

## Snapshot

### Innovation & Discussion

#### In-Person High-Stakes Testing During a Pandemic

##### **Introduction/Overview/Purpose** (e.g. why is this topic important?)

The first Principle in the Association of Standardized Patient Educators' Standards of Best Practice is "Safe work practices," highlighting safety's ongoing importance within the field. This Principle has taken on added urgency during the pandemic. Some SP-based activities can be adapted to other modalities, but this is more difficult for activities deemed to require in-person demonstration of clinical skills with an SP. Thanks to our organization's support and our colleagues' hard work, we were able to safely administer fifteen sessions of an in-person SP-based assessment in the fall of 2020, with no COVID-19 cases being traced to the examination.

##### **Description of innovation/discussion topic** (e.g. what innovation was implemented; what topic will you be presenting?)

We will share examination modifications and pandemic protocols that allowed for successful in-person testing, many of which were shared with and received the approval of local and national infectious disease and public health experts, and several of which were derived from SP suggestions. Our scores of changes include those made to the facility, such as increased cleaning protocols and improved air filtration; to movement through the testing center, such as required screening before entry and changes to candidate and SP flow; to candidate/SP interactions within encounters, such as standardized masks and social distancing within the rooms.

##### **Discussion** (e.g. what was the outcome or consequence of the innovation; explain/discuss what you learned from your implemented innovation)

We learned that it is possible to hold an in-person SP-based assessment that observes all local and CDC recommendations and prioritizes pandemic safety while also meeting high standards for validity and reliability. We learned that the ways in which new protocols and modifications are introduced to stakeholders, especially candidates, SPs, and staff, can go a long way to building the necessary confidence for examinations to move forward, and to allow candidates and SPs to focus on the exam, not the pandemic, during those crucial hours of testing.

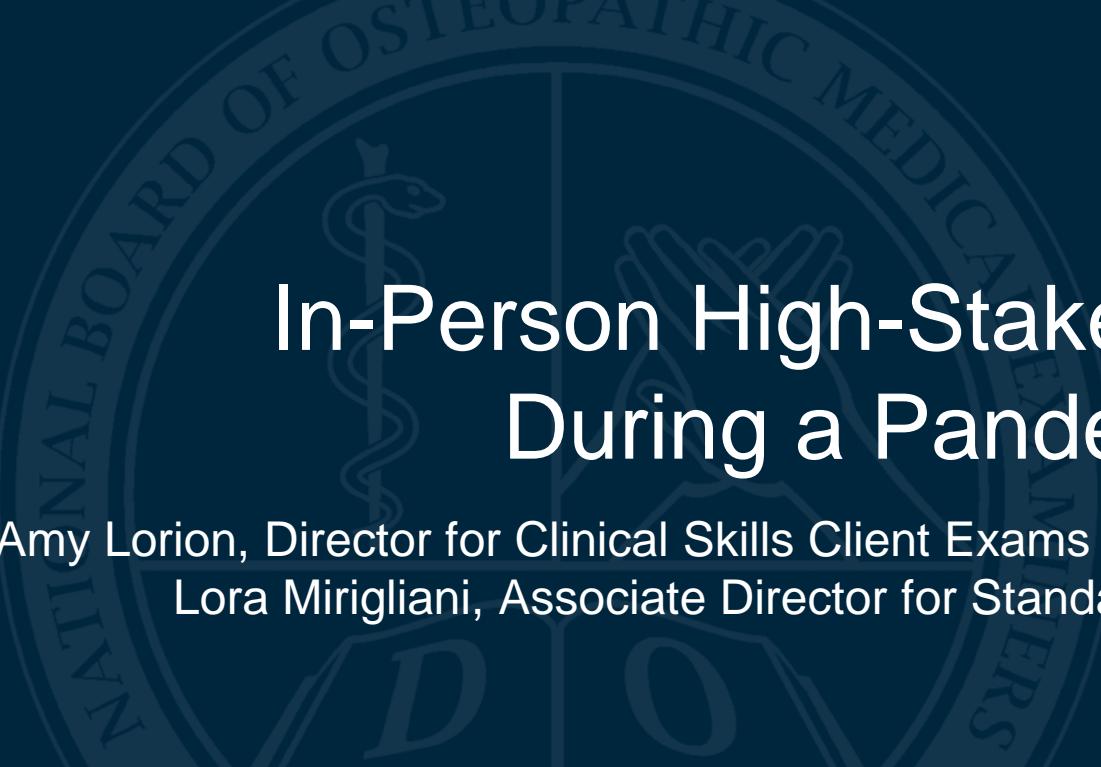
##### **Conclusion** (e.g. what is the impact of the innovation; what are the next steps?)

