

Enhanced Attestation
Evidence of Clinical Skills Activities Inventory
Final Report

Summary

The Evidence of Clinical Skills Activities Inventory was developed to collect information on assessment practices at Colleges of Osteopathic Medicine (COMs), namely osteopathic principles and performance of osteopathic manipulative treatment, physical examination skills, history taking, formulating a diagnostic and treatment plan, physician patient communication and interpersonal skills, and professionalism. Thirty of 34 eligible main campuses (88%) completed the inventory. The COMs employ many tools to assess their students, with specific methods varying by year in the curriculum and clinical skill being evaluated. Most COMs have a capstone performance assessment or comprehensive clinical skills exam that includes OMT. Based on defined criteria, this capstone performance or comprehensive clinical skills exam was reported to be of high quality. However, few COMs (n=3) provided any documentation to support the validity of their assessment(s). While the capstone performance or comprehensive clinical skills exam was often administered in the 3rd or 4th year, several COMs either did not have one or did not administer it in the 3rd or 4th year. Depending on the skill domain assessed, most COMs indicated that criterion-referenced performance standards were employed and that remediation activities were offered to students who did not meet the performance standard. Most COMs also had an OMT practical assessment that was reported to be of high-quality. This assessment generally took place earlier in the curriculum and had defined performance standards. As expected, clinical rotation assessment activities occurred mostly in the 3rd and 4th year of the curriculum. Based on the survey responses, all COMs had clinical rotation activities/assessments for most, but not all, clinical skills as defined. These assessments were quite variable in terms of quality, with most not being judged to be acceptable for high-stakes evaluation. While most COMs offered remediation activities for those with below standard performance, some did not. Furthermore, based on the responses, some of the remediation activities may not allow for a final determination of competence.

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Background

On February 11, 2021, the Comprehensive Osteopathic Medical Licensing Examination of the United States Level 2 Performance Evaluation (COMLEX-USA Level 2-PE) was indefinitely suspended. The NBOME formed the Special Commission on Osteopathic Medical Licensure Assessment (Special Commission) to explore and recommend strategies to fill the assessment gap created by the indefinite suspension of COMLEX-USA Level 2-PE. Initial surveys of the profession (both by organization position statements and individual surveys) indicated that 1) the profession was in agreement that these skills are important to measure, 2) the Colleges of Osteopathic Medicine (COMs) have and can play a future role in this assessment and 3) it is important to have a defined performance standard for these skills.

The Evidence of Clinical Skills Activities Inventory was developed to inform this work by providing a means to collect information on assessment practices at COMs. Understanding the state of clinical skills assessment at the COMs is an essential step in deciding how fundamental osteopathic clinical skills can continue to be measured in a reliable and valid manner.

Through conversation with the Special Commission, the NBOME team crafted an Inventory that asked about assessment activities associated with each of the fundamental osteopathic clinical skills, their level of rigor, the academic year in which they take place, whether they include standards of performance and, if so, whether there are associated remediation activities. The inventory also solicited information on how the programs ensured the competency of their graduates. The survey was built so that the information could be entered online and logic could be programmed to limit the administration of irrelevant questions based on earlier responses. The inventory questions reflect, for the most part, the skills measured in the COMLEX-USA Level 2-PE, namely: osteopathic principles and performance of osteopathic manipulative treatment; physical examination skills; history taking; formulating a diagnostic and treatment plan; physician patient communication and interpersonal skills; and professionalism.

The NBOME attended the AACOM board of deans meeting on June 24, 2021 and held an informational webinar for deans on July 20, 2021. This was done to introduce the deans to the purpose of the inventory and its content before it was released. The inventory was distributed on July 30, 2021, accompanied by a user guide. The guide provided information about the purpose of the Inventory, defined the fundamental osteopathic clinical skills, offered suggestions about how to report on activities conducted at multiple campuses, and furnished detailed information about the question types.

Support

The NBOME established multiple paths of assistance to support the COMs in completing the inventory. We provided a specific email address so that COM personnel working on the Inventory could seek assistance from the NBOME clinical skills team. We also held three webinars during the 2 month completion window. All COM deans and, when applicable, the staff member whom a dean had indicated as point person for completing the Inventory, were invited to attend these webinars as needed. At these webinars, the NBOME team reviewed portions of the Inventory and answered attendees' questions. The webinars were recorded, with recordings shared with COMs on request.

Inventory Administration

The inventory was sent to 58 COMs and branch campuses. Of the 58 total campuses, 51 were eligible to participate. COMs with multiple branch campuses were given the option to complete the inventory once for all campuses or individually for each branch. Most COMs elected to complete one inventory for all branches and locations. Campuses that did not have graduates for the class of 2022 were exempted from completion. Of the 37 main campus COMs that currently have students, three campuses do not have a class of 2022, leaving 34 total eligible COMs (main campuses and main campuses that completed the inventory for all branch campuses). Thirty of these COMs (88%) completed the inventory. We received a total 42 completed inventories (84% of all campuses). The difference between completion rates for total campuses and main campuses reflects the fact that some non-participants had multiple campuses.

Analysis

The analysis was based on 30 completed main campus reports (some included data for branch campuses). Five of the main clinical skill assessment activities are reviewed in detail as part of this report: capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT; capstone performance assessment or comprehensive clinical skills exam (without OMT); OMT practical assessment; clinical rotation evaluations that involved OMT (e.g., OMM rotation, primary care rotation evaluation where OMT is documented/demonstrated); clinical rotation evaluations that include direct observation of physical examination/structural examination skills. Descriptive data enumerating the use of other tools and activities (e.g., portfolio assessments, direct observation of clinical encounters or structural examinations/OMT or standardized patient encounters, 360 degree assessment) is also provided. Summary data for Level of Evidence (rigor of the assessment – A), Year of Assessment (when assessment occurs in the curriculum - B), Available Standard (is there a criterion-referenced performance standard - C), Remediation/ Additional Activities for Below-Standard Performance (D), and efforts to ensure that graduates with substandard performance who complete remediation activities achieve competence (How do you Ensure Competence is Achieved – E) is provided for the 5 main clinical skills assessment activities noted above.

