

Implementing Direct Observed Examination Skills (DOES) for psychiatry undergraduate teaching

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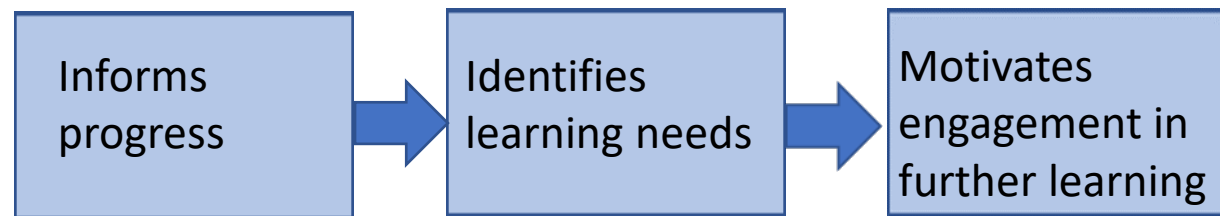
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Overview

- The importance of Workplace Based Assessments (WPBAs)
 - Relevance to postgraduate/undergraduate teaching & learning
- Introducing the Direct Observed Examination Skills (DOES) assessment
 - Its use and inclusion in Psychiatry
 - The use of role players versus real life patients
 - Video clips
- Student feedback
- DOES Practice
- Practicalities of DOES
- Summary
- Q&A

The importance of Workplace Based Assessments (WPBAs)

- ***“Learning is the key purpose of assessment”*** (Van der Vleuten, 1996)
- Facilitate learning
- Provision of feedback to improve performance (Norcini et al, 1995)
- Change the behaviour of learners towards the desired outcome



Relevance to postgraduate teaching and learning

- Mini-Clinical Examination (Mini-CEX)

- Van der Vleuten's Utility Equation (1996)

$$U = V_{vv} \times R_{wr} \times E_{we} \times C_{wc} \times A_{wa}$$

- Validity
- Reliability (co-efficient of 0.8 in postgraduate assessment) (Norcini et al, 1995)
- Educational impact
- Cost
- Acceptability

Relevance to undergraduate teaching and learning

- General Medical Council (GMC) ***Promoting excellence: standards for medical education and training***
 - *R5.4 Experiential learning in clinical settings; both real and simulated that increases in complexity in line with the curriculum*
 - *R5.5 Medical schools must assess medical students against learning outcomes required for graduates at appropriate points*
 - *R5.6provide fair, reliable and valid assessments*

Introducing the Direct Observed Examination Skills (DOES) assessment

- Pre 2020 (covid) – UoB 5 year MBChB course
 - Clinical placements in Psychiatry – Year 4
 - Examinations (SBA and OSCE) – End of Year 4 & 5

Introducing the Direct Observed Examination Skills (DOES) assessment

- During the pandemic
 - 2019/2020 – estimated grades for students in year 4 & year 5
 - No WPBA to rely on for many subjects
 - 2020/2021 – Introduced DOES for many subjects but not Psychiatry
 - “challenges”
 - Large numbers of students, how to ensure fair access?
 - 2021/2022 – DOES assessments successful across specialities, Psychiatry DOES for MSE introduced

Use and inclusion in psychiatry ...

MSE

- Mental State Examination in undergraduate education
- Study at PCMD 2014*
 - *“Students appear to recognise the importance of this examination in medicine, the teaching and learning of it possibly needs greater emphasis in the undergraduate curriculum”*
 - *Students perceived MSE ISCE or OSCE to be more challenging*

*Huline-Dickens, Sarah et al. “Teaching and learning the mental state exam in an integrated medical school. Part I: Student perceptions.” *Psychiatric bulletin* (2014) vol. 38,5 (2014): 236-42. doi:10.1192/pb.bp.113.042655

Use and inclusion in psychiatry ...

MSE

- How to ensure fair access to patients in order to complete an assessed MSE?
 - 400+ students
 - Varied placements
 - Access to assessors
- Combine a structured teaching programme and assessment with simulated patients

Use of role players versus real life patients

Video clips

- Relapse of psychosis in Schizophrenia



DOES practice

- Voluntary sign up session
- 30 minute revision on mental state examination
- 1:1 practice with feedback

- Run by the Clinical Teaching Fellows

Student feedback

- “A supportive practice environment with valuable individual feedback”
- “Good content at an appropriate level”
- “Well structured and planned”
- “A good experience”
- “I was told about what I need to improve on and how to do so which was helpful”
- “The session was very useful and made me feel more confident about the upcoming DOES”

The DOES Assessment

- Two half day sessions run at the Barberry (clinical teaching base)
- Approximately 50 students each session
- 5 parallel circuits (5 x assessor, 5 x SP role player)
- Role players and examiners
 - Training (video, f2f)
 - Briefing (DOES assessment marking guide)
- Student task:
 - 5 minute reading time (history/setting)
 - 10 minutes to carry out MSE
 - 5 minutes to present findings to examiner and receive feedback (verbal & written)

Practicalities of DOES

DOES-Mental State Examination (MSE) in Psychiatry

Short version for Pebblepad/Pebblepocket:

We would expect a competent 4th year student to be able to do the following:

- 1) Introduce themselves and seek consent to talk to the patient in order to examine the patient's mental state.
- 2) Competently assess any abnormality with the patient's appearance or behaviour through inspection/observation.
- 3) Competently assess speech in terms of rate, rhythm, tone and volume and note any abnormalities of form of thought which are apparent through the patient's speech.
- 4) Competently assess mood, ask relevant questions about mood and screen for biological symptoms of depression or elevated mood.
- 5) Competently assess for psychotic symptoms including auditory or visual hallucinations, paranoid, persecutory or other delusional beliefs.
- 6) Competently assess for thought content including thoughts about risk to self and others.
- 7) Competently assess whether the patient is fully orientated to time, place and person.
- 8) Competently assess whether the patient has insight.
- 9) Adequately present the relevant findings.

Practicalities of DOES

Rubric for Student Performance: PebblePocket drop down boxes

	Unsatisfactory	Borderline	Satisfactory	Good
Communication skills	Closed questions, jargon, assumptions	Occasional jargon, some assumptions	Empathy, some open questions	Excellent questioning, active listening
Systematic approach to MSE	No planned approach evident	Conversation flows but disordered	Clear and logical stream	Systematic, deviation when cued
Elicits relevant pathology	Major signs not elicited	Omits part of MSE	Full symptom range covered	Range covered in detail
Communication of findings	Unstructured, hesitant, missed signs	Some structure, most covered	Systematic coverage of MSE	Detailed coverage of MSE
Consideration of patient/professionalism	Judgemental, rude, uninterested, negative	Sensible, appropriate, positive impression	Non-judgemental, appears authentic	Non-judgemental, great sensitivity

Practicalities of DOES

Below is an example of how you would workout if you have passed or failed your DOES assessment. In the example any score of 15 or above would pass (as the highest score achievable is 30, and you are required to obtain at least 50%).

Skills	Unsatisfactory	Borderline	Satisfactory	Good
Communication	0	2	4	6
History taking – Presenting Complaint	0	2	4	6
Sequence	0	2	4	6
Effective Presentation of Findings	0	2	4	6
Appropriate Interpretation of Findings	0	2	4	6

Summary

- Implementation of DOES for undergraduate medical teaching has been shown to be:
 - Beneficial in providing an ***invaluable learning experience***
 - Giving a greater depth of understanding of MSE
 - Assessment aligned with GMC standards
 - Practicalities
 - Positive feedback

- Future plans

Q&A

