OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)
AS A TOOL OF CONDUCTING EXAMINATION

Majid Khan, Iqbal Haider, Mohammad Humayun, Abdulllah Khan
Department of Medicine, Khyber Teaching Hospital, Peshawar - Pakistan

ABSTRACT

Objective Structured Clinical Examination (OSCE) concept was given by R.M Harden initially and it is a superior tool of examination to conventional system in terms of reliability and validity. It is now implemented in many medical schools across the world and has become the examination of choice. It consists of timed stations on which different clinical skills of a candidate is evaluated. OSCE consists of static, interactive and rest stations, their number depend on the strength of the examinees. On static station, various academic material as mentioned in syllabus is displayed which includes Chest X-rays, CT scans, data interpretation, spot diagnosis, clinical scenarios, instruments identification etc and it does not need any examiner. Interactive stations can have either real or simulated patient and examiners are provided with an answer key checklist or global rating scale for marking. It is a very demanding way of examination in terms of time, energy and expenses. Despite limitations, it is a worthy, fairer and unbiased examination system.

Key Words: Clinical Competence, Patient Simulation, Physical Examination.

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At each station, different clinical material that is needed to be tested is displayed. At interactive stations, real and simulated patients are used and an examiner is present and he is provided with answer key checklist or global rating scale. At static stations, examiners are not present and questions are displayed at each station about Chest X-ray, CT scan, data interpretation, scenario, electrocardiography, picture spot diagnosis. The candidate answers the questions at each station and drops the response sheet in the boxes provided at each station and moves on to next station. Rest stations are usually positioned between interactive stations so that examinees can have time of relaxation. We provide drinking water on these rest stations as well. Rest stations vary in number depending on the number of students.

Every examination has some limitations and shortcoming, so is the case with OSCE. It does not assess the broad understanding of the student and the skill to manage the patient as a whole is not judged. By this aspect, the conventional way of clinical examination is superior to this new system. The OSCE is much more exhausting for both examiners and patients. Examiners repetitively and nonstop, throughout the examination, observe the students taking the history or performing a skill. Similarly it is very challenging to both the real and simulated patients, who have to undergo through the repeated and continuous examination to a number of the examinees. That is why simulated patients perform better than real ones. OSCE requires preplanning and preparation weeks before the day of examination along with standard setting and logistic support. Therefore, it is more demanding in terms of time, energy and expenses. The needs of examiners are also increased as compared to conventional examination system. Despite all the downsides of OSCE, it is still a better, fairer, unbiased and worthy examination system and it will need more improvement and perfection.

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Following authors have made substantial contributions to the manuscript as under:

Khan M: Drafting and Literature Review.
Haider I: Conception idea.
Humayun M: Proof Reading.
Khan A: Bibliography.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.