Quantitative

Frequency counts and percentages were employed to summarize the quantitative data. For each clinical skill, the number and percentage of COMs indicating that the assessment activity takes place was tallied. Then, based on the positive responses, percentages for the question of interest (e.g., availability of a standard, year activity takes place in the curriculum) were calculated.

Qualitative (open-ended responses)

For those respondents who indicated that their COMs both have a standard for an assessment activity and require remediation or an additional activity for students who do not meet that standard, we asked what follow-up activities were used to ensure that competency had been achieved after remediation. This was an open-text field, allowing respondents to provide details regarding their COM's approach.

Based on an initial review of the text, we found that the responses tended to fall into discrete categories, with many of the approaches embraced by multiple COMs. The tables for the qualitative analyses (2E-6E) detail the number of times that a respondent noted that their COM uses a particular approach to ensure that competency has been achieved after remediation. Since many COMs use a multi-pronged approach to assure post-remediation competency in a skill, a COM may be reflected in multiple rows within a given table.

Some responses could not be included in the analysis. For instance, a respondent might have noted "established standard/criteria" or "there is a standard for the successful completion." Although we appreciate that there are follow-up activities following substandard performance and remediation at these COMs, such responses do not provide information regarding "What are the follow-up activities to ensure competency is achieved"; accordingly, they are included in the table as "response doesn't address question."

Results

A summary of the tools or activities used for evaluating students is presented in Table 1. Most COMs have a capstone performance assessment or comprehensive clinical skills exam that includes OMT. Similarly, most COMs have an OMT practical assessment, often encompassing the measurement of other clinical skills domains. The use of direct observation of standardized patient encounters is employed by almost all COMs. Portfolio assessments (both with and without OMT), 360 degree assessments, and patient surveys are rarely used. As expected, clinical rotation evaluations are commonplace.

Table 1.

Tools or Activities Used for Evaluating Students by Clinical Skill Domain

Tools or Activities	Clinical Skill Domain					
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Capstone performance assessment or comprehensive clinical skills exam (without OMT)	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
OMT practical assessment	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
OMT assessment or direct observation of performance of structural examination/OMT	26 (87)	16 (53)	21 (70)	12 (40)	14 (47)	14 (47)
A series of formative (i.e., low-stakes, used for training) standardized patient (SP) based exams	18 (60)	26 (87)	25 (83)	22 (73)	25 (83)	26 (87)
Direct observation & evaluation of SP encounters with verbal or written feedback given by SPs or faculty	23 (77)	30 (100)	29 (97)	28 (93)	28 (93)	29 (97)
Portfolio assessment that includes OMT	7 (23)	6 (20)	6 (20)	5 (17)	3 (10)	3 (10)
Portfolio assessment that does NOT include OMT	0 (0)	3 (10)	2 (7)	2 (7)	1 (3)	1 (3)
Assessment of direct observation of clinical interactions	20 (67)	25 (83)	22 (73)	18 (60)	19 (63)	19 (63)
Mini-clinical evaluation exercises	9 (30)	14 (47)	16 (53)	9 (30)	11 (37)	12 (40)
Documentation exercises	20 (67)	26 (87)	22 (73)	24 (80)	12 (40)	8 (27)
Patient surveys	0 (0)	1 (3)	1 (3)	0 (0)	1 (3)	1 (3)
360 degree assessment	1 (3)	1 (3)	1 (3)	2 (7)	2 (7)	3 (10)
Clinical rotation evaluations that involved OMT (e.g., OMM rotation, Primary care rotation evaluation where OMT is documented/demonstrated)	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Clinical rotation evaluations that include direct observation of physical examination/structural examination skills	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Clinical rotation evaluations that do NOT involve OMT, physical examination nor structural examination skills	9 (30)	19 (63)	15 (50)	18 (60)	17 (57)	20 (67)

() percent

Capstone Performance or Comprehensive Clinical Exam including OMT

Table 2A summarizes the rigor of the capstone performance assessment or comprehensive clinical exam that includes OMT. The reported quality of the assessment, based on its likelihood of yielding reliable and valid estimates of ability, was high (evidence level A – see appendix A). Evidence level A included a number of criteria including, amongst others, clear purpose and design, defined performance standards (criterion-referenced), standardization, and a broad sampling of patient conditions that are aligned with osteopathic medical practice. While all COMs were afforded the opportunity to provide documentation concerning the quality of their capstone performance or comprehensive clinical skills exam including OMT, only three (of 30, 10%) chose to do so.

Table 2A

Level of Evidence (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Level						
A	27 (100)	28 (100)	28 (100)	29 (93)	29 (100)	28 (93)
B				1 (7)		1 (7)
C	0	0	0	0	0	0

() percent

Table 2B provides summary data on when the capstone performances were conducted. While some are conducted early in the curriculum, most take place in the 3rd or 4th year. Some COMs have capstone assessments across multiple years. For all skills domains, several COMs do not have a capstone performance that includes OMT in the 3rd or 4th year.

Table 2B

Year of Assessment (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Year						
1	9 (33)	11 (39)	11 (39)	9 (31)	10 (34)	11 (38)
2	13 (48)	16 (57)	17 (61)	17 (59)	17 (59)	16 (55)
3	14 (52)	17 (61)	16 (57)	18 (62)	18 (62)	18 (62)
4	10 (37)	12 (43)	11 (39)	10 (34)	11 (38)	12 (41)
3 and 4	4	6	5	4	5	6
3 or 4	20 (67)	23 (77)	22 (73)	24 (80)	24 (80)	24 (80)

() percent

Table 2C provides information about whether there is a defined standard for successful completion of the capstone performance assessment or comprehensive clinical skills exam. For COMs with capstone performances that include the assessment of OMT, they all report having standards for successful completion, regardless of the skill being assessed.

Table 2C

Available Standard (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Standard						
Yes	27 (100)	28 (100)	28 (100)	29 (100)	29 (100)	29 (100)

() percent

Table 2D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skills domains, remediation activities are required.

