Report on the development and implementation of a multi-station, multi-task OSPE to assess palpatory and treatment skills in the cranial approach

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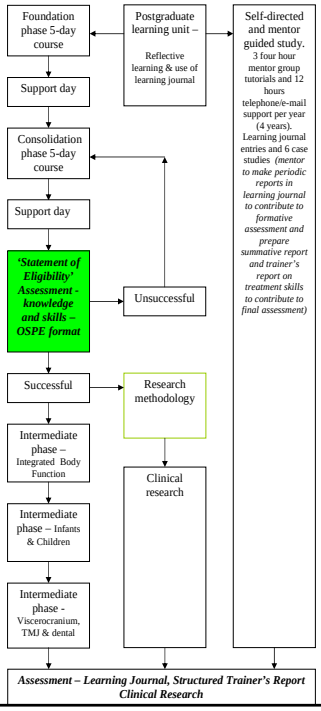

- The assessment was developed using a large team (19) of experienced teacher-practitioners in Osteopathy in the Cranial Field (OCF) which acted as a reference group and the group for role-play exercises
- All team members had a minimum of 6 years post-qualification experience using OCF in clinical practice for a substantial part of their practice time – at least 20 hours per week

- Defined assessment tasks were identified (treatment 'techniques', except for palpating the rate of the CRI, and testing for SSB/SBS patterns)
- These were agreed to be specific procedures for which a clear outcome could be palpated by both candidate and assessor
- Assessment tasks, taken together, were considered to be sufficiently broad in scope to effectively sample a full range of diagnostic and treatment skills in the OCF approach

Measures to maximise reliability & consistency

- Sufficient OSPE stations, with enough tasks at each station
- Different assessors working 'blind' to other assessors
- Written assessment reports considered at final moderation meeting
- 6 stations, 4 tasks per station
- As far as possible each station to include:
  - palpation of CRI
  - a direct 'sutural' technique
  - a fluid 'technique'
  - a balanced tension 'technique'
- Repetition of tasks, or similar tasks, at different 'stations' to give candidates a second opportunity to perform the task to the required standard

Station 1	Station 2	Station 3
•Palpate/count out CRI •SSB/SBS pattern testing •Lateral fluctuation at sacrum •Identify & perform palatine disengagement	•Palpate/count out CRI •Identify & perform frontal or parietal lift or spread •BT at sacrum •CV4	•Palpate/count out CRI •Identify S/S suture limitation & perform disengagement •BT at diaphragm •Perform V- spread
Station 4	**Station 5**	**Station 6**
•Palpate/count out CRI •BT at sacrum •BT in lower extremity fascia •SSB/SBS pattern testing	•Palpate/count out CRI •CV4 •Identify limitation & perform zygomatic disengagement •BMT at cranium	•Palpate/count out CRI •Achieve fluid still-point at sacrum •BT at peripheral joint •Identify condylar part limitation and perform decompression

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Success criteria

•Grading descriptors drafted, then revised & refined by entire teaching team

• Descriptors drafted as ‘unacceptable’ , ‘acceptable’ and ‘best practice’

• Minimum performance to achieve pass:

-acceptable performance of 3 out of 4 tasks to ‘pass’ station

-must pass 4 stations out of 6

-must perform CV4 to acceptable standard at least once

-must perform SSB/SBS pattern testing to acceptable standard at least once

Small pilot test of reliability

• 4 parallel stations, each testing ‘palpate/count out CRI’ and CV4

• Team members fulfilling roles of:

- candidate
- assessor
- patient/model
- (observer of process)

• Sealed instructions given to ‘candidates’ to perform as well as possible, or intentionally poorly without knowledge of assessors, candidates or observers

• Randomised instructions – to blind team leader to instructions received by candidates

• Complete consistency of assessment with instructions

Second pilot to refine process, guidance notes to assessors and instruction notes for candidates

3 stations to check:

• Time allocations

• Physical resources

• Develop and refine written procedures for assessment (and guidance notes for briefing candidates, and for ‘models’ recruited from undergraduate student body)

Second pilot to refine process, guidance notes to assessors and instruction notes for candidates (2)

Procedures included:

- Deployment of models
  - nobody to be model for same candidate more than once
  - nobody to model more than 3 times, with rest periods between
  - models to be checked before and after OSPE for suitability & safety
  - models instructed not to assist candidates!
- Instructions to candidates to give commentary on what they are doing/feeling
- Instructions to assessors to avoid 'cueing' by leading questions, eye contact
- Instructions to assessors to palpate as close as reasonably possible to candidates' hands whilst avoiding interference

Live use of OSPE assessment

- Observed by University-appointed external examiner, for consistency/fairness of entire process
- External examiner chaired moderation meeting at end of assessment
- Contemporaneous completion of mark sheets, with written justifications for grading of tasks and other pertinent comments in isolation by assessors

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• Examples of consistency of assessment – one candidate attracted very similar (recorded) comments from 5 assessors that they had failed to achieve balanced tension yet had reported they had done so, another candidate was reported (and recorded in writing) to have used wrong terminology (but consistently – saying left torsion on both occasions when it was right torsion)

• Positive external examiner report

Key points/learning points

• Large team of experienced teacher/practitioners involved in development, and working as assessors

• Defined assessment tasks capable of palpable result

• 'Ownership' of descriptors

• Sufficient number of stations & assessors for reliability

• Repetition at more than one station for reliability

• Specified, well rehearsed process

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- Potential for *inter rater* study?