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OSCE, THINGS TO BE SAID

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Recently we managed to apply objective structured clinical examination (OSCE) in surgery as a mock examination for the final year candidates in the Council of Arab Board. Through this new experience, several points are essential to consider.

It is known that assessment in medical education is essential part and not a step for passing to a higher level. It serves many functions as it doesn't determine what students learn but it guides the process of learning, also it provides students feedback on where they stand and motivates them to master the material and it show the society that doctors are competent[1,2] .

Hence, medical educators always concern about assessment and try to find the most reliable, accurate, fair and standard method to asses students.

Nowadays, OSCE has an established role in the assessment of the medical undergraduates[3,4] since its emerge about 30 years ago by Hiden who first describe it[1] obviously we are too late in considering OSCE as a new model of assessment as we haven't apply it yet in our faculty.

OSCE was designed to test and assess history taking, clinical examination, data interpretation procedure or practical skills and communication skills. The last two areas of assessment(practical and communication skills) are neglected in our teaching and students are seldom exposed to any test or assessment although both are essential for students as future doctors .

In data interpretation station, the student is faced with investigation result for example a result of arterial blood gases, endoscopic image, histopathology report, X-ray, CT scan or barium series etc and asked to write an answer in a provided sheet or a computer.

Long ago, radiographs and surgical instruments had appeared in our examinations especially in the oral examinations although to a limited extent while in OSCE data analysis stations have become a highly specialized method of assessing student competencies and additional tasks always have been added to such stations where student may be asked to complete a document such as a prescription sheet, referral letter or death certificate which mimics formal documents in clinical life.

In assessing practical skills, student is asked to show the examiner the way of performance of different procedures for example suturing, urethral catheterization or insertion of chest drain, etc. in this setting dummies or mannequins are used. While in communicating OSCE stations the central focus is the student's ability to communicate for example the student may be asked to break bad news or to deal with angry relatives or to obtain written informed consent or to show how to develop inter-professional relationships etc. In such stations standardized patients are used.

From the previous brief description of different OSCE stations, it is clear that many topics in these stations are not covered in our teaching so we can't start such stations without explaining what they are about, because it is known that the examiners have to test what they had teach and this lead us to the conclusion that change in assessment came after change in the curriculum[5] .

In OSCE, marking will depend mainly on checklist item or a detailed marking schedule where the examiner "tick" the components of a prewritten marks sheet then the marks are added to give a total score which is translated into a pass or fail. So it is objective and reliable, but it is boring because it is repetitive for examiners who used to the global rating in the routine long and short case examination which is a subjective way of scoring[6]. Not only that but also the examiner well lose the flexibility to choose different patients who are waiting in the ward.

In addition OSCE reduces inter-examiner variability which is a major concern between our students who face long and short case examination.

OSCE is more demanding process which need excellent preparations including regular meetings within the faculty, more examiners, a standard scoring (because there may be other ways of scoring in OSCE), a hall that can be partitioned or designed according to number and type of stations, standardized or simulated patients (they are actors and not real patients who are trained to take on roles) and all secretarial job of preparing checklists, arrange a way of timing and organizing the process of the examination.

Now, are we ready to shift for OSCE which seems that some educators are leaving it for other forms of assessment?

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