Table 2D

Remediation/ Additional Activities for Below-Standard Performance (Capstone Performance including OMT)

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
Remediation						
Yes	27 (100)	27 (96)	27 (96)	28 (97)	28 (97)	27 (93)

() percent

Table 2E provides summary data (based on coding of qualitative comments) concerning efforts to ensure competency. As noted in quantitative results, the vast majority of COMs reported that they use a capstone with OMT to evaluate all six fundamental osteopathic clinical skills, ranging from 27 COMs reporting use of that activity to assess OMM, OPP, and/or OMT to 29 COMs reporting use of it to assess post-encounter documentation, doctor-patient communication skills, and professionalism. However, there is much greater variation in approaches used to ensure post-remediation competency for students who did not meet a standard in the capstone with OMT activity.

While a sizable number of COMs, ranging from 16 (Professionalism) to 19 (history-taking) report ensuring post-remediation competency by requiring students to retake either part or the entire capstone with OMT assessment, this is only 55% and 68%, respectively, of those COMs with a remediation activity for students who had not met the standard. The next most common approach for confirming post-remediation competency is individual performance review with the student, which ranged from two COMs for OMM, OPP, OMT to eight COMs for doctor-patient communication and interpersonal skills.

One school provided an “N/A” response for OMM, OPP, OMT, noting that “No students required remediation for OMM, OPP, OMT after this event.”

One COM integrated a reading assignment into their post-remediation activity for those who had not met the standard for professionalism in the capstone with OMT: “Student is required to meet with program coordinator to review aspects of professionalism that were deemed lacking/inappropriate. Student may be given readings/literature on consequences of lack of professionalism. ‘Mock’ OSCE encounters with faculty, SPs and/or students may take place to help improve performance in this area.”

Other COMs distinguished between the different skills when determining appropriate approaches to ensure post-remediation competency for students who had not met the standard. For instance, one respondent (COM) noted, “If humanism is the only area that student failed, we don't usually require a repeat OSCE, but go over the deficiencies with the student with recommendations for improvement. To be honest, we rarely have a student fail an OSCE because of communication or interpersonal skills deficiency.”

Table 2E

How do you Ensure Competence is Achieved

Capstone performance assessment or comprehensive clinical skills exam that includes assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	28 (93)	28 (93)	29 (97)	29 (97)	29 (97)
retake assessment, either complete or abbreviated	17 (63)	19 (68)	17 (61)	18 (62)	17 (59)	16 (55)
direct observation by faculty	2 (7)	1 (4)	1 (4)	0 (0)	0 (0)	1 (3)
monitor for recurring issues in future assessments	1 (4)	1 (4)	1 (4)	2 (7)	2 (7)	2 (7)
retake clerkship/rotation	0 (0)	0 (0)	0 (0)	0 (0)	1 (3)	1 (3)
demonstration of specific skill	3 (11)	3 (11)	3 (11)	3 (10)	3 (10)	3 (10)
provision of additional assessments	1 (4)	0 (0)	1 (4)	0 (0)	1 (3)	2 (7)
individual review with student	2 (7)	5 (18)	6 (21)	6 (21)	8 (28)	6 (21)
take additional course/retake course	1 (4)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	3 (11)	3 (11)	3 (11)	3 (10)	3 (10)	3 (10)
reading/writing assignment	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (3)
n/a	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

() Percent

Capstone Performance or Comprehensive Clinical Exam NOT including OMT

As shown in Table 3A, many COMs have capstone performance assessments that do not include OMT. Interestingly, six COMs provided information concerning the appraisal of OMM/OPP/OMT for this assessment category. Similar to the responses concerning capstone performance with OMT, the assessments, if conducted, were deemed to be psychometrically sound (Level A).

Table 3A

Level of Evidence (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Level						
A	7 (100)	17 (100)	19 (100)	16 (94)	17 (100)	16 (94)
B				1 (6)		1 (6)
C	0	0	0	0	0	0

() percent

Table 3B provides summary data on when the capstone performances (not including OMT) were conducted. For those colleges that have them, many are conducted early in the curriculum, with few taking place in the 4th year. Some COMs have capstone assessments without OMT across multiple years. For all skills domains, a capstone performance that does not include OMT only takes place in just over 50% of the COMs. This is likely due to the fact that many COMs have capstone performance assessments that include OMT or OMT practical assessments.

Table 3B

Year of Assessment (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Year						
1	5 (71)	13 (76)	13 (68)	11 (65)	12 (71)	12 (75)
2	6 (85)	14 (82)	15 (79)	14 (82)	14 (82)	13 (81)
3	5 (71)	10 (59)	11 (58)	10 (59)	10 (59)	9 (56)
4	1 (14)	4 (24)	3 (16)	3 (18)	4 (24)	4 (25)
3 and 4	3	4	2	2	3	3
3 or 4	5 (71)	10 (59)	12 (63)	11 (65)	11 (65)	10 (63)

() percent

Table 3C provides information whether there is a defined standard for successful completion of the capstone performance assessment or comprehensive clinical skills exam (not including OMT). For COMs

with capstone performances without OMT, they all reporting having standards for successful completion.

Table 3C

Available Standard (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Standard						
Yes	7 (100)	17 (100)	19 (100)	17 (100)	17 (100)	17 (100)

() percent

Table 3D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For all COMs with these assessments, and all skills domains, remediation activities are required.

Table 3D

Remediation/ Additional Activities for Below-Standard Performance (Capstone Performance not including OMT)

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
Remediation						
Yes	7 (100)	17 (100)	19 (100)	17 (100)	17 (100)	17 (100)

() percent

Table 3E provides summary data (based on qualitative comments) concerning efforts to ensure competency. Fewer COMs use a capstone without OMT to assess the six fundamental osteopathic clinical skills but, compared with the capstone with OMT, a smaller percentage of those who do use a capstone without OMT assess post-remediation competency by requiring students to retake the activity. For the capstone with OMT, only two skills (doctor-patient communication skills and professionalism) dipped below 60% of the COMs requiring students to retake the activity; for the capstone without OMT, this ratio flipped, with only two skills (OMM, OPP, OMT and Post-encounter documentation) going

above 60%. Individual performance review with the student remained the second most popular response, but this topped at five COMs out of 18 for doctor-patient communication and interpersonal skills.

