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Box Benefits of the Objective Structured Clinical Examination

- Direct observation of clinical skills
- Assessment of a broad range of skills in a short period of time
- A fair assessment based on a standardized approach
- Minimization of rater bias

Six universities in Haiti offer degree programs in medicine. Upon graduation, medical school graduates are required to complete 1 year of social service, and then can practice medicine independently or apply for entrance into one of Haiti's 37 residency programs.

Zanmi Lasante (ZL), a sister organization to Boston, Massachusetts-based Partners In Health, in partnership with MSPP, offers 1 residency program at Hospital St. Nicolas (HSN) in Saint-Marc and 5 programs at Hôpital Universitaire de Mirebalais (HUM) in Mirebalais. The programs that have been accepted are in the preapproval phase with the Accreditation Council for Graduate Medical Education International (ACGME-I).

NEW IDEAS

Introducing the Objective Structured Clinical Examination in Haiti

Setting and Problem

Haiti, a nation of approximately 10.7 million people located in the western Caribbean,¹ is a low-income country, with 59% of its population living below the poverty line (less than \$2.41 per day), and 24% living in conditions of extreme poverty (less than \$1.23 per day).² Haiti has a history of political instability and natural disasters, and remains the country with the highest rate of poverty in the Americas.²

The health care system in Haiti is regulated by the Ministry of Public Health and Population (MSPP). MSPP is under-resourced, spending only US \$13 per person on health care each year. This represents a mere 6.1% of the national budget, and is significantly less than its neighboring countries of Cuba (US \$781) and the Dominican Republic (US \$180).³

Intervention

As part of its system of assessment in 2015, we introduced the objective structured clinical examination (OSCE) in the family medicine residency program at HSN, with the help of 2 Canadian fellows who volunteered in Haiti. Faculty members were trained on the new technique and were given opportunities to practice their new skills. These “pioneers” then trained other faculty at HUM. Although widely used in high-income countries, ZL was the first institution in Haiti to use the OSCE.

The OSCE is a group of tests that includes a succession of stations with simulated clinical problems, involving standardized patients or mannequins, that learners need to solve in a limited time. Each station has clearly defined objectives, and a checklist for the evaluation of the candidates.⁴ It is considered the gold standard for evaluating clinical competencies, including the physician-patient relationship, the physical examination, and interpersonal and communication skills (Box).⁴

In 2016, the Director of Graduate Medical Education at ZL implemented an OSCE as a pre-assessment tool during the orientation month at the start of postgraduate year 1 (PGY-1). Based on this positive experience, the Graduate Medical Education Committee (GMEC) voted to implement the OSCE as part of the recruitment process for all ZL programs. In 2017, we conducted the first OSCE session during

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recruitment, with 90 candidates who aspired to enter 1 of the 6 ZL residency programs.

Each session consisted of 4 themed stations with different objectives and a break station. The duration of each station was 10 minutes. The OSCE was scored by faculty, the training and research department director, and representatives from the school of medicine.

Outcomes to Date

The OSCE was a new evaluation tool for medical educators in Haiti, and implementation faced challenges. We needed to train faculty and the standardized patients (SPs). Because of a lack of funds, we used medical students and residents as SPs. The use of medical students as SPs was helpful in multiple ways, allowing the students to learn clinical portrayal and trainee performance. Candidates and student SPs were nervous at first, but by the end of the day, all said they had benefited from the experience.

We are currently testing the OSCE as an evaluation tool in 2 residency programs (anesthesiology and pediatrics), and we intend to implement it in all ZL residency programs.

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Administrative and Managerial Skills for Tomorrow's Medical Professionals: A Needs Assessment

Setting and Problem

A complex and dynamic health care environment requires medical professionals of the future to be trained to deliver high-quality clinical care, as well as help address organizational problems that may be outside the clinical arena. Evidence shows that effective clinician leadership in health care organizations is linked to superior patient care outcomes.¹ However, most physicians are ill prepared to undertake responsibilities requiring organizational and management skills because medical school and residency training offer limited opportunities to learn them.² We present a framework, derived from thematic analysis of qualitative data from semistructured interviews, which identifies key capabilities to enable physicians to innovate solutions to complex organizational problems.

Intervention

We conducted a 2-phase qualitative study. First, we distributed a peer nomination survey to all senior physicians at Tan Tock Seng Hospital in Singapore, asking them to nominate peers who consistently excelled in nonclinical roles, such as leadership or administration in addition to their clinical roles. The second phase consisted of semistructured interviews with individuals who had received multiple nominations from peers. During the interviews, we asked participants to reflect on their experiences when they undertook nonclinical responsibilities in their institution, the capabilities that were necessary for them to excel in the projects they were tasked to handle as their

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