

## Supplemental Digital Appendix 1

Figure S1

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

### ORAL PRESENTATION: FACULTY CHECKLIST

Intern Name:	Evaluator Name:	Date:
--------------	-----------------	-------

	Emerging	Developing	Effective
Presents information that has been personally gathered or verified	<ul style="list-style-type: none"> <li>• Patient's story is imprecise</li> <li>• Evidence incompletely retrieved-key elements missing</li> <li>• Does not identify gaps in information. Arrives at premature closure; not yet comfortable asking for additional input to clarify or refine</li> <li>• Projects over or under-confidence</li> </ul>	<ul style="list-style-type: none"> <li>• Patient's story is precise but not completely accurate</li> <li>• Evidence to tell patient's story is retrieved but may be incomplete</li> <li>• Acknowledges gaps in information and adjusts to feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Patient's story is accurate</li> <li>• Obtains evidence to make cogent argument supporting the proposed management plan</li> <li>• Comfortable with gaps in information; seeks input to clarify and refine presentation</li> <li>• Self-assured to put patient/family at ease</li> </ul>
Provides an accurate, concise and well organized oral presentation	<ul style="list-style-type: none"> <li>• Presentation is not concise or oriented to the chief complaint or primary patient care issue</li> <li>• Presentation wanders to include extraneous information not immediately relevant</li> <li>• Cannot yet support management plans when queried</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation is generally organized around chief complaint or primary issue</li> <li>• Presentation intermittently wanders to include extraneous information not immediately relevant; may exhibit problems with logical flow</li> <li>• Supports management plan with limited information</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation is concise and well-organized around chief complaint or primary patient care issue</li> <li>• Information is filtered, synthesized and prioritized into broad categories; the learner can recognize patterns while presenting findings</li> <li>• Demonstrates sound clinical reasoning; provides evidence in support of plan</li> </ul>
Creates shared understanding between presenter and receiver regarding patient condition and plan	<ul style="list-style-type: none"> <li>• Follows rigid template when presenting</li> <li>• Unable to take cues from receiver to ensure the information conveyed translates into a shared plan of action</li> </ul>	<ul style="list-style-type: none"> <li>• Displays intermittent flexibility in presentation styles</li> <li>• May acknowledge cues from the receiver to ensure the information conveyed translates into a shared plan of action</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently takes cues from the receiver to adapt presentation delivery</li> <li>• Ensures the information conveyed translates into a shared plan of action</li> </ul>
Communication skills	<ul style="list-style-type: none"> <li>• No eye contact established</li> <li>• Read verbatim from written notes</li> </ul>	<ul style="list-style-type: none"> <li>• Eye contact established during presentation even though notes were relied on to a moderate extent</li> </ul>	<ul style="list-style-type: none"> <li>• Eye contact established throughout presentation</li> <li>• Most of facts presented from memory</li> </ul>

#### Faculty Global Rating

Overall, this individual appears to perform the station's tasks at the level of a starting intern.	Strongly disagree	I have some concerns	Strongly agree
On their first day/during their first week, I feel that this intern will need		far more supervision than their peers.	
		somewhat more supervision than their peers.	

		the same amount of supervision as their peers.
		somewhat less direct observation/supervision than their peers as the week progresses
		much less direct observation/supervision than their peers as the week progresses (ie. they can be entrusted to perform regular duties without direct supervision.
Action Plan for Improvement (include at least one actionable item that the intern can improve to move to the next level of skill development		
(Optional question) CONFIDENTIAL/PRIVATE note to Residency Program Directors regarding observations:		

Figure S2

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

## ORAL PRESENTATION: SIMULATED PATIENT CHECKLIST

Intern Name:	Evaluator Name:	Date:
--------------	-----------------	-------

Criteria	Not Yet	Emerging	Developing	Effective	Strong
Greeted me and introduced self and his/her role					
Resident screened for spectrum of concerns by asking “is there anything else?” until I had no further concerns					
Allowed me to tell story without interruption					
Introduced new topics (except for ROS) with open-ended questions					
Asked concise and understandable questions (one at a time; clear language; no jargon)					
Used clear and understandable language; explained jargon that was used					
Used effective pacing during the encounter (no rushing, not too much silence)					
Resident obtained sufficient information to establish the timeline of the CC, HPI and associated symptoms					
Used smooth and appropriate transitions during the encounter					
Used summaries effectively (signposted, allowed for correction and addition, included key information obtained up to that point)					
Voiced empathy for my situation/problem.					
Voiced empathy for my situation/problem to communicate appreciation of my feeling or predicament					
Resident elicited the impact of the illness on me, and/or my self-image, and/or my family					
Resident determined my level of emotional and/or financial support and access to resources					
Resident used verbal facilitation skills during the interview (short statements, reflecting back what I said, echoing, clarifying statements, questions)					
Used appropriate body language that showed attention to me (such as attentive posture, eye contact, facial expressions, tone of voice)					
Maintained an appropriate distance during the encounter					