Table 3E

How do you Ensure Competence is Achieved

Capstone performance assessment or comprehensive clinical skills exam that DOES NOT include assessment of OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	7 (23)	17 (57)	19 (63)	17 (57)	17 (57)	17 (57)
retake assessment, either complete or abbreviated	5 (71)	10 (59)	10 (53)	11 (65)	9 (53)	9 (53)
direct observation by faculty	1 (14)	1 (6)	1 (5)	0 (0)	0 (0)	1 (6)
monitor for recurring issues in future assessments	1 (14)	1 (6)	2 (11)	1 (6)	1 (6)	1 (6)
demonstration of specific skill	1 (14)	3 (18)	3 (16)	3 (18)	3 (18)	2 (12)
provision of additional assessments	0 (0)	0 (0)	1 (5)	0 (0)	1 (6)	1 (6)
individual review with student	1 (14)	3 (18)	3 (16)	3 (18)	5 (29)	4 (24)
response doesn't address question	1 (14)	2 (12)	2 (11)	2 (12)	3 (18)	2 (12)

() Percent

OMT Practical Assessment

Table 4A summarizes the rigor of the OMT Practical Assessment. The reported quality of this assessment, based on its likelihood of yielding reliable and valid estimates of ability, was high for the OMM, OPP, OMT domain (evidence level A – see appendix A).

Table 4A

Level of Evidence (OMT Practical Assessment)

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Level						
A	25 (83)	10 (91)	19 (95)	9 (100)	14 (93)	10 (67)
B	2 (7)	1 (9)	1 (5)		1 (7)	4 (33)
C	0	0	0	0	0	0

() percent

Table 4B provides summary data on when the OMT Practical Assessments were conducted. While some are conducted later in the curriculum, most take place in the 1st or 2nd year. Some COMs have OMT Practical Assessments across multiple years.

Table 4B

Year of Assessment (OMT Practical Assessment)

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Year						
1	26 (96)	11 (100)	20 (100)	7 (78)	15 (100)	13 (93)
2	26 (96)	11 (100)	20 (100)	8 (89)	15 (100)	13 (93)
3	9 (30)	6 (55)	9 (45)	6 (67)	8 (53)	5 (36)
4	8 (30)	5 (45)	7 (35)	4 (44)	4 (27)	3 (21)
3 and 4	5	3	4	2	2	1
3 or 4	12 (40)	8 (27)	12 (40)	8 (27)	10 (33)	1 (3)

() percent

Table 4C provides information whether there is a defined standard for successful completion of the OMT Practical Assessment. For COMs with OMT Practical Assessments, they all report having standards for successful completion.

Table 4C

Available Standard (OMT Practical Assessment)

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Standard						
Yes	27 (100)	11 (100)	20 (100)	9 (100)	15 (100)	13 (93)

() percent

Table 4D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skill domains, remediation activities are required.

Table 4D

Remediation/ Additional Activities for Below-Standard Performance (OMT Practical Assessment)

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
Remediation						
Yes	26 (96)	11 (100)	20 (100)	9 (100)	15 (100)	13 (93)

() percent

Table 4E summarizes the responses for the OMT practical assessment. Among those COMs that use an OMT practical assessment to assess the clinical skills, there is wide variation in approaches to ensuring post-remediation competency. OMM, OPP, OMT is the skill with the highest number of COMs requiring students to retake the assessment after remediation (n=17, 63%). This compares to 82% of the 11 COMs using an OMT practical assessment to assess history-taking that require students who do not meet the history-taking standard to retake the assessment. Likewise, 78% of the nine COMs using an OMT practical assessment to assess post-encounter documentation require students to retake the assessment if they do not meet the standard. Only eight of 14 (57%) COMs that use an OMT practical assessment to assess professionalism require students to retake the assessment if they do not meet the standard.

Demonstration of a specific skill was the next most common approach to ensuring post-remediation competency after an OMT practical assessment, with individual performance review with the student following closely behind. Some respondents noted that students continue to be evaluated in the skills

assessed by an OMT practical as they progress through their medical education. For instance, one wrote “Students must repeat the practical assessment with OMT faculty present, along with evaluating the core competency of OPP/OMT with each clinical rotation and evaluation.” Others emphasized that their students do not continue to progress until they have met the OMT practical’s standards, such as the respondent who wrote “Students must pass the practical, which is a direct observation experience. If students do not pass the practical, a remediation exam must be taken and passed. If they do not pass the remediation practical, the student must repeat the course.”

Table 4E

How do you Ensure Competence is Achieved

OMT practical assessment						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	27 (90)	11 (37)	20 (67)	9 (30)	15 (50)	14 (47)
retake assessment, either complete or abbreviated	17 (63)	9 (82)	12 (60)	7 (78)	9 (60)	8 (57)
direct observation by faculty	3 (11)	0 (0)	2 (10)	0 (0)	0 (0)	0 (0)
monitor for recurring issues in future assessments	1 (4)	0 (0)	2 (10)	0 (0)	1 (7)	0 (0)
take additional course/retake course	2 (7)	1 (9)	1 (5)	0 (0)	1 (7)	0 (0)
demonstration of specific skill	3 (11)	2 (18)	2 (10)	1 (11)	3 (20)	2 (14)
provision of additional assessments	1 (4)	0 (0)	1 (5)	0 (0)	1 (7)	0 (0)
individual review with student	3 (11)	2 (18)	2 (10)	2 (22)	2 (13)	2 (14)
response doesn't address question	3 (11)	1 (9)	3 (15)	1 (11)	2 (13)	3 (21)

() Percent

Clinical Rotation Evaluation that Involves OMT

Table 5A

As shown in Table 5A, all COMs have a clinical rotation evaluation of OMM, OPP, and OMT. Many of these evaluations also target history taking, physical examination, documentation, communication, and professionalism. However, other than OMM, OPP, and OMT, several COMs did not evaluate the other skills as part of this assessment. Few of the COMs considered these evaluations to be at Level A with respect to rigor (psychometrically sound and defensible). Some COMs indicated that their clinical rotation evaluations were at Level C, potentially yielding unreliable or questionably valid scores.

