

Supplementary Data

Three-point Entrustability Scale and Task-Specific Checklist for the Diabetes Station

Three-point Entrustability Scale

Autonomous	Partially autonomous	Non-autonomous
All task-specific abilities addressed	All task-specific abilities addressed	Missing a task-specific ability
Satisfactory professionalism	Satisfactory professionalism	Lack of professionalism
All competency milestones judged satisfactory	1 or 2 competency milestones judged non-satisfactory	2 or more competency milestones judged non-satisfactory

Explanations		
The resident is considered autonomous if all the milestones and task-specific abilities were completed adequately . In this case, do not check a milestone or a task-specific ability on the correction sheet.	The resident is to be rated partially autonomous if all the task-specific abilities were completed but 1 or 2 milestones weren't satisfactory. The evaluator must check which milestone(s) need(s) to be improved .	The resident is judged non-autonomous if a task-specific ability was missing or 2 or more milestones were non-satisfactory. The evaluator must check which milestones and/or task-specific abilities were non-satisfactory .
It is expected of the resident to be professional throughout the entire exam. Any lack of professionalism automatically will result in a non-autonomous grade . A specific milestone for professionalism is included in each evaluation grid and, if needed, an additional sheet is available to describe a situation.		

1. Task specific abilities (mandatory to pass the station) – ONLY CHECK IF NOT DONE

- Starting insulin
- Explaining insulin side effects (weight gain, hypoglycemia)

2. EPA evaluation - ONLY CHECK IF IMPROVEMENT IS NEEDED

- Establish goals of care in collaboration with the patient and family (Eg. limiting the number of daily injections)
- Develop patient centred management plans that address multimorbidity, frailty and/or complexity of patient presentations (Eg. avoiding SGLT2 inhibitors in catabolic state/ Avoid GLP-1 agonists in pancreatitis).
- Provide explanations that are clear and accurate while checking for understanding (Eg. using accessible language, validating comprehension, avoiding judgment)
- Establish plans for ongoing care (eg. Planning a follow-up or referring the patient to a diabetes center/diabetes nurse or explaining how to self-adjust insulin)

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3. Professionalism and patient safety - ONLY CHECK IF IMPROVEMENT IS NEEDED

- Improvement needed

Task-specific Checklist

1. The resident discusses the indication for insulin

- HbA1C not at target or high glycemia despite 3 agents
- Contraindication to GLP1 agonist (thyroid neoplasm)
- Contraindication to SGLT2 inhibitors (catabolism)
- Target of A1C <7% and/or fasting glycemic target <7 OR 4-7 mmol/l
- Patient symptomatic and catabolic
- Explain the physiopathology of diabetes in a non judgmental way

2. The resident discusses insulin's advantages

- The resident discusses how complications are not related to insulin but rather to poor glycemic control
- Diminishes microvascular complications
- Diminishes macrovascular complications
- Improves symptoms more rapidly

3. The resident discusses side effects of the treatment

- Weight gain
- Hypoglycemia

4. The resident explains and prescribes an insulin initiation protocol

- Basal insulin 8-20 units HS OR 0,1 U/kg
- Continues oral agents
- Writes correct name and date
- Prescribes needles and pen
- Mentions self-titration
- Plans a follow-up

5. Interpersonal and communicational abilities

- Expresses him-herself clearly and without medical jargon
- Makes sure the patient understands
- Involves the patient in the decision-making process

6. Structural abilities

- Meeting's structure and unfolding

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Enhancing Examiner Feedback Skills in an OSCE: Training Videos on Effective Feedback Delivery

Two videos were utilized in the study to provide guidance and training to the examiners. The first video, with a duration of 6 minutes, outlined the purpose of feedback in promoting learning within the formative examination context (Brown, 2005). The video introduced Ende's feedback principles (Ende, 1983; O'Brien, Marks et al., 2003; Lefroy, Watling et al., 2015) to emphasize key principles and strategies for effective feedback delivery. As the OSCE format already facilitated immediate and observation-based feedback, the video primarily focused on concisely explaining the remaining characteristics while illustrating feedback examples and counterexamples. The second video, also lasting 6 minutes, provided an overview of the entrustability scales and offered guidelines on how to assess and rate residents' performances using these scales. The aim of this video was to ensure consistency and standardization in the assessment process.

Feedback's characteristics	Examples provided in the video	Counterexamples provided in the video	Advice given by the narrator
Focused	"I would like to discuss organisation. I noticed that you stopped your physical exams on multiple occasions to give orders. I would suggest giving orders in an aggregated manner."	"You did not introduce yourself; you did not wash your hands, you gave multiple orders to the nurse and you went back and forth between physical exam and giving orders."	"It is preferable to combine elements under a similar theme and to focus on 1-2 elements per feedback."
Specific	"I appreciated how you used closed loops when communicating with the staff."	"It went well. Your conduct was overall good."	"It is important to give concrete examples. Feedback is not only to correct behaviours but also to reinforce specific practices."
Descriptive (free of judgment)	"I noticed that your speech flow was rapid. I suggest that you validate that your orders are understood."	"It felt like you were not in control. You were anxious and talked too fast."	"Use neutral language and do not construe behaviour. Stick to observable facts."
Resident asks	Resident "I feel as if I froze during the station."	N/A	"If the resident asks for advice, it should be used as a teachable moment."
Not to divulge grade	"As you know, I am not allowed to discuss grades. I would rather like to discuss with you areas for improvement, would you like that?"	"You forgot to order your investigation. I couldn't check it on your evaluation sheet which means that you are partially autonomous."	"Since it is a formative exam, discussing grades can unduly increase stress and shift the focus away from learning."