

Communicating with patients and families about unnecessary tests and treatments

Objective Structured Clinical Examination
(OSCE) Rating Scales

Part of the CanMEDS Resource Stewardship Curriculum Toolkit Series

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OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) RATING SCALES

Below are two rating scales that can be used for formative/summative assessments of residents speaking with patients or families about unnecessary tests and/or treatments.

The assessment tools below are based on the communication framework that was taught in the communication toolkit slide deck. These are meant to help in your assessment of communication around resource stewardship and can be adapted based on the assessment goals.

The five step framework is as follows (*please see the Communication PowerPoint and Preceptor Guide to learn more at royalcollege.ca/resourcestewardship*):

1. Elicit patient and/or their family's concern
2. Demonstrate empathy and acknowledge patient/family's concern
3. Engage in shared decision-making process
 - a. Discuss risks and benefits
 - b. Provide reassurance using health information/decision aids
 - c. Reinforce key points with written information
4. Provide clear recommendation
5. Agree on plan of action and document

Here are the two rating scales provided:

1. Choosing Wisely Conversations Rating Scale: Created by Mukerji, Weinerman and Wong
 - This scale was created based on the above framework
 - Best used for formative/summative assessments of an OSCE scenario that **focuses specifically on assessing the communication of a trainee with a patient or family that is requesting an unnecessary test and/or treatment.** The patient/family could complete the form as could the preceptor who is observing the encounter
 - This scale could also be used for the "observer" role in the role play that is mentioned in the Communications Power Point
2. Abbreviated Resource Stewardship Communications Rating Scale:
 - This scale is an abbreviated scale
 - It is meant to be used in the workplace when assessing trainees in real-time speaking with patients or their families about unnecessary tests and/or treatments
 - The scale could also be easily modified to a "yes/no" checklist and used in the workplace or as a brief "add-on" scale to an existing OSCE station that has an added resource stewardship component (i.e. majority of the OSCE scenario is focused on making the diagnosis of back pain and the resource stewardship "add-on" component is to discuss with the patient and/or family whether an MRI is needed at this time)

CHOOSING WISELY CONVERSATIONS RATING SCALE

Criteria for Counselling Patients Regarding Unnecessary Tests

	1 (Not done)	2 (Attempted, but incomplete or not always effective)	3 (Excellent complete and done effectively)
1. ELICIT PATIENT CONCERNS			
• Asked about the patient's concerns (that make them want the test)	1	2	3
• Commented on non-verbal cues that indicated that the patient had concerns	1	2	3
Overall Impression on Eliciting Patient Concerns	1	2	3
2. EMPATHY			
• Told the patient that their concerns were understandable	1	2	3
• Allowed the patient time to express their concerns	1	2	3
• Told the patient that their emotional reaction was understandable	1	2	3
Overall Impression on Empathy	1	2	3
3. SHARED DECISION MAKING			
• Described benefits and potential risks of the test	1	2	3
• Explained why ordering the test was not necessary	1	2	3
• Used clear language and avoided medical jargon	1	2	3
• Provided visual tools or decision aids	1	2	3
Overall Impression on Shared Decision Making	1	2	3
4. CONFIRM AGREEMENT			
• Briefly summarized treatment plan	1	2	3
• Offered the patient the opportunity to ask additional questions	1	2	3
• Confirmed with the patient their agreement with the treatment plan	1	2	3
• Offered a follow-up appointment to re-visit concerns	1	2	3
• Provided a clear description of symptoms/red flags that should alert an earlier follow-up	1	2	3
Overall Impression on Confirming Agreement with Patient	1	2	3
5. GENERAL COMMUNICATION SKILLS			
• Degree of coherence in the interview	1	2	3
• Used appropriate verbal expression	1	2	3
• Used appropriate non-verbal expression	1	2	3
• Responded to patient's needs	1	2	3
• Checked for patient's understanding of the information provided	1	2	3
Overall Impression on General Communication Skills	1	2	3
Overall Assessment of Choosing Wisely Communication	1	2	3

ABBREVIATED RESOURCE STEWARDSHIP COMMUNICATIONS RATING SCALE

	1 (Not done)	2 (Attempted, but incomplete or not entirely effective)	3 (Excellent complete and done effectively)
1. ELICIT PATIENT CONCERNS	1	2	3
<ul style="list-style-type: none"> Asks about patient and/or family's concerns and related explanations to patient's illness framework and impact 			
2. EMPATHY	1	2	3
<ul style="list-style-type: none"> Respects patient's and/or family's perspective and allows them time to reflect and express concerns 			
3. SHARED DECISION MAKING	1	2	3
<ul style="list-style-type: none"> Describes benefits and potential risks of the test and explains why ordering the test is not necessary and used visual information/ decision aids to assist 			
4. CONFIRM AGREEMENT	1	2	3
<ul style="list-style-type: none"> Confirms mutually acceptable plan and ensures comfort 			

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