Level of Evidence (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Level						
A	3 (10)	3 (13)	3 (12)	3 (12)	3 (13)	2 (7)
B	20 (67)	17 (74)	20 (77)	20 (8)	18 (78)	19 (83)
C	7 (23)	3 (13)	3 (12)	2 (8)	2 (7)	2 (9)

() percent

Table 5B provides summary data on when the clinical rotation evaluations that include OMT are conducted. As would be expected, most of these evaluations occur in the 3rd and 4th years. For OMM, OPP, OMT, all COMs conducted an assessment in the 3rd year of medical school.

Table 5B

Year of Assessment (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Year						
1	0 (0)	2 (9)	1 (4)	1 (4)	1 (4)	0 (0)
2	1 (3)	3 (13)	3 (12)	4 (16)	3 (13)	1 (4)
3	30 (100)	23 (100)	26 (100)	24 (96)	23 (100)	23 (100)
4	26 (87)	19 (83)	22 (85)	20 (80)	19 (83)	21 (91)
3 and 4	22	19	22	20	19	21
3 or 4	23 (100)	23 (100)	26 (100)	24 (96)	23 (100)	23 (100)

() percent

Table 5C provides information whether there is a defined standard for successful completion of the clinical rotation evaluation that involves OMT. Interestingly, for the assessment of OMM, OPP, OMT, only 23 (77%) of the COMs reported having defined standards. For other skills, at least when they are assessed, performance standards are utilized.

Table 5C

Available Standard (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Standard						
Yes	23 (77)	22 (96)	26 (100)	24 (96)	23 (100)	23 (100)

() percent

Table 5D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards. For most COMs and most skills domains, remediation activities are required for substandard performance on the clinical rotation.

Table 5D

Remediation/ Additional Activities for Below-Standard Performance (Clinical Rotation Evaluation that Involves OMT)

Clinical rotation evaluation that involves OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
Remediation						
Yes	23 (77)	22 (96)	25 (96)	23 (92)	22 (96)	22 (96)

() percent

Table 5E summarizes the qualitative responses for clinical rotation evaluations that involve OMT. When describing the activities used to ensure post-remediation competency for students who did not meet standards for clinical rotation evaluations that involved OMT, the majority indicated that students are required to repeat work. Some responses were clear that the work to be completed is the entire rotation itself, while other responses suggested that what needs to be repeated is the assessment or a portion of it. (e.g., “repeat evaluation of performance.”) For our analysis, we combined these two approaches as they both require reassessment of an aspect of the original activity, but left them distinct in Table 5E for more precise reporting.

Exactly half of those COMs assessing post-remediation competency for students who did not meet an OMM, OPP, OMT standard in clinical rotation evaluations that involved OMT required some form of repeated activity to ensure competency. This 50% was the lowest of the skills, with the percentage of COMs requiring a repeated activity for a standard not met in clinical rotation evaluations that involved OMT increasing for the other skills. 61% of COMs evaluating history-taking in clinical rotation evaluations that involved OMT required a repeat activity.

One respondent reported that, at their COM, a student who does not meet the standard for OMM, OPP, OMT might be “required to retake COMAT if necessary.” A respondent at another COM noted that there are “formalized assessments” after remediation for students who do not meet the physical exam standard, both in clinical rotation evaluations that involved OMT and in those that involved direct observation of physical examination/structural examination skills.

One respondent provided clear information regarding the consequences for students who fail to meet the standard for any skill that the COM assesses through a rotation of any type: “The student will repeat the failed rotation in the same discipline at a training site assigned by the COM. A student failing any two (2) clinical rotations ... will receive one of the following: 1. Probation (A student on probation cannot travel for [the] COM in any capacity, serve in any club or organization, and no added degree work will be allowed.) 2. Recommendation for dismissal (A student failing any three (3) clinical rotations ... will be recommended for dismissal from the [COM]).”

Some respondents reported that their COMs have different strategies based on the skill in question. For example, one respondent noted that, across different rotations, for both doctor-patient communication skills and professionalism “If this is the only area of the clinical rotation that the student did not demonstrate competency in, this is generally approached with personal feedback from clerkship director and/or other faculty and student is observed to assure remediation of deficiencies.”

Table 5E

How do you Ensure Competence is Achieved

Clinical rotation evaluations that involved OMT						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	30 (100)	23 (77)	26 (87)	25 (83)	23 (77)	23 (77)
retake assessment, either complete or abbreviated	4 (13)	6 (26)	5 (19)	7 (28)	4 (17)	5 (22)
direct observation by faculty	2 (7)	1 (4)	1 (4)	1 (4)	1 (4)	1 (4)
monitor for recurring issues in future assessments	1 (3)	1 (4)	2 (8)	2 (8)	2 (9)	3 (13)
retake clerkship/rotation	11 (37)	8 (35)	9 (35)	8 (32)	9 (39)	8 (35)
demonstration of specific skill	1 (3)	3 (13)	1 (4)	2 (8)	1 (4)	2 (9)
provision of additional assessments	0 (0)	0 (0)	1 (4)	0 (0)	2 (9)	0 (0)
individual review with student	3 (10)	4 (17)	4 (15)	4 (16)	4 (17)	4 (17)
take additional course/retake course	1 (3)	1 (4)	1 (4)	1 (4)	1 (4)	0 (0)
retake COMAT/shelf exam	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	2 (7)	3 (13)	4 (15)	3 (12)	3 (13)	3 (13)

() Percent

Clinical Rotation Evaluation that Includes Direct Observation of Physical Examination (PE) Skills

As shown in Table 6A, all COMs have clinical rotation evaluations that include direct observation of physical examination skills. These evaluations also target other skills, but not for all COMs. Documentation and communication were not part of the evaluation for five (17%) of the COMs. Similar to the previous section (clinical rotation evaluation that involves OMT), these evaluations were rarely deemed to be Level A, suggesting that their use is primarily as assessment “for learning” as opposed to “of learning.” Some COMs indicated that these rotation evaluations were Level C, implying that their administration may not be standardized.

