



Using the ACS-ERRA Exam & ACS/APDS OSCEs to Identify Early Surgery Intern Knowledge Gaps

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Disclosures

Nothing to disclose





Introduction

ACS-ERRA Exam

ACS OCSE

Competency Based Education

What is the ACS-ERRA?

- In Spring 2018, the American College of Surgeons launched an online, case based instrument to measure clinical decision-making skills of entering surgical residents.
- Assessments focus on cases frequently encountered at the beginning of residency training

Source: <https://www.facs.org/education/resources/acs-erra>



What is the ACS-ERRA

- Short case scenarios are used to address essential clinical topics through special “key features” questions that specifically assess clinical decision making skills instead of simple recall of factual knowledge.
- Assessment results can be used by the Program Director to identify strengths, along with areas that need further development, reinforcement, or remediation as residents transition from direct to indirect supervision.

Source: <https://www.facs.org/education/resources/acs-erra>



What are the ACS OSCEs

- The American College of Surgeons has a Resident **O**bjective **S**tructured **C**linical **E**xamination (OSCE) tool to assess entry level knowledge and skills of interns regarding the delivery of safe care to surgery patients with critical and life threatening situations.
- Intended to be a formal evaluation tool for providing resident with constructive feedback regarding management of critical situations they will likely encounter.

Source: <https://web4.facs.org/ebusiness/ProductCatalog/product.aspx?ID=124>



What are the ACS OSCEs

- 10 scenarios total each with a
 - 10 minute clinical encounter
 - 5 minute written post encounter
- Cases include traditional use of **S**tandardized **P**atients (SPs), as well as telephone conversations and encounters with standardized nurses and medical students

Source: <https://web4.facs.org/ebusiness/ProductCatalog/product.aspx?ID=124>



Competency Based Education

- **C**ompetency **B**ased **E**ducation (CPE) is defined as frequent assessment which informs individualized feedback and tailed instruction
- Current CPE assessments already in surgery:
 - American Board of Surgery **E**ntrustable **P**erformance **A**ctivity Assessment Pilot (EPAs)
 - SIMPL intraoperative assessment



Competency Based Education

- IU Surgery's AIM: to use data obtained from the ACS-ERRA exam and the ACS OSCEs to
 - Identify deficiencies early in our incoming interns in general, plastic, vascular, urological, and cardiothoracic surgery
 - Tailor subsequent educational interventions in a competency based curriculum





Feedback from the Experts

Needs Assessment

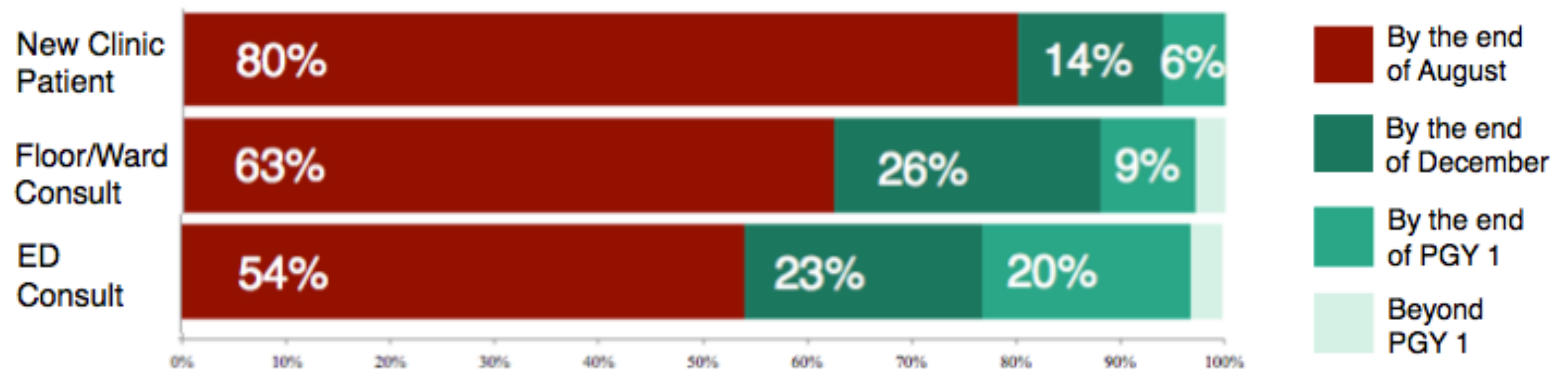
Needs Assessment from the “Experts”

- Prior to orientation, IUSM Surgery Faculty were asked to rank the 10 OSCE scenarios in the order they felt best represented the highest to lowest priority for incoming interns.



Needs Assessment from the “Experts”

- Faculty were also asked to select at which point in time during the PGY 1 year they felt an intern should be able to see patients with indirect supervision (with direct supervision immediately available) in various clinical contexts.



Needs Assessment from the “Experts”

- From this survey, we chose the following 5 OSCE Scenarios to use in our simulation center with the PGY 1 residents in August 2018 as they mapped well to the ACS-ERRA major content areas:
 - Oliguria
 - Pulmonary Embolus
 - Abdominal Pain
 - Post-Operative Fever
 - Upper GI Bleed





Getting Started

Implementing the ACS-ERRA Exam
Implementing ACS OSCEs
Other Data Collected

ACS-ERRA Exam

- Friday before Surgery Orientation (n=24):
 - ACS-ERRA exam was administered “cold”
 - No prior orientation didactic occurred. Took place immediately following institutional GME orientation
- 1-1 meetings with Intern and Program Director took place to review results to assess strengths and areas of improvement



**BN TO INSERT DEIDENTIFIED ERRA
SCORE SHEET HERE**



ACS OSCEs

- 3 sessions [Pilot Group; 2 Additional Sessions] (n=23, 1 missing due to planned vacation)
 - Pilot group of 5 Interns with Standardized Patients [SPs] in simulation center
 - Intern feedback was collected to ensure residents understood OSCE instructions and that the simulation center was implementing the OSCEs selected as directed



ACS OSCEs

- Performance Evaluation
 - SPs assessed OSCE Performance using published checklists and global rating scales
 - Group performance was reviewed by Surgical Education Fellows [OSCEs were taped/reviewed]
 - Personalized OSCE performance reports were distributed to interns after meeting with the interns as a group and delivering global feedback
 - Ward Competency Assessments were implemented for interns that scored below the expert defined competency benchmark (does this mean IU faculty experts?)



Other Data Collected

- USMLE Step 1 & USMLE Step 2 (n=24)
- ABSITE Scores (n=17); GU & Vascular did not take



