>If they interact with you respectfully and especially if they compliment anything you have said or done, then you will be very open to feedback. If asked, you will admit that you forgot about the family history, and acknowledge that you could have obtained a heart rate and checked for the fontanelle in a case like this.</p> <p>If they seem annoyed or make comments that seem too critical, then you will get very quiet, saying things like, "I guess so" or "okay." If asked about your own self-evaluation, you will say that you should have remembered to present the family history.</p> <p>In either case, you will not volunteer that you have "lost the big picture." But if the session is going well, you will admit to it if given that feedback. (If the session isn't going well, then you will just respond to that feedback in a non-committal way, such as saying "I guess."</p>

Medical Student Feedback

DETAILED STANDARDIZED LEARNER INSTRUCTIONS

The Scenario	<p>Your name is Susan Mills. You are a second year medical student on your pediatric clerkship clinical rotation. After rotating for 2 weeks in the pediatric clinics, you have just finished your first of two weeks on one of the inpatient units. The inpatient team includes the ward attending (senior doctor on the pediatric faculty who oversees caring for the patients on the ward and teaching), senior resident (doctor in second year of training) two interns (doctor in first year of training) and two other students. It is “feedback Friday” and you are really looking forward to getting some feedback on your performance from your ward attending. It has been a bit of a difficult adjustment as this is only your second rotation, but you have been working very hard and pleased that you really are enjoying working with the kids.</p>
Feedback Challenge For Faculty	<ul style="list-style-type: none"> • To give you some negative feedback regarding your professionalism without making you defensive • To give you constructive suggestions on how best to address your areas of weakness, including the professionalism issues
Personality/ Context	<p>You were very excited to start pediatrics as it is a specialty you are considering but you were nervous that you would not be able to handle the sicker children. You were a camp counselor in high school and volunteered at a preschool but have never been around very sick children before. Your first rotation was in Radiology so you did not get that much interaction with patients. You have been pleased to find that you do enjoy working with sick children and have become particularly attached to a 3 year old admitted with cellulitis (Michelle) and a troubled teenager admitted after a motor vehicle accident (John). You feel like you have been working very hard but are still trying to figure out how to balance all the expectations of the clerkship (studying for shelf exam vs preparing for presentation vs preparing write-ups, etc).</p>
Your experience on the pediatric clerkship to date	<p>As this is your first “major” clinical rotation, it has been hard to keep up with all the abbreviations that are used on rounds and in conferences. It has been very helpful to be able to look up things on your phone so you can follow the discussion.</p> <p>You were assigned to the pediatric clinics for the first two weeks of the rotation, which you enjoyed but it was hard getting used to going to a different clinic every day. You were eager to start on the inpatient unit this past week, but it has also been hard as you feel you are just starting to get the hang of things and now there is only one week left. The 2 students who are working on the team with you, Jeff and Nina, are nice enough but are always jumping in to answer questions, even when the question is directed at you. While you do not think of yourself as a “shy”</p>

	<p>person, you tend to be on the quieter side and certainly don't want to be the kind of student who tries to overshadow her classmates.</p> <p>You were happy to be given the opportunity to prepare a brief presentation on cellulitis (a bacterial infection of the skin) but you were more nervous than expected. As you were asked to give only a 5-minute presentation, you tried to just stick to the basic facts and were surprised at some of the more detailed questions you were asked. The faculty had several questions about "MRSA" (pronounced "mersa" which stands for methicillin-resistant staph aureus infection – a particularly serious cause of cellulitis). You did not spend time researching this and had difficulty answering questions about changes in prevalence of "community acquired" vs "nosocomial" MRSA infections and how best to treat.</p> <p>This week was also challenging as you had a presentation for your preceptor this past Wednesday (your preceptor is a doctor on the pediatric faculty who meets with you and a small group of students once a week throughout your six-week rotation to go over cases with you. This person is different than the ward attending from whom you are now getting feedback). You were happy that your intern allowed you to go the library on Tuesday afternoon since the ward was quiet, to work on your presentation. You came back after "sign out" to check on your patients but your team had already left for the day.</p> <p>To add to your stress, you are a little bit more distracted than usual as your mother is having elective surgery next week (having a "lipoma" – a benign fat tumor – removed from her back). Although your are not particularly worried about the surgery as it is pretty routine, your mother has a million questions and has been texting you all week and wanting to talk at night.</p>
<p>If asked to self assess your performance:</p>	<p>If first asked how you think it has been going on the inpatient unit before given feedback, you immediately state that "it's going well!" You have been enjoying the rotation and you feel like your presentations on rounds in the morning and your notes have been good, especially after getting some feedback from your intern on the first day. If asked what you think is your strength, you proudly talk about the two patients you have really connected with. There is a 3 year old girl, Michelle, who was admitted for cellulitis whose mother is always at the bedside. Although the patient initially would cry when anyone walked into the room – you have made a great effort to try to spend time with her and she has finally come to trust you and happily lets you examine her. Her mother also seems to trust you and welcome your visits. You have also been assigned to a 16 yo boy, John, from troubled family (single mom with other young kids and father a drug addict currently in prison) who was recently in a motor vehicle accident. He has hardly had a visitor and has been very sullen all week, but you finally got him talking about what his life is like at home and his father who was verbally abusive before going to jail.</p> <p>If asked for what you think you could improve on, you state you know you could</p>

