National Clinical Skills Competency Assessment: the Core Competency Capstone for DOs (C3DO)

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Introduction

The Core Competency Capstone for Osteopathic Physicians (C3DO) was developed in response to the recommendation of the Special Commission on Osteopathic Medical Licensure Assessment to create a "COM-based COMLEX-USA national standardized assessment which includes an in-person, hands-on evaluation of fundamental osteopathic clinical skills including interpersonal and communication skills and OMT, with quality assurance."[1-2] The NBOME Board of Directors provided resources given the importance of these skills in medical education and patient care.[3-4]

Goals for Phase 1:

1. Feasibility: Can colleges of osteopathic medicine (COMs) administer a centrally developed examination? What is the experience for them?
2. Standardization: Is the examination standardized across COMs?

Methods and Materials

The NBOME worked with COMs to develop and administer a standardized assessment. Participants used a combination of online training materials (fixed amongst schools) and live training (unique to each school).

For each of the eight cases, the candidates were evaluated on the following skills:

- Osteopathic history and physical examination - documented by standardized patients (SPs) using a case-specific checklist developed by osteopathic physicians
- Osteopathic Manipulative Treatment (OMT) - scored by a distributed physician examiner pool using a rubric developed by osteopathic physicians
- Communication and interpersonal skills - appraised by SPs using the Communication and Respectfulness Evaluation (CARE) rubric
- Clinical decision-making - candidates had to answer two (2) questions about clinical decision making following each encounter

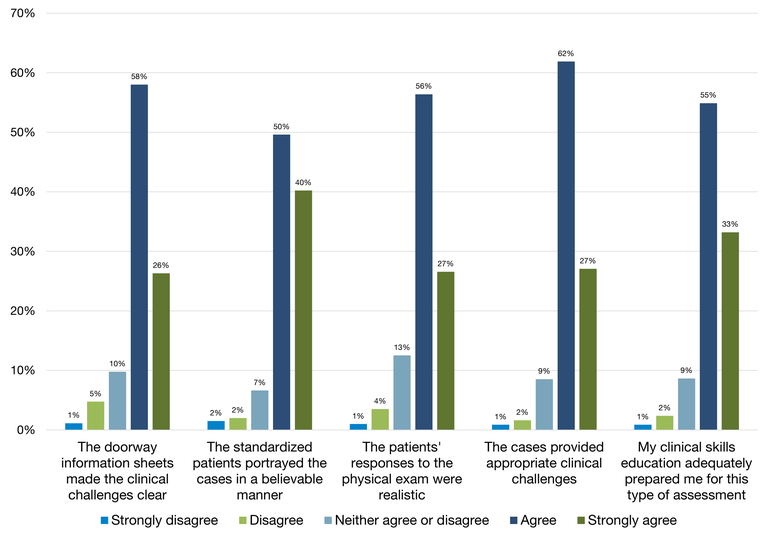

Table 1. Student feedback

Results

Phase 1 Pilot

- 4 COMs, 6 sites
- 802 students
- 6384 encounters
- 22 unique cases

Post-administration surveys of staff / SPs / proctors

- 77-85% agreed or strongly agreed:
- Preparation materials easy to understand
- Video examples were helpful

Student and Faculty Surveys

- Students reported the activity allowed demonstration of skills *(Table 1)*
- Faculty agreed content reflected the practice of osteopathic medicine *(Table 2)*

Generalizability analyses

- Data gathering p=0.7
- Communication and respectfulness p=0.83

Figure 1. C3DO at a college of osteopathic medicine

Figure 2. Student with standardized patient

Feedback

STUDENTS

The incorporation of OMT makes the experience more realistic

After going through 2 years of clinical rotations, this was an opportunity to demonstrate what I have learned. I felt like my training as a medical student trained me well and this was my chance to show it.

Very smooth experience, great cases with diversity, and excellent diversity in SP selections and chief complaints

COM FACULTY

Thank you so much! This has been an amazing experience. Your team has been wonderful to work with throughout this Pilot. We truly believe in the importance of this work and look forward to all that we learn. We look forward to feedback and improving our process. It is a great time to be a DO!

Discussion

Phase 1 revealed minor limitations in the administration, most of which were adaptable.

Overall, surveys of staff, faculty, and students were positive, reflected the value of the activity, and provided additional suggestions to improve processes in Phase 2. Students, for the most part, gained value from participation in the activity, and Phase 2 will focus more on giving value to any feedback provided.

Measures of training of SPs and proctors allowed for an understanding of the goals of the pilot and how SP portrayal and scoring would be standardized across all schools. Our data show that shared understanding is achievable in training, and the results in the CARE scoring show it is achievable in scoring as well. There were some differences in the case checklist scoring, which may be explained by the case detail (too detailed/complex).

OMT scoring is limited by the number of encounters but had similar results to the COMLEX Level 2-PE. Members of advisory panels and external stakeholders value the objective evaluation of these skills. The post-encounter clinical decision-making exercises are limited by their number (only 16 items per student). Additional quality assurance and key validation is being performed on existing items, and additional items are available for Phase 2.

Conclusions

Phase 1 of the C3DO demonstrated the feasibility of administering a standardized osteopathic clinical skills examination at COMs. Positive student experience and reliability of communication scores were particularly successful. The exchange of data and development of post-encounter activity are areas for investigation in Phase 2.

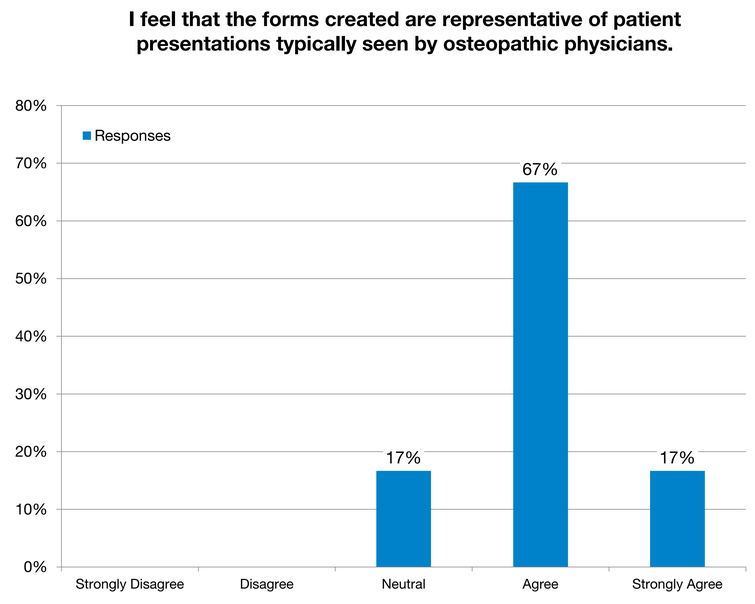

Table 2. Case Presentations/Content

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References

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2. Report of the Special Commission on Osteopathic Medical Licensure Assessment. June 2022. https://www.nbome.org/special-commission-on-osteopathic-medical-licensure-assessment/. Accessed April 2, 2024.
3. John, Janice Thomas, Deepthiman Gowda, Sheira Schlair, Joanne Hojsak, Felise Milan, and Lisa Auerbach. "After the Discontinuation of Step 2 CS: A Collaborative Statement from the Directors of Clinical Skills Education (DOCS)." Teaching and Learning in Medicine 35, no. 2 (2023): 218–23. doi:10.1080/10401334.2022.2039154.
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