Accommodated my discomfort during the encounter					
Body language and/or tone of voice communicated empathy					
Noticed and responded to my non-verbal cues					
Elicited my questions and concerns					
Resident shared information about thought process and next steps					
Explained treatment or workup in terms I could understand					
Resident admitted lack of knowledge if/when appropriate					
Made appropriate arrangements for follow-up contact					
Resident demonstrated the confidence of a practicing physician					
The resident interaction met my expectations based on the objectives of the encounter					
I would be willing to return to see this resident					

Figure S3

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

## INFORMED CONSENT: FACULTY CHECKLIST

Intern Name:	Evaluator Name:	Date:
--------------	-----------------	-------

Criteria	Early	Good	Excellent
Explains what Informed Consent means for the patient			
Gives explanation of the mechanics of procedure in an organized manner			
Verbalizes the indication for the procedure			
Provides benefits of procedure			
Discusses risks of procedure			
States one alternative to the procedure			
Listens to patient's concerns			
Checks patient's understanding before signing form			
Asks patient to sign the consent form	YES	NO	

### Faculty Global Rating

Overall, this individual appears to perform the station's tasks at the level of a starting intern.	Strongly disagree	I have some concerns	Strongly agree
On their first day/during their first week, I feel that this intern will need		far more supervision than their peers.	
		somewhat more supervision than their peers.	
		the same amount of supervision as their peers.	
		somewhat less direct observation/supervision than their peers as the week progresses	
		much less direct observation/supervision than their peers as the week progresses (ie. they can be entrusted to perform regular duties without direct supervision.	
<u>Action Plan for Improvement (include at least one actionable item that the intern can improve to move to the next level of skill development)</u>			
(optional question) CONFIDENTIAL/PRIVATE note to Residency Program Directors regarding observations:			

Figure S4

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

## INFORMED CONSENT: SIMULATED PATIENT CHECKLIST

Intern Name:	Evaluator Name:	Date:
--------------	-----------------	-------

CRITERIA	Not Yet	Emerging	Developing	Effective	Strong
Greeted patient by name and introduced self and his/her role					
Explained nature of discussion ( <i>has come to talk about procedure</i> )					
Related explanation of concerns for abdominal distention (why caused and outcomes if not treated)					
Used summary effectively (clear signposting that important information is to follow)					
Chunks and checks, using patient's response to guide next steps					
Used clear understandable language, avoiding jargon					
Avoids <b>coercive</b> language					
Picks up and responds to patient's non-verbal cues					
Allows patient time to react (use of silence, allows for shut down) or  Accommodated my discomfort during the encounter					
Encouraged patient to contribute reactions, concerns, and feelings					
Acknowledged patient's concerns, feelings, values, accepts legitimacy					
Voiced empathy for my situation/problem					
Used appropriate body language that showed attention to me (eye contact, posture and position, movement, facial expression, tone of voice)					
Elicited my questions and concerns					
Provided support (expresses concern, understanding, willingness to help)					
Made appropriate arrangements for follow-up contact					
<b>Global Assessment</b>					
The intern demonstrated the confidence of a practicing physician.					
I would be willing to return to see this resident.					

**Comments:**

Figure S5

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

## DIFFICULT CONVERSATIONS: FACULTY CHECKLIST

Intern Name:		Evaluator Name:		Date:
--------------	--	-----------------	--	-------