We are currently preparing for additional sessions of the fall exam as well as resumption of another exam, one that will be administered in three locations rather than just one. Our experience from the fall has amply prepared us for this expansion and we are confident both in our continued use of these protocols and in our recommendation of them to others who may learn from our example.

##### **References** (Three references are mandatory; up to five can be included.)

1. Lewis, Karen L., Carrie A. Bohnert, Wendy L. Gammon, Henrike Hölzer, Lorraine Lyman, Cathy Smith, Tonya M. Thompson, Amelia Wallace, and Gayle Gliva-McConvey "The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)" *Advances in Simulation* 2:10 (2017).
2. COVID-19. CDC. Accessed 2.2.21: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.
3. COVID-19 (Novel Coronavirus). Dynamed. accessed 1.8.21: [https://www.dynamed.com/condition/covid-19-novel-coronavirus#TOPIC\\_WBQ\\_LSF\\_WKB](https://www.dynamed.com/condition/covid-19-novel-coronavirus#TOPIC_WBQ_LSF_WKB).

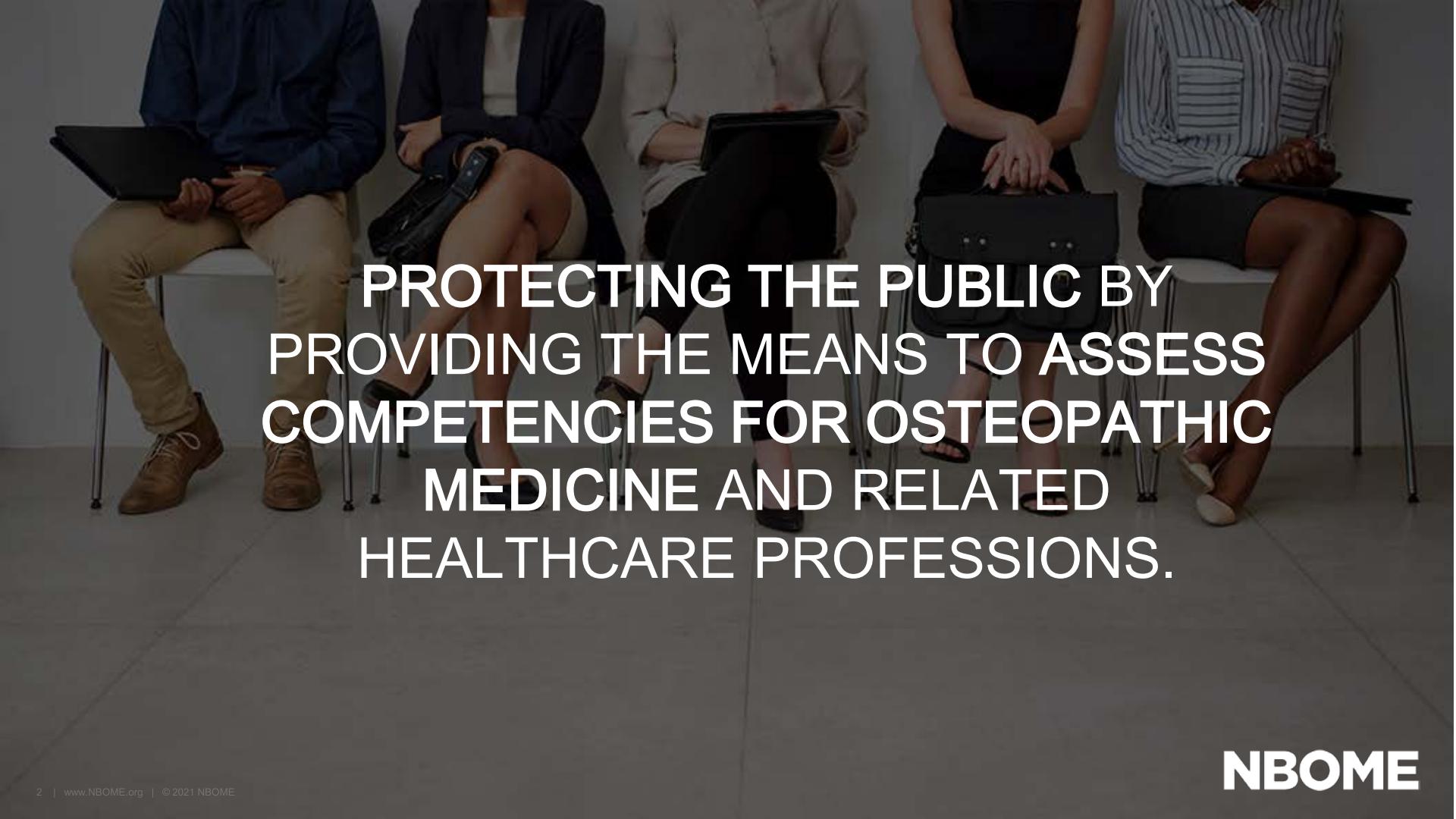
4. COVID-19 Resource Center. ISDA. accessed 1.8.2021: <https://www.idsociety.org/public-health/COVID-19-Resource-Center/>.
5. COVID-19 in Pennsylvania. Pennsylvania Department of Health. accessed 2.2.21: <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>.



