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The OSCE as a formative evaluation tool for substance abuse teaching

Melissa R Stein, Sharon J Parish, and Julia H Arnsten

Context and setting

The substance abuse Objective Structured Clinical Examination (OSCE) was designed for third year internal medicine house staff at a large, urban hospital in the north-eastern USA. Our OSCE is a timed, multistation examination in which learners interact with standardised patients (SPs) and complete clinical tasks while being evaluated by a trained rater.

Why the idea was necessary

Residents are frequently faced with medical problems related to substance abuse but receive little formal training in screening, diagnosing or treating substance abuse disorders. Skills assessment has become an important part of medical training and the OSCE represents an effective tool with which to assess resident skills.

What was done

We designed a 5-station OSCE to teach and evaluate residents' skills in the diagnosis, assessment and treatment of substance abuse disorders. Residents rotate through the 5 stations and are given 2 minutes to read the station instructions, 10 minutes to interview the SP and 5 minutes to receive feedback from a faculty observer. The stations represent a variety of substance abuse problems seen in our community, and were written by doctors who provide primary care to both general and substance-abusing patient populations. Each station includes a description of goals and teaching points, resident instructions, SP instructions and evaluation forms. Resident performance in each station is evaluated by the residents themselves, a faculty member and the SP. Residents, faculty and SPs also evaluate the OSCE. Prior to the first OSCE, faculty members participated in 2 training sessions that used didactic teaching, group discussions of cases and role playing to familiarise faculty with the evaluation forms and the goals of each case. Actors participated in 2 training sessions to learn to portray the SP roles. To date, 71 residents (54 internal medicine, 17 family medicine) have participated in the OSCE.

Evaluation of results and impact

Over 70% of the residents felt that they 'definitely' received valuable feedback during the OSCE and that they learned something new. A total of 80% of faculty members felt that, through participating in the OSCE, they gained new insights into resident skills, and 62% reported that they acquired new teaching strategies. Some residents commented that more formal teaching in substance abuse would be useful and that the OSCE should occur earlier in residency so the skills they learned could be used during more of their training. We have used these data to design a new substance abuse curriculum for internal medicine residents. The

Stein et al. Page 2

curriculum will begin during an ambulatory care rotation in the first year of residency, with 3 morning-long sessions containing experiential and didactic components. Lectures and seminars on substance abuse topics will continue during the second and third years during both inpatient and outpatient rotations. The lectures will focus on drugs of abuse, therapeutic modalities, and behavioural interventions appropriate for patients who are at different stages of readiness to change their behaviour. The OSCE will remain a part of the third year curriculum as an evaluative tool.