Criteria	Early	Good	Excellent
<p><b>Note: Letters in parentheses indicate SPIKES protocol steps</b></p>	Demonstrates less than one-half of the elements in section	Demonstrates more than one-half but not all elements in section	Demonstrates all elements in section
<p><b>(S)</b> Overall, how well did the intern manage greeting and introducing himself/herself to the patient?</p> <ul style="list-style-type: none"> <li><i>Greets patient by name</i></li> <li><i>Re-introduces self and role</i></li> <li><i>Establishes rapport with patient</i></li> <li><i>Asks if patient would like someone else present to hear news</i></li> </ul> <p>Comments:</p>			
<p><b>(P)</b> Overall, how well did the intern manage breaking the news?</p> <ul style="list-style-type: none"> <li><i>Reviews and assesses patient's knowledge about the purpose of the previous and current visit</i></li> <li><i>Explains nature of discussion (has come to talk about biopsy)</i></li> <li><i>Assesses patient's starting point (finds out what patient understands about their condition and how much they know about cancer)</i></li> <li><i>Gives clear signposting that serious important information is to follow</i></li> </ul> <p>Comments:</p>			
<p><b>(I)</b> Overall, how well did the intern manage eliciting the patient's concerns?</p> <ul style="list-style-type: none"> <li><i>Assesses patient's emotional and cognitive responses to diagnosis</i></li> <li><i>Encourages patient to contribute reactions, concerns, and feelings</i></li> <li><i>Acknowledges patient's concerns, feelings, values, accepts legitimacy</i></li> </ul>			



Comments:			
<p><b>(K)</b> Overall how well did the intern manage information giving?</p> <ul style="list-style-type: none"> <li>• <i>Chunks and checks, using patient’s response to guide next steps</i></li> <li>• <i>Allows patient time to react (use of silence, allows for shut down)</i></li> <li>• <i>Gives explanation in an organized manner</i></li> <li>• <i>Uses clear understandable language, avoiding jargon and confusing language</i></li> <li>• <i>Responds appropriately to patient’s questions</i></li> <li>• <i>Picks up and responds to patient’s non-verbal cues</i></li> <li>• <i>Makes appropriate arrangements for follow-up contact</i></li> </ul> <p>Comments:</p>			
<p><b>(E)</b> Overall, how would you rate the intern’s communication skills during the encounter?</p> <ul style="list-style-type: none"> <li>• <i>Uses empathy to communicate appreciation of the patient’s feelings or predicament</i></li> <li>• <i>Demonstrates appropriate non-verbal behavior (eye contact, posture and position, movement, facial expression, use of voice including pace and tone)</i></li> <li>• <i>Provides support (expresses concern, understanding, willingness to help)</i></li> </ul> <p>Comments:</p>			
<p><b>(S)</b> Overall, how would you rate the intern’s skills in ending the encounter</p> <ul style="list-style-type: none"> <li>• <i>Summarizes and describes what will happen immediately/next</i></li> <li>• <i>Assesses patient’s initial understanding of the diagnosis and what will happen next</i></li> <li>• <i>Assesses patient’s available social support and present emotional state</i></li> <li>• <i>Makes appropriate arrangements for follow-up contact</i></li> </ul> <p>Comments:</p>			

### Faculty Global Rating

Overall, this individual appears to perform the station’s tasks at the level of a starting intern		Strongly disagree	I have some concerns	Strongly agree
On their first day/during their first week, I feel that this intern will need		far more supervision than their peers.		
		somewhat more supervision than their peers.		
		the same amount of supervision as their peers.		
		somewhat less direct observation/supervision than their peers as the week progresses		
		much less direct observation/supervision than their peers as the week progresses (ie. they can be entrusted to perform regular duties without direct supervision.		

<p>Action Plan for Improvement: include at least one actionable item that the intern can improve to move to the next level of skill development (requires comment before submission)</p>
--

(Optional question) CONFIDENTIAL/PRIVATE note to Residency Program Directors regarding observations:

Figure S6

MULTIDISCIPLINARY EPA-BASED INTERN OSCE

## DIFFICULT CONVERSATIONS: SIMULATED PATIENT CHECKLIST

Intern Name:	Evaluator Name:	Date:
--------------	-----------------	-------

CRITERIA	Not Yet	Emerging	Developing	Effective	Strong
Greets patient by name					
Re-introduces self and role					
Explains nature of discussion ( <i>has come to talk about biopsy</i> )					
Gives clear signposting that serious important information is to follow					
At some point assesses patient's starting point ( <i>finds out what patient understands about their cancer</i> )					
Chunks and checks, using patient's response to guide next steps					
Gives explanation in an organized manner					
Uses clear understandable language, avoiding jargon and confusing language					
Picks up and responds to patient's non-verbal cues					
Allows patient time to react (use of silence, allows for shut down)					
Encourages patient to contribute reactions, concerns, and feelings					
Acknowledges patient's concerns, feelings, values, accepts legitimacy					
Uses empathy to communicate appreciation of the patient's feelings or predicament					
Demonstrates appropriate non-verbal behavior (eye contact, posture and position, movement, facial expression, use of voice including pace and tone)					
Provides support (expresses concern, understanding, willingness to help)					
Makes appropriate arrangements for follow-up contact					

Comments
----------