# In-Person High-Stakes Testing During a Pandemic

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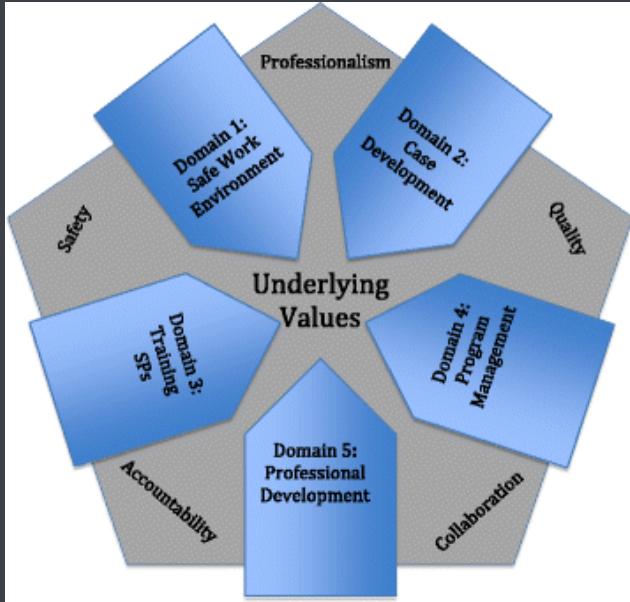




**PROTECTING THE PUBLIC BY  
PROVIDING THE MEANS TO ASSESS  
COMPETENCIES FOR OSTEOPATHIC  
MEDICINE AND RELATED  
HEALTHCARE PROFESSIONS.**

**NBOME**

# ASPE SOBPS



Lewis, Karen L., Carrie A. Bohnert, Wendy L. Gammon, Henrike Hölzer, Lorraine Lyman, Cathy Smith, Tonya M. Thompson, Amelia Wallace, and Gayle Gliva-McConvey "The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP)" *Advances in Simulation* 2:10 (2017).

## CHECK AGAINST ASPE SOBPS

# ASPE SOBPS

- 1.1.1 Ensure safe working conditions in the design of the activity
- 1.1.2 Anticipate and recognize potential occupational hazards, including threats to SP safety in the environment
- 1.1.4 Allow SPs to opt out of any given activity if they feel it is not appropriate for them to participate
- 1.1.5 Brief SPs so they are clear about the guidelines and parameters of a simulation activity
- 1.1.6 Provide SPs with strategies to mitigate potential adverse effects of role portrayal and prevent physical injury or fatigue
- 1.1.7 Inform SPs and clients about the criteria and processes for terminating a simulation if they deem it harmful.
- 1.1.8 Structure time and create a process for de-roling and/or debriefing.
- 1.1.9 Monitor for and respond to SPs who have experienced adverse effects from participation in an activity
- 1.1.10 Provide a process for SPs and clients to report adverse effects from participation in an SP activity
- 1.3.2 Provide SPs with adequate information so that they can make informed decisions about participation in work assignments.

