

EDITORIAL

OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE): STILL NEEDS IMPROVEMENT

Objective Structured Clinical Examination (OSCE) is a handy multipurpose evaluative tool used to evaluate medical professionals in an effective way. It was first introduced by Harden and Gleeson in 1975 and since then it has become part of the both undergraduate and postgraduate examinations. OSCE consists of timed stations in which different competencies of the candidates are evaluated. It ranges from history taking, clinical examination, data interpretation, spot diagnosis, emergency scenarios, counselling to uses of different instruments and drugs. The number of stations and time may vary according to the examination requirements in a particular examination.

Department of Medicine Khyber Teaching Hospital is conducting OSCE for the last 7 years for undergraduate students. Advanced planning and standard setting are the main pillars of this type of examination. Weeks earlier, a team of specialised clinical staff to conduct OSCE is identified and skills/competences are identified to be evaluated during OSCE by consultation with faculty members. Questions, scenarios and clinical data are formulated along with standard keys, checklists and global rating scales. These stations are then evaluated, proof read by senior most faculty members and approved by the Head of department. Different stations are prepared for each day in order to keep transparency keeping in mind the same level of difficulty and discrimination index. Logistics are pre-determined and two chambers of the ward are allotted for OSCE. The patients and simulators are arranged by OSCE specific team and it is one of the difficult tasks as most of the times, patients do not consent for it.

Although OSCE is very demanding, laborious and challenging but it has many advantages over conventional method of examination. Students are judged in many topics to fulfil the objectives of the curriculum. Students are evaluated by many examiners on a predetermined criterion which limit the effect of chance and examiner bias. On the other hand, no examination is flawless. OSCE is being critiqued for using simulators although real patients are used as well. It is difficult to organise and very arduous in terms of work force, trained staff, time consuming and expenses. It requires a proper space to be conducted.

Our recommendations are that proper staff should be hired and trained for organising OSCE. Centralisation of OSCE in all the affiliated medical colleges of Khyber Medical University should be of utmost priority for standardisation of examination process just like College of Physicians and Surgeons Pakistan. A purpose built OSCE Hall should be constructed on priority basis in

KTH/KMC in order to minimise the sufferings of patients due to limitations of beds in clinical units during OSCE. A highly trained and competent Department of Medical Education to organise and evaluate such examination is the need of time. Patients and simulators should be given incentives as a token of appreciation and encouragement. Faculty should be encouraged to gain more expertise in OSCE and standard setting as a part of continuing medical education. Allocation of funds and faculty training will definitely augment the standards of OSCE to a new horizon.

REFERENCES

1. Harden RM, Stevenson M, Downie WW. Assessment of clinical competence using objective structured examination. *BMJ* 1975; 1: 447-51.
2. Edelstein DR, Ruder HJ. Assessment of clinical skills using video tapes of the complete medical interview and physical examination. *Med Teach* 1990; 12: 155-62.
3. Stillman PL, Wang Y, Ouyang Q, Zhang S, Yang Y, Sawyer WD. Teaching and assessing clinical skills: a competency-based programme in China. *Med Educ* 1997; 31(1): 33-40.
4. Jain SS, DeLisa JA, Eyles MY, Nadler S, Kirshblum S, Smith A. Further experience in development of an objective structured clinical examination for physical medicine and rehabilitation residents. *Am J Phys Med Rehabil* 1998; 77(4): 306-10.
5. Novack DH, Volk G, Drossman DA, Lipkin M Jr. Medical interviewing and interpersonal skills teaching in US medical schools. Progress, problems and promise *JAMA* 1993; 269(16): 2101-05.
6. Leichner P, Sisler GC, Harper D. A study of the reliability of the clinical oral examination in Psychiatry. *Can J Psychiatry* 1984; 29(5): 394-97.
7. Vu NV, Barrows HS. Use of standardized patients in clinical assessments: Recent developments and measurement findings. *Educ Res* 1994; 23: 23-30.
8. Norman GR, Tugwell P, Feightner JW. A comparison of resident performance on real and simulated patients. *J Med Educ* 1982; 57(9): 708-15.
9. Sanson-Fisher RW, Poole AD. Simulated patients and the assessment of medical students' interpersonal skills. *Med Educ* 1980; 14(4): 249-53.

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