Table 6A

Level of Evidence (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Level						
A	2 (9)	2 (7)	2 (7)	3 (12)	3 (12)	2 (8)
B	15 (65)	22 (76)	23 (77)	20 (80)	20 (80)	21 (81)
C	6 (26)	5 (17)	5 (17)	2 (8)	2 (8)	3 (12)

() percent

Table 6B provides summary data on when the clinical rotation evaluations that include direct observation of PE skills are conducted. As would be expected, most of these evaluations occur in the 3rd and 4th years. For physical examination (PE) skills, all COMs had an evaluation in the 3rd or 4th years of the curriculum. For all skills, with the exception of communication, all COMs that had these evaluations conducted them in either the 3rd or 4th year. Some COMs also had clinical skills evaluations in the 1st and 2nd years.

Table 6B

Year of Assessment (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Year						
1	0 (0)	1 (3)	1 (3)	1 (4)	1 (4)	0 (0)
2	1 (4)	3 (10)	3 (10)	3 (12)	3 (12)	2 (8)
3	23 (100)	29 (100)	30 (100)	25 (100)	24 (96)	26 (100)
4	22 (96)	27 (93)	29 (97)	24 (96)	24 (96)	26 (100)
3 and 4	22	27	29	24	24	26
3 or 4	23 (100)	29(100)	30 (100)	25 (100)	24 (96)	26 (100)

() percent

Table 6C provides information about whether there is a defined standard for successful completion of the clinical rotation evaluation that includes PE. For all skills, including PE, some COMs, albeit a minority, do not report having performance standards.

Table 6C

Available Standard (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Standard						
Yes	20 (87)	27 (93)	24 (80)	24 (96)	23 (92)	23 (88)

() percent

Table 6D provides summary data on whether there are remediation or additional activities required for students who do not achieve the set standards for the clinical rotation evaluation. For most COMs and most skills domains, at least where assessments are made, remediation activities are required. It is interesting to note that some COMs that conduct these evaluations do not report having remediation/additional activities for below-standard performance.

Table 6D

Remediation/ Additional Activities for Below-Standard Performance (Clinical Rotation Evaluation that Includes Direct Observation of PE Skills)

Clinical rotation evaluation that includes direct observation of PE skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
Remediation						
Yes	20 (87)	27 (93)	27 (90)	24 (96)	23 (92)	23 (88)

() percent

Table 6E summarizes how COMs ensure competence for clinical rotation evaluations that include direct observation of physical examination/structural examination skills. As with the previously described activity (clinical rotation evaluations that involved OMT), we combined retaking the assessment and retaking the rotation for our summary analysis.

The skill for which the greatest number of respondents reported that students must retake an activity after failing to meet a standard was documentation, at 64%. The skill with the lowest requirement of retaking an activity is professionalism, with 53% of COMs requiring a retake.

Similar to clinical rotation evaluations that involved OMT, one respondent reported that their COM may require a student to take a “shelf exam” to demonstrate competency after remediation. They required the shelf exam only for those students who had not met the physical exam standard. Also for the physical exam standard, another respondent noted that students who do not meet the standard need to demonstrate post-remediation competency through “remediation with written exams.”

Table 6E

How do you Ensure Competence is Achieved

Clinical rotation evaluations that include direct observation of physical examination/structural examination skills						
	OMM, OPP, OMT	HX	PE	Documentation	Communication	Professionalism
	23 (77)	29 (97)	30 (100)	25 (83)	25 (83)	26 (87)
retake assessment, either complete or abbreviated	5 (22)	6 (21)	5 (17)	6 (24)	4 (16)	4 (15)
direct observation by faculty	1 (4)	1 (3)	1 (3)	1 (4)	0 (0)	1 (4)
monitor for recurring issues in future assessments	2 (9)	2 (7)	2 (7)	1 (4)	1 (4)	2 (8)
retake clerkship/rotation	8 (35)	11 (38)	12 (40)	10 (40)	11 (44)	10 (38)
demonstration of specific skill	2 (9)	3 (10)	1 (3)	2 (8)	1 (4)	2 (8)
provision of additional assessments	0 (0)	0 (0)	1 (3)	0 (0)	2 (8)	1 (4)
individual review with student	3 (13)	4 (14)	4 (13)	4 (16)	3 (12)	2 (8)
take additional course/retake course	1 (4)	1 (3)	1 (3)	1 (4)	1 (4)	0 (0)
retake COMAT/shelf exam	0 (0)	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)
reading/writing assignment	0 (0)	1 (3)	0 (0)	0 (0)	0 (0)	0 (0)
response doesn't address question	2 (9)	3 (10)	4 (13)	3 (12)	3 (12)	4 (15)

() Percent

Discussion

The Enhanced Attestation: Evidence of Clinical Skills Activities Inventory provides valuable, current information about assessment practices at Colleges of Osteopathic Medicine (COMs). With a response rate of nearly 90%, we can be reasonably confident that the results generalize to all COMs.

For most COMs, the assessment practices were sound, incorporating multiple modalities, fixed standards, and remediation activities for those students who did not meet performance standards. This was not surprising given the introduction of COMLEX-USA Level 2-PE in 2004 and the subsequent impetus on the part of the COMs to ensure that their students were prepared for this licensing examination. There was, however, considerable variability in assessment activities across COMs. The majority of COMs, but not all, have a high-quality capstone performance assessment or comprehensive clinical skills exam that includes OMT. However, only 3 COMs (10%) provided any evidence to support the psychometric rigor of this assessment. Most of the capstone performances or comprehensive clinical skills exams were administered in the 3rd or 4th year of the curriculum. Nonetheless, some COMs either did not have one or did not administer it in the 3rd or 4th year.