# TO TEST OR NOT TO TEST?

## PROS & CONS

### Pros:

- Licensing exam for a partner organization
- Demonstrate candidate readiness for residency
- Further the mission of protecting the public
- Candidate participation voluntary

### Cons:

- Covid-19
- Risks to candidates, SPs, staff
- Candidates traveling to PA

# TO TEST OR NOT TO TEST?

## RESEARCH

**The exam would not proceed if risk of contagion was high**

1<sup>st</sup> Step: Research, Research, Research

- Staff physicians
- Internal pandemic response team

# TO TEST OR NOT TO TEST?

## EXTERNAL EXPERTISE

**The exam would not proceed if risk of contagion was high**

2<sup>nd</sup> Step: External Experts

- Local infectious disease expert
- Experts from Johns Hopkins
  - Infectious disease
  - Public health

FACILITIES

# PRECAUTIONS

- Face masks required
- Occupancy per room:  $\geq$  6 feet between people,  $\leq$  5 people per 1,000 square feet
- Exam beds repositioned to allow 6 feet between candidate & SP
- Improved HVAC: 100% fresh air, enhanced filtration
- Additional hand sanitizer dispensers
- Deep cleaning daily, high-touch surfaces cleaned hourly
- Additional Proctor onsite: disinfect note-writing stations & door handles every encounter; orientation & break rooms after use
- SPs: disinfect internal door handles, exam room equipment every encounter
- Shared test materials laminated for disinfecting between uses
- Robes, gowns, laundry, props moved for distanced access

# PEOPLE PRECAUTIONS

- Emailed reminders to candidates about pandemic protocols, self-check before reporting for exam
- Candidates allowed to cancel/reschedule at any time without penalty
- SP return to work optional—able to defer return to work until after the pandemic
- SP/Proctor absence policies waived
- No one to report to testing center with symptoms or known contact with anyone positive for Covid-19 within past 3 days
- Candidates required to attest to negative self-check on arrival
- SPs required to call SP Message Line or complete online survey to report negative self-check before coming in
- Onsite temperature screening for all
- Changes in check-in/check-out procedures
- Staggered start times

# EXAM PRECAUTIONS

- No handshaking
- Clear masks for candidates & SPs
  - Standardized
  - Help with SP scoring, exam
- No removing of masks, inc. for physical exam
- Stickers indicating 6 feet from SP for candidate reference during non-PE portions of encounter
- Any cases that could be considered as possible Covid presentation pulled from rotation
- Coughing removed from case affect
- Pandemic-related information added to case details
- Equipped SPs with scripted responses for safety concerns during encounters
- Candidate orientation slides updated with protocols



# PREPARATIONS & PROTOCOL REVISIONS

# PRECAUTIONS

- Multiple pilots
  - Familiarize staff, SPs, Proctors with protocols
  - Gather feedback from participants
  - Make adjustments
- Virtual meetings/email/phone communications with SPs & staff
  - Feedback
  - Questions
  - Suggestions
  - Protocol Reminders
  - Updates
- Daily debriefs
  - Gather additional feedback daily from staff, SPs
  - Candidate comments
  - Identify & communicate about modifications and updated information
- Continual monitoring of info Re: Covid, pandemic developments, travel restrictions

# LIVE EXAMS

- Decision by partner organization & NBOME to proceed
  - Those candidates choosing to test
  - Those SPs choosing to work
- Exam
  - Oct 1-Nov 10
  - 15 sessions
  - 60 candidates
- Canceled sessions
  - Insufficient candidate interest
  - New travel restrictions

No cases of Covid-19 were traced to the exam or testing center

Staff were on track to resume live testing February, 2021, with eye to changing CDC recommendations, but the partner organization decided to suspend testing due to the pandemic & other developments

Preparations for the spring 2021 return of the COMLEX-USA Level 2-PE were halted by the NBOME's decision to suspend the exam

Some protocols were created but had not been needed:

- Contact tracing
- Procedure for candidate/staff/SP exhibiting symptoms while onsite

# LOOKING BACK

## Key lessons

- Be alert: to changing information about the disease, its spread, expert recommendations, travel restrictions
- Be flexible: alter protocols to reflect new information, be willing to cancel the exam if circumstances dictate
- Be flexible: allow participants to decide if/when they are comfortable participating, including last-minute opt-out
- Be communicative: with SPs, with candidates, with stakeholders
- Be willing to learn: from experts, from participants
- Be flexible: incorporate helpful suggestions

