PERSPECTIVE   ∂ Open Access

Components of Objective Structured Clinical Examination and its Benefits, Role and Challenges

Solik Cerna*

Department of Medicine, University of Chicago, Chicago, USA

Description

The Objective Structured Clinical Examination (OSCE) is a widely used assessment tool in medical education that evaluates clinical competence and performance in a standardized and objective manner. Introduced in the 1970s, OSCE has since become a cornerstone of medical education and licensure examinations worldwide. This essay discusses about the key components of OSCE, its purpose and benefits, the process of conducting an OSCE, its role in medical education, and potential challenges and future developments.

Components of OSCE

Standardization: OSCE is designed to ensure a consistent and standardized assessment process. Stations, scenarios, and marking criteria are carefully crafted to present each candidate with the same clinical situations and evaluation criteria.

Multiple stations: OSCE typically consists of multiple stations, each representing a distinct clinical scenario or task. Candidates rotate through these stations, facing various challenges, which may include history-taking, physical examination, communication with patients or Standardized Patients (SPs), and clinical decision-making.

Structured checklist: Assessors use a structured checklist or rating scale to evaluate candidates' performance at each station. The checklist encompasses specific clinical skills, communication abilities, and professionalism criteria, enabling objective and standardized evaluation.

The purpose and benefits of OSCE

Assessing clinical competence: OSCE allows educators to assess candidates' clinical competence objectively. By testing a wide range of skills and knowledge, it provides a comprehensive evaluation of a candidate's readiness for clinical practice.

Standardized evaluation: The standardized format of OSCE ensures that all candidates are assessed under the same conditions, minimizing bias and ensuring fairness in the evaluation process.

Feedback and self-reflection: OSCE provides valuable feedback to candidates on their strengths and areas for improvement. This feedback fosters self-reflection and supports ongoing professional development.

Objective structured clinical examination process

Station development: OSCE stations are developed based on specific learning objectives and clinical competencies. Scenario design, standardized patient training (if used), and assessment criteria are meticulously prepared.

Candidate rotation: Candidates rotate through the OSCE stations in a predetermined order. Each station is timed to ensure a consistent assessment process.

Assessment and scoring: Assessors often comprised of faculty members or experienced clinicians, use the structured checklist to evaluate candidates' performance at each station. Objective scoring criteria promote consistency and reliability.

The role of OSCE in medical education

Summative assessment: OSCE is commonly used as a summative assessment tool to evaluate students' readiness for clinical practice. It is often part of licensure examinations and end-of-term assessments.

Formative assessment: In addition to summative evaluations, OSCE can be employed formatively to support ongoing learning and skill development. Formative OSCEs offer valuable feedback without high-stakes consequences.

Contact: Solik Cerna, E-mail: Solikcerna@gmail.com

Competency-based education: OSCE aligns with competency-based education principles, assessing students' abilities to perform specific clinical tasks and achieve predetermined learning outcomes.

Teaching and learning tool: OSCE scenarios can be used as teaching and learning tools to train students in clinical skills, communication, and patient-centered care.

Quality assurance: OSCE serves as a quality assurance mechanism for medical education programs, ensuring that students meet the necessary clinical competency standards.

Challenges and future developments

Resource intensive: Conducting OSCE requires substantial resources, including faculty training, standardized patient recruitment, and administrative coordination.

Standardized patient training: Ensuring the consistency and reliability of SP portrayals is critical, necessitating extensive training and ongoing evaluation.

Feedback delivery: Providing timely and constructive feedback to a large number of candidates can be challenging, but it is crucial for supporting learning and improvement.