Most COMs indicated that criterion-referenced performance standards were employed and that remediation activities were offered to students who did not meet the performance standard. Unfortunately, little information was provided as to how the standards were set or the nature of the remediation activities. Most COMs had an OMT practical assessment that was reported to be of high-quality. This assessment generally took place earlier in the curriculum and, based on the inventory responses, had defined performance standards. Clinical rotation assessment activities occurred mostly in the 3rd and 4th year of the curriculum. These clinical rotation activities/assessments were conducted for most, but not all, clinical skills. Interestingly, the clinical rotation assessments were quite variable in terms of quality, with most not being judged to be acceptable for high-stakes evaluation. Most COMs offered remediation activities for those with below standard performance. However, some of the remediation activities may not allow for the final determination of competence.

Although the numbers vary, not all COMs that have a remediation activity for students who do not meet a standard require additional activities to ensure post-remediation competency. The requirement for post-remediation assessment varied by clinical skill. Of the COMs that require post-remediation activities, the most common follow-up activity is a required retake of the assessment. For our analysis, we combined into one category (retake assessment, either complete or abbreviated) responses that reflect a belief that ensuring post-remediation competency requires reassessing a student in the original activity. This obscures, however, the great variety of ways that respondents described such reassessment occurring at their COMs. It was interesting to note that some COMs indicated that retaking an assessment is not necessary if a student did not meet a standard in communication or professionalism, emphasizing instead personal review by faculty and individualized feedback. The use of reading or writing assignments to ensure post-remediation competency with communication and professionalism skills was also described, potentially compromising the validity of the assessment of these skills. Overall, while remediation activities were available at most COMs, for most clinical skills, strategies to ensure competence were lacking, or inappropriate, in some assessment areas.

For most COMs, there was an emphasis on evaluating student competency in the fundamental osteopathic clinical skills throughout a student's medical education, with several respondents highlighting multi-course or multi-year processes. This finding is consistent with the introduction of clinical experiences earlier in the curriculum. Nevertheless, there still remain some COMs that do not have a comprehensive, standardized, clinical skills assessment program that covers the entire curriculum.

Based on the summary of inventory data from a large proportion of the Colleges of Osteopathic Medicine, there is evidence to suggest that high-quality assessment practices are in place for most fundamental osteopathic clinical skills. Nevertheless, assessment strategies across COMs can be quite variable, performance standards may not exist, and evidence to support the psychometric adequacy of any summative/capstone assessments of clinical skills is currently lacking. As a result, a final determination of the competence of an individual graduate from some COMs, at least with respect to fundamental osteopathic clinical skills, may be error-prone. Efforts to help standardize assessment practices across COMs, embracing some of the high-quality practices that are currently in place, will help ensure some consistency and accuracy with respect to the determination of clinical skills competency for all osteopathic graduates.

Enhanced Attestation for the Class of 2022 Guide: Completing the “Evidence of Clinical Skills Activities 2022” (ECSA) Inventory

Purpose

This guide is designed to assist the Colleges of Osteopathic Medicine (COMs) when filling out the “Evidence of Clinical Skills Activities 2022” (ECSA) Inventory, required as part of enhanced attestation for fundamental osteopathic clinical skills for the Class of 2022. This Enhanced Attestation is the pathway for eligibility to take COMLEX-USA Level 3 for graduates in the Class of 2022 (in lieu of taking COMLEX-USA Level 2-PE, which is suspended). This documentation will assist the National Board of Osteopathic Medical Examiners (NBOME) and the COMs in verification of the competencies of DO graduates of the Class of 2022 in their pathway to licensure. The ECSA Inventory can be completed via this link:

<https://www.surveymonkey.com/r/NCFRPWJ>.

The NBOME appreciates the COMs’ commitment to verification of fundamental osteopathic clinical skills competencies in students’ pathway for osteopathic medical licensure, and to ensuring that their graduates are fully prepared for entrance to graduate medical education. The ECSA Inventory process is designed to support the COMs by assisting with the verification process and to enable collaboration on future continuous quality improvement and innovations in clinical skills assessment. COMs will provide a record of activities used to assess competency in each clinical skill previously tested in the COMLEX-USA Level 2-PE. These inventories are integral to future assessment and verification strategies for fundamental osteopathic clinical skills for licensure being studied by the NBOME.

Contact Person

Each COM is asked to designate one contact person who is responsible for the information provided on the ECSA Inventory. This person’s role and title (e.g., Course or Program Director, Associate Dean of Clinical Education) may vary, but it should be the person at the COM most knowledgeable about the activities used to evaluate the graduating students. Although the contact person may seek assistance with completing the ECSA Inventory, the contact person is ultimately responsible for the information’s completeness and accuracy. If the NBOME has any questions when reviewing the submission, the NBOME will reach out to the contact person for clarification.

Please email the NBOME at ClinicalSkills@nbome.org with the name and email address of the contact person as soon as that person is assigned. We will then invite the contact person to webinars designed to support those carrying out the ECSA Inventory process at the COMs. The dates for these webinars are listed below and are optional.

Multiple Campuses

A single ECSA Inventory can be completed for both a COM and its branch campuses if all evaluation tools are the same. All included campuses must be listed in the ECSA Inventory’s institution section, and the designated contact person will be responsible for any listed

campuses. A COM is responsible for completing a separate ECSA Inventory for any branch that varies from the others in the activities used to evaluate the Class of 2022, whether completed by the same contact person or by another designated for that branch.

Defining the Skills

The ECSA Inventory seeks information about activities used to monitor student performance in six clinical skills. The skills are mapped to Entrustable Professional Activities (EPAs) and Competency Domains (CDs). For more information about the EPAs and CDs, please see

- EPAs: <https://www.aacom.org/docs/default-source/med-ed-presentations/core-epas.pdf?sfvrsn=10>
- CDs: https://www.nbome.org/Content/Exams/All/FOMCD_2016.pdf

The six skills and their related EPAs and CDs are:

- **OMM, OPP & OMT** – Osteopathic palpatory diagnosis (CD 1); Performing OMT (EPA 12, CD 1)
- **History-taking** – Medical interviewing: data gathering/history taking (EPA 1, CD 2)
- **Physical exam: focused & general physical exam skills** – Performing a physical examination (EPA 1, CD 1, CD 2)
- **Post-encounter documentation: synthesis of findings, integrated differential diagnosis, formulation of a diagnostic and treatment plan** – Electronic documentation of a patient encounter (EPA 5, CD 5); Clinical problem solving (EPA 3, EPA 10, CD 2, 4); Integrated differential diagnosis, including OPP/OMT where appropriate (EPA 2, CD 1, CD 5); Formulation of an indicated, safe, and cost-effective diagnostic and treatment plan (EPA 3, EPA 4, CD1, CD 2, CD 5, CD 7)
- **Doctor-patient communication & Interpersonal skills: eliciting information, rapport building, empathy, active listening, and giving information** – Physician-patient communication (CD 5); Interpersonal skills (CD 5)
- **Professionalism: respectfulness, accountability, ethical behavior, and cultural competency** – Professionalism (CD 6)

Activity Evidence

The ECSA Inventory seeks information about activities that are used to evaluate students in the Class of 2022 at each COM. Performances specific to individual students are not being requested; student data will be retained by the policy at each COM.

The online form is designed with branching logic, with some questions contingent on earlier responses. Accordingly, COMs may see more questions for some skills than for others.

First, COMs are asked to document all activities that are used to evaluate their students for each clinical skill. Common examples of evidence are listed for convenience. If a COM evaluates student performance in a clinical skill through a method that is not listed, please select “other” and briefly describe the activity in the provided field.

Second, we ask the COM to self-assess their selected activities, estimating the qualities of the activities according to a “SORT” taxonomy model defined below. These evidence levels are based on the quality of the assessment method used with an activity and its likelihood of yielding reliable and valid estimates of competence.

Evidence Level	Assessment Qualities	Examples
A	<ul style="list-style-type: none"> • Clear purpose and design • Broad sampling of patient conditions that is aligned with osteopathic medical practice • Measures appropriate clinical skills domain(s) • Robust and well-documented training of evaluators and other staff participants. • Produces reasonably accurate and consistent scores • Provides an opportunity for students to learn • Targeted to appropriate level of student ability • Clearly defined performance standards; well-documented, criterion-referenced standard setting • Standardized • Fair (e.g., student names replaced with numbers when scoring post-encounter activities) 	<ul style="list-style-type: none"> • Multi-station standardized patient clinical skills assessment • End of year multi-station OSCE in which students must pass to progress to the next year of study • End of Clinical Rotation OSCEs
B	<ul style="list-style-type: none"> • Measures some relevant clinical skills domains • Requires performance at a certain standard for advancement. • Clearly mapped to skills. Some but limited training of evaluators. • Multiple evaluations exist across raters of an individual's performance. • Compels students to respond with best effort • Potential for biased ratings or scores (inadequate rater training) • Related but peripheral constructs may be considered in assigning scores or making competence decisions • Less standardization 	<ul style="list-style-type: none"> • Rotation assessments from trained preceptors with a checklist for rating • Portfolio containing feedback from peers and preceptors, self-reflections, and scores from assessments reviewed by a committee • Communication skills simulations with preceptor/simulated patient feedback
C	<ul style="list-style-type: none"> • May not include direct observation of student performance • Little to no training of evaluators 	<ul style="list-style-type: none"> • Global rating performance evaluations on rotations • Patient surveys

	<ul style="list-style-type: none"> • May not yield consistent scores (biased ratings) or decisions • Questionable fairness (e.g., lack of rater calibration; minimal training of raters) • Unstandardized 	
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Additional questions that follow include:

- *In what year does the activity take place?*
Options are OMS1, OMS2, OMS3, and OMS4; select all applicable.
- *Is there a standard for the successful completion of the activity?*
The standard is the level used to evaluate the activity such that there are consequences for not reaching a certain outcome (e.g., pass/fail, a minimum score that must be reached for promotion/advancement). This implies that the standard has been communicated to students and that it bears a consequence for substandard performance as defined. A participatory activity alone (e.g., completing a module with no assessment) would yield a “no” to this question.
- *Is there a remediation/additional activity for students who do not achieve a set standard?*
This question will appear only if you indicate that there is a standard for the activity. Select yes if there are any interventions undertaken when students do not meet the standard (e.g., required remediation or educational activity, retake of an exam).
- *What are the follow up activities to ensure competency is achieved?*
This question will appear only if you indicate that there is a form of remediation/additional activity for students who do not meet the standard. In this open-text field, please list the applicable intervention(s). Examples might include: retaking the assessment, repeating a rotation, meeting with the preceptor for additional practice, etc.

Again remember that these are branching questions; you will not see a question about remediation, for example, if you do not state that there is a standard for that particular activity.

Assistance with the ECSA Inventory

The ECSA Inventory requires self-assessment regarding a wide range of skills and activities and, as such, will take time to complete fully. The process is important to assuring the profession and the public that the attestations for the class of 2022 are based on evidence of competency in fundamental osteopathic clinical skills, as well as being integral for future collaborative continuous quality improvement and innovations. We appreciate the time and effort COM Deans and contact persons will expend to complete the ECSA Inventory of their current methods to monitor student performance in those skills.

We have a team available at the NBOME to assist COMs in completing the ECSA Inventory. We hosted a webinar on Tuesday, July 20 to introduce COM Deans to the enhanced attestation process before release of the ECSA Inventory. We will also offer three optional informational webinars to support the COMs through the ECSA Inventory process:

- August 9, 2-3 p.m. ET
- August 31, 3-4 p.m. ET
- September 20, 12-1 p.m. ET

During these meetings, NBOME staff will answer any questions and assist participants with any issues they may have in completing the ECSA Inventory. Invitations to the webinars will be sent to the Dean and to the contact person, if one has been indicated.

NBOME staff will also regularly monitor the email account ClinicalSkills@nbome.org for any questions regarding the ECSA Inventory and will create a FAQ based on the questions we receive through email or during the webinars. This FAQ will be updated as we receive additional questions. Through this process, we hope to make this a collaborative undertaking and to use COM feedback to refine the process for all involved.

Please do not hesitate to contact the NBOME at ClinicalSkills@nbome.org with any questions or suggestions.

Special Commission on Osteopathic Medical Licensure Assessment