	have done a better job on your cellulitis presentation, and probably should have asked for more clarification as to what was expected. You realize that you might not be using your study time as effectively as you should (for example, you should have put more time into your cellulitis presentation instead of working most of the night on your preceptor presentation)
Reactions to feedback:	<p>You have been looking forward to getting feedback today from your attending. You are very, very surprised and disappointed to learn that the residents think you are "disinterested." While your personality isn't bubbling with enthusiasm, you really are interested in pediatrics and want to learn as much as possible. You are very surprised to get criticized for being on your phone during conference as "everyone" seems to do that and it has been helpful to you. The only time you took out your phone on rounds was when you noticed and "urgent" text from your mom. You do understand, when pointed out to you, how it could be misperceived as not interested and certainly will be mindful not to do so in the future.</p> <p>You are shocked if you are criticized for "disappearing" on Tuesday afternoon. You realize that your intern had clinic that afternoon and probably did not tell the senior resident she had given you permission to leave.</p> <p>If the attending interacts with you respectfully and starts by getting your input before giving feedback, while still a little defensive when you initially hear negative feedback, you really do want to know what you could do better and try to be open, especially to the suggestions. You are especially receptive if the ward attending tries to objectively discuss actions ("we noticed you were on your phone during conference") and perceptions ("it seemed to us that you were not following the discussion") rather than more subjective labeling ("you were rude and disrespectful")</p> <p>If the attending does not give you a chance to weigh and immediately starts with the negative feedback, you are first shocked and quiet then start to be a little angry and defensive. (i.e when told you "disappeared" on Tuesday you state "well I told the intern before I left and he said it was OK" or regarding being on your phone "the residents and even attendings are on their phone too!")</p>

Sample OSTE Schedule

Workshop Session #1 (9:30 – 11:15)

	Exam Room 1 Precepting	Exam Room 2 Precepting	Exam Room 3 Precepting	Exam Room 4 Precepting	Exam Room 5 Feedback	Exam Room 6 Feedback	Exam Room 7 Feedback	Exam Room 8 Feedback	Conference room "The SP Lounge"
9:35 – 9:55	Faculty A1	Faculty A2	Faculty A3	Faculty A4	Faculty A5	Faculty A6	Faculty A7	Faculty A8	Group B (9 – 16) Discuss Precepting and Feedback
9:56 – 10:16	Faculty B9	Faculty B10	Faculty B11	Faculty B12	Faculty B13	Faculty B14	Faculty B15	Faculty B16	Group A (1 – 8) Discuss Precepting and Feedback
10:17 – 10:37	Faculty A5	Faculty A6	Faculty A7	Faculty A8	Faculty A1	Faculty A2	Faculty A3	Faculty A4	Group B (8 – 14) Informal debriefing and free time
10:38 – 10:58	Faculty B13	Faculty B14	Faculty B15	Faculty B16	Faculty B9	Faculty B10	Faculty B11	Faculty B12	Group A (1 – 7) Informal debriefing and free time
10:59 – 11:15	No one	No one	No one	No one	No one	No one	No one	No one	Everyone All together to do a brief debriefing

When in rooms:

10 Minutes: To have the precepting or feedback session (Will get a 2 minute warning)

4 Minutes : Write up your self-assessment while the standardized learner writes up their evaluation

5 Minutes: Discuss the self-assessment and evaluation with the standardized learner

(1 Minute Break in between sessions)

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Objective Structured Teaching Exercises: Bibliography

Trowbridge RL, Snyderman LK, Skolfield J, Hafler J, Bing-You RG. A systematic review of the use and effectiveness of the Objective Structured Teaching Encounter. *Med Teach*. 2011;33(11):893-903.

Boillat M, Bethune C, Ohle E, Razack S, Steinert Y. Twelve tips for using the objective structured teaching exercise for faculty development. *Med Teach*. 2012;34(4):269-73.

Julian K, Appelle N, O'Sullivan P, Morrison EH, Wamsley M. The impact of an objective structured teaching evaluation on faculty teaching skills. *Teach Learn Med*. 2012;24(1):3-7.

Stone S, Mazor K, Devaney-O'Neil S, Starr S, Ferguson W, Wellman S, Jacobson E, Hatem DS, Quirk M. Development and implementation of an objective structured teaching exercise (OSTE) to evaluate improvement in feedback skills following a faculty development workshop. *Teach Learn Med*. 2003 Winter;15(1):7-13.

ACGME Program Requirements for Graduate Medical Education in Pediatrics (Proposed effective date July 1, 2013)
http://www.acgme.org/acgmeweb/Portals/0/PDFs/archive/320_pediatrics_PRs_RC.pdf

LCME Functions and Structure of a Medical School, Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree (May 2012)
<http://www.lcme.org/functions.pdf>