



Exploring Factors That Influence Faculty and Simulated Patients' Assessment of Student's communication skills during Objective Structured Clinical Examination – a mixed methods study

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Introduction

- **Simulated patients** are widely used in teaching-learning and assessment.
- IMU University uses simulated patients (SPs) in the teaching of different health professions students.
- MBBS, BDS, BPharm, Nutrition, Nursing among others
- They assess medical student **communication skills**
- Training of SPs and examiners are important.
- Faculty assessors also assess different skills during the Objective Structured Clinical Examination (OSCE)
- Literature shows **poor agreement between faculty and SP examiners** communication skills grades
- Different perspectives on communication?
- **Inter-rater agreement between faculty and trained SPs grades** on students' communication skills in OSCE was assessed. The **factors considered by the SPs and faculty while grading** was explored.

Results

Themes identified:

- **Qualities of a good doctor**
- **Qualities of a bad doctor**
- **Personal experience with doctors**
- **Influence of different roles of faculty and SP on grading**
- **Influence of cohort/semester of students on grading:**
- **Influence of examination rules on grading**
- **Influence of examination grades on student motivation, and its effect on grading**
- **Influence of the scale of examination/logistics on grading**
- **Influence of student characteristics on grading**
- **Influence of knowing student fees on grading**
- **Discrepancy between faculty and SP grading**

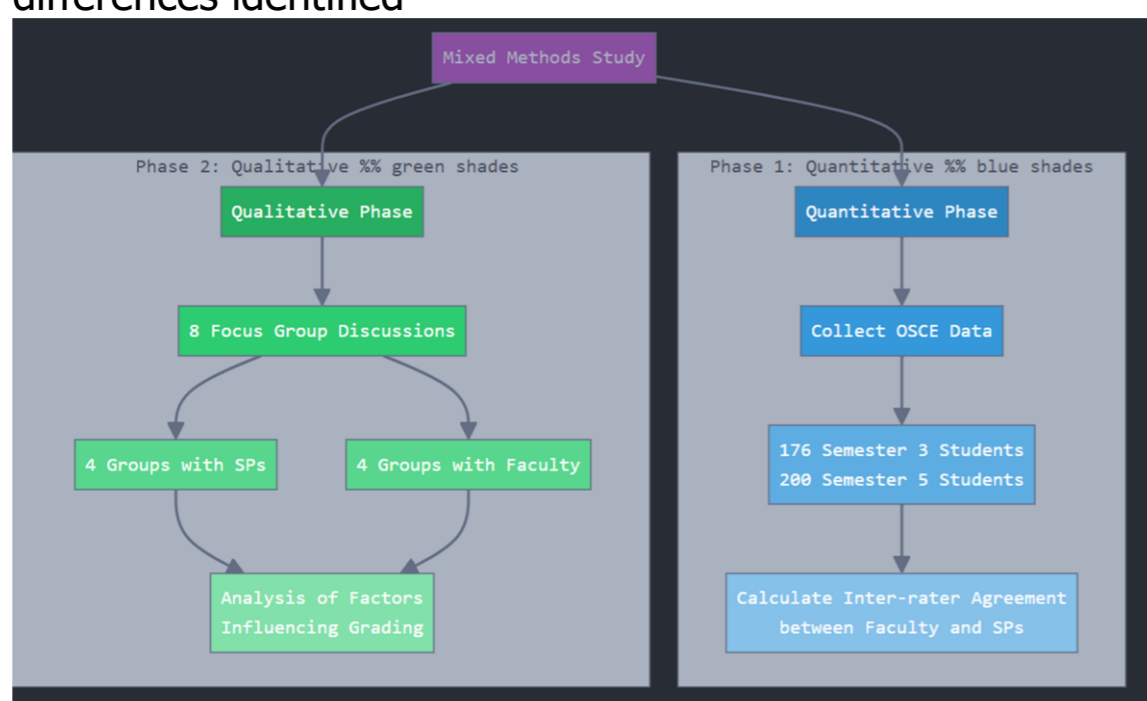


Representative quotes

- ✓ *I think as a SP, we have to grade according to the performance of the student. It's what I feel... not according to the fees.' (SP 60)*
- ✓ *"Good communication skill, demonstrate empathy. Be honest. Show evidence of altruism. Be punctual, especially if he or she is gonna practice uh, you know, show respect towards others" (Faculty P)*
- ✓ *You know, it's very (demanding) doing the palpation and all that on the stomach area. They did the light and the deep. That's where. So we all have to (be) clear. We don't eat any good food....right food... All this... we don't need to disturb the flow of the exam.' (SP15)*

Methodology

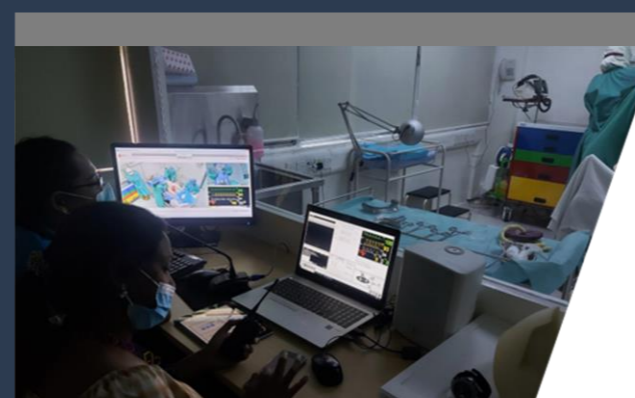
- ✓ **Progression point** examinations
- ✓ A **mixed-methods** approach was selected. First the inter-rater agreement between faculty and trained SPs grading student communication skills during OSCE was measured from examination records.
- ✓ An **explanatory sequential mixed-methods design** was used
- ✓ Qualitative study was conducted to explore the factors that may have influenced the scoring, seeking to understand the reasons behind any differences identified



- ✓ FGD guide prepared and validated.
- ✓ Two interviewers were female, and one was male, and they were experienced in qualitative research methods
- ✓ A total of **16 faculty members** participated, including one general surgeon, four basic scientists, one clinical skills nurse, eight clinical skills facilitators with medical qualifications, one ENT surgeon, and one emergency specialist.
- ✓ The **16 SPs** were comprised of homemakers, other university students, estate planners, and retirees from various occupations.
- ✓ Written informed consent was obtained from all individuals. **FGDs were conducted face-to-face or via Microsoft Teams** and recorded with participants' consent. The face-to-face FGDs were conducted in a meeting room at the Clinical Skills Centre.
- ✓ **Member checking, data saturation**
- ✓ Reflexivity
- ✓ Labels, codes, categories, themes; mostly **deductive analysis**

Conclusion

- ✚ Only **two cohorts of MBBS students**. data for both cohorts were taken during the pandemic, with one cohort's examination being carried out face-to-face and the other cohort's examination being carried out virtually.
- ✚ **Only looked at communication skills** and did not explore content-based skills, techniques, or professionalism.
- ✚ Use of different rating scales depending on the type of station.
- ✚ **Faculty and SPs' different perceptions of communication abilities** contributed to some grading disparities.
- ✚ Need to consider such variations during the standardisation process to ensure faculty and SPs recognise the expected communication standards
- ✚ The **factors identified offer valuable insights** into the aspects of communication that evaluators prioritise
- ✚ Addressing these factors in pre-exam training sessions, faculty and SP assessment have better-aligned expectations
- ✚ **Serve to prepare students for the range of communication styles** and perspectives they will encounter in their professional practice. Provide a more uniform and transparent grading procedure while keeping the **authenticity of diverse patient viewpoints**



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