

DEVELOPING AN OSCE CURRICULUM TO TEACH LEARNERS BEHAVIOURAL SKILLS RELATED TO COMMUNICATION CHALLENGES AND DIVERSITY TOPICS

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INTRODUCTION

DEI curriculum initiatives are essential to patient-centred care and are now emphasized in graduate medical education. Since the American Board of Anesthesiology (ABA) introduced its OSCE in 2017 assessing communication, professionalism, and technical skills, there is a need for residency programs to develop structured preparation methods.

To **develop a realistic DEI communication scenario** aimed at teaching students the skills of effective communication in challenging situations. The scenario was created to be used in mock OSCE preparation session for residents.

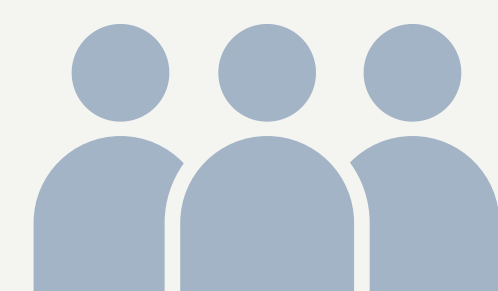
METHODS

This was an educational intervention that integrated DEI content into a simulated Objective Structured Clinical Examination (OSCE) modeled after the ABA Applied Exam preparation framework.

INTERVENTION COMPONENTS

- Mock OSCE** with standardized patients simulating real-world DEI clinical scenarios (e.g., transgender patient communication, informed consent challenges).
- Structured Exam Flow** replicating the ABA Applied OSCE format, including timed encounters and station transitions to simulate exam-day environment and stress.
- Performance Checklist** aligned with ABA communication/professionalism domains and DEI-specific behavioral markers.
- Scripted Video Review** of the same scenarios to reinforce recognition of bias, microaggressions, and communication strategies.
- Expert-Led Debriefing** immediately following sessions, focusing on feedback, communication improvement, bias recognition, and reflective practice.

PARTICIPANTS & SETTING



25 anesthesia residents from a single academic residency program participated. The session was conducted in a simulated clinical testing space designed to mirror ABA examination logistics and pacing.

SURVEY MEASURES

- Pre-intervention survey:** prior experience with DEI challenges, prior DEI training, baseline confidence and awareness.
- Post-intervention survey:** perceived value of session, changes in confidence and preparedness, ability to identify/respond to microaggressions & identity-related bias, perception of DEI value in OSCE training.
- Responses collected via Likert-scale (1-5) and yes/no items.



- Descriptive statistics summarized survey responses.
- Planned sign-test analysis limited by non-identical pre/post survey items.
- Results interpreted within a feasibility and proof-of-concept framework.

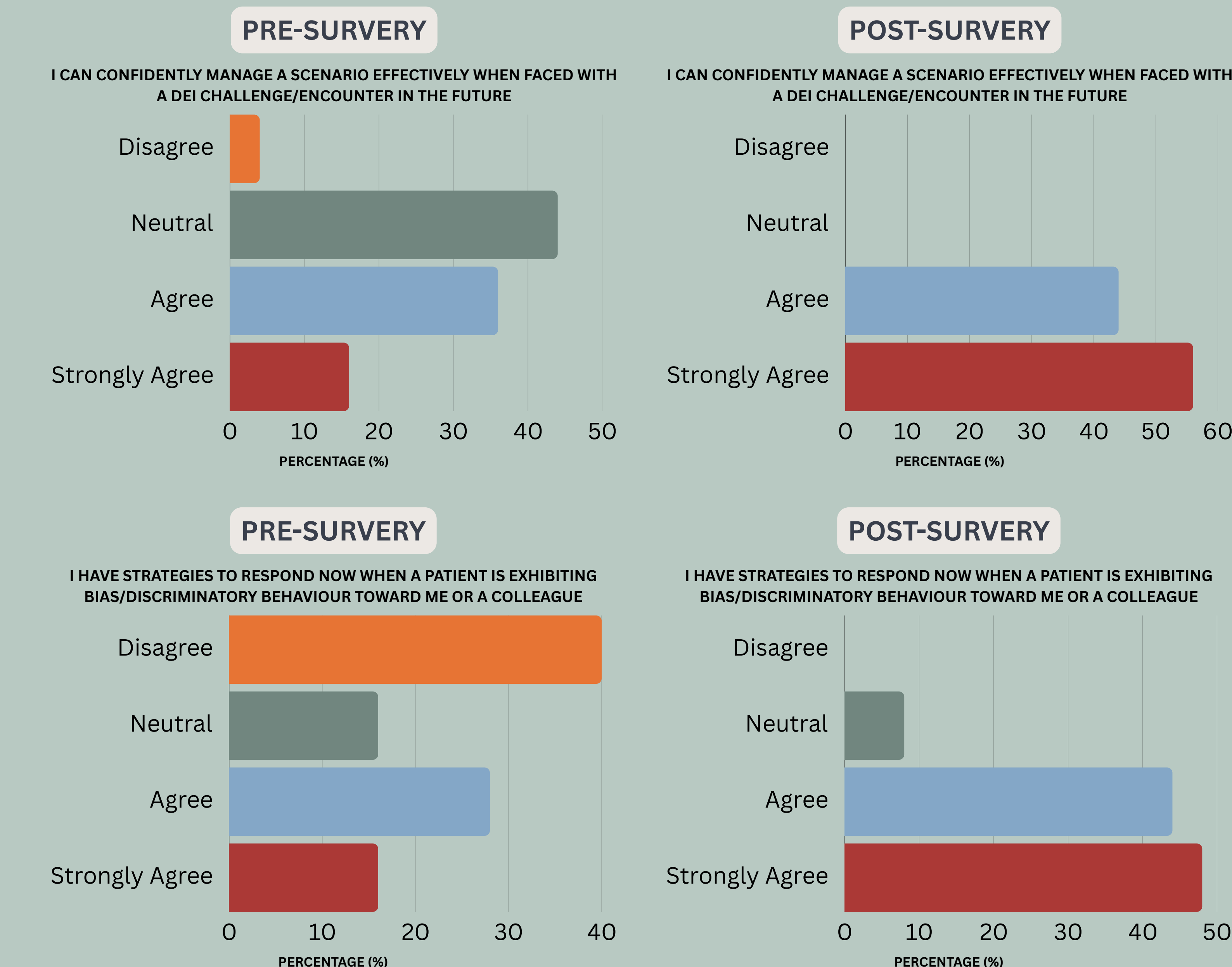
RESULTS

Residents strongly endorsed the DEI-focused mock OSCE as a valuable learning experience. Nearly all participants found the session useful and confidence-boosting, with



All respondents (100%) agreed the session was well-organized and that standardized patients portrayed scenarios realistically.

Reflective learning was highlighted as impactful, with **92%** stating the debrief helped close performance gaps and **88%** finding faculty feedback helpful. The following graphs illustrate some improvements observed from pre- to post-intervention:



WAYS FORWARD

Future efforts should integrate DEI into OSCE preparation through standardized pre-session materials, longitudinal reinforcement, larger multi-institutional cohorts, aligned pre/post surveys, and intentional inclusion of DEI scenarios so physicians enter practice equipped to deliver equitable, inclusive, patient-centred care.