

Objective Structured Clinical Evaluation Should Not Only Be a Test of Clinical Skill

Dear Editor,

The Objective Structured Clinical Examination (OSCE) was originally a test (or summative assessment) specifically of clinical skills,^{1,2} using standardised patients (SP), anatomical models and itemised checklists³ for scoring medical students. However, if OSCE was restricted to a test, as with any other test, many students would learn tricks for passing it (e.g. student collusion in obtaining prior tests and SPs' questions). Passing the test with high marks does not mean that students will maintain the same standard in their clinical practice. This has implications for the overall marks of the peer group and also potentially affects the development of professionalism in students.

OSCE can be extended to function as a kind of teaching material or teaching tool.⁴ However, students have to learn important details of clinical judgment, as clinical practice is complex.⁵ If OSCE acts as teaching material, students should learn communication skills with real patients rather than SPs. Observation of students' professional behaviours with real patients can allow OSCE to act as a formative assessment and increase its validity. This is quite a change from the original concepts of practising on SPs before practising on a real patient during the training period, particularly in learning communication skills. The role of SPs is just for the test, and testing with SPs can improve intercase reliability for students. However, the reliability of OSCE may be less if test security cannot be maintained.

Of course, most of the practice of procedures (e.g. intravenous cannulation, suturing, resuscitation) should use anatomical models or equipment rather than real patients. Some of the examination skills (e.g. breast examination, cervical smear, rectal examination) should also be practised on anatomical models before real patients. However, students should talk to the "model" as they would to a patient in real life. This should be the role of OSCE in training students in procedures and examination skills.

If OSCE is to act as a teaching tool, an appropriate number of instructors should be trained so that most of the

students can be supervised by such instructors. These instructors would also be raters in their OSCE test. It should be noted that checklists cannot assess clinical details. The instructors should teach more than the checklist items provided, so that the principle of "learn more than the test-specific" can be fulfilled. In this situation, the checklist is not intended for delivery to the students before the test.

Improvement of OSCE, therefore, will depend on the development of appropriate checklists and use of anatomic models, and the training and experience of the instructors (not raters), so that both OSCE teaching materials (guidelines, checklists, real patients) and tools (instructors) will be effective. These could be the criteria for us to judge the success of OSCE.

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