

Objective structured clinical examination (OSCE) in Pediatric Intensive Care Fellows.

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Abstract

Introduction: The final objective of training in Pediatric Intensive Care is the acquisition of the specialty's skills. The OSCE is an important evaluation tool in the field of pediatric residences; it involves a particular logistic and organization challenge for the specialists who design it. There is no information about its implementation in the training of Pediatric Intensive Care (PIC) fellows in our country until today.

Objective: To describe the viability of the OSCE as a formative evaluation, and the satisfaction of the PIC's fellows who participated on it.

Material and methods:

Population: 1st and 2nd year PIC's fellows, from: "Prof. Dr. Juan P. Garrahan" Children's Hospital; Posadas' Hospital, "Pedro de Elizalde" Children's Hospital; San Justo's Children's Hospital; Austral's University Hospital; Clinics' Hospital; Güemes' Sanatorium. Buenos Aires, Argentina.

Design: Descriptive.

Site: CeSim Garrahan. On May 2016 two OSCEs took place where 40 PIC's fellows participated (1st year (50%) and 2nd year (50%)) from 6 different institutions. Nine stations for the first year fellows' OSCE and 8 stations for the second year fellows' OSCE were designed, and an approval criterion was defined for each station and each OSCE as a whole. A survey of satisfaction was conducted at the end of each OSCE.

Results: A total of 65% (13/20) of 1st year fellows approved the OSCE, and 80% (16/20) of 2nd year fellows. With a total approval score $\geq 60\%$, the median obtained: 1st year fellows' OSCE was 60% (IQR 49%), 2nd year fellows' OSCE was 78% (IQR: 31%). From the 1st year fellows' OSCE, the "Brain Death Communication" station showed the highest score (82%), and the "Arrhythmias" station the lowest (17%); from the 2nd year OSCE the "Metabolic Disorders" station showed the highest score (81%) and the "Traumatic Brain Injury" station the lowest score (64%).

At the end of the OSCE 96% of the students considered that the topics and the time allocated to each station were adequate. 100% of the fellows responded that the situations presented during

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the OSCEs, and the degree of the complexity were adequate; 63% of the fellows considered the presence of an observer teacher to be "unpleasant".
At the end of the OSCE 91.3% of the fellows said that it was very useful, 95.7% said that the feedback was very useful, 100% rated the OSCE positively and considered that this kind of methodology allowed them to identify the weaknesses in their training.

Conclusions: The OSCE is an evaluation methodology applicable to the physicians who are training in pediatric intensive care in our country. Its formative (non-summative) nature is well accepted by most of the participants.
The OSCE emphasizes on the evaluation of the teaching-learning process, and the identification of its improvement aspects.

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