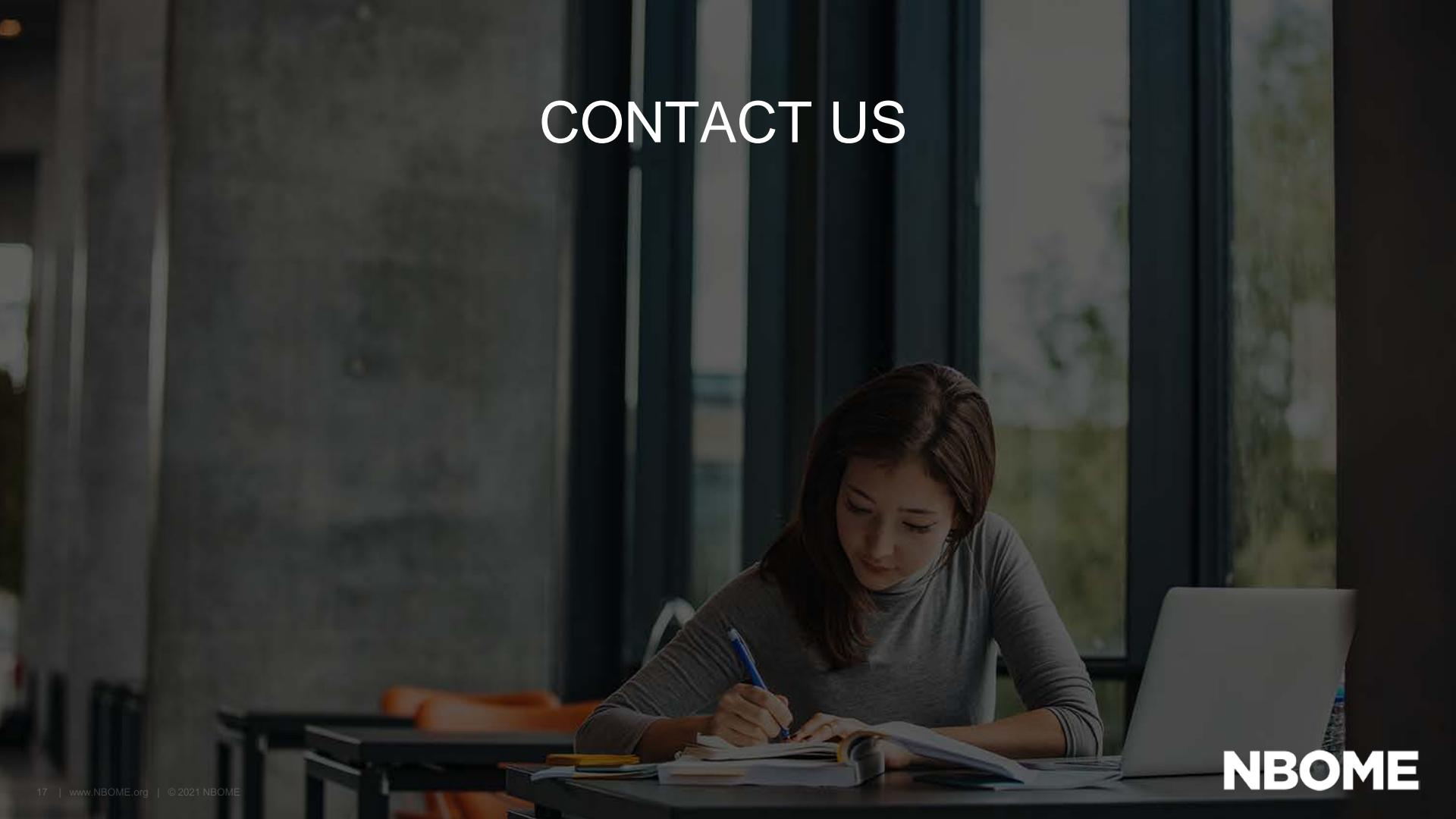
# REFERENCES

NBOME



**NBOME**

# CONTACT US

A photograph of a young woman with long brown hair, wearing a grey long-sleeved shirt. She is sitting at a desk in what appears to be a study room or library. She is looking down at an open book or notebook, writing with a blue pen. A laptop is open in front of her on the right side of the desk. The background shows large windows with a view of greenery outside.

**NBOME**

A photograph of a medical consultation. A doctor in a white coat and stethoscope around his neck is smiling and holding a blue clipboard, looking towards a patient. The patient, a man with a beard wearing a blue button-down shirt, is seated and looking at the doctor. The background shows a clinical setting with a whiteboard.

# THE END

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**NBOME**