OSCEs

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OSCE

• Means “objective structured clinical examination”
• Assesses competence
• Developed in light of traditional assessment methods
Long case

• One hour with the patient
• Full history and exam
• Not observed
• Interrogated for 20 min afterwards
• Bad cop ... worse cop
• Taken back to the patient
Long case – holistic assessment BUT

- Unreliable
- Examiner bias .. examiner stringency .. unstructured questioning ... little agreement between examiners
- Some easy patients .. some hard ones
- Some co-operative patients ... some not
- Case specificity

- In the NHS when do you ever get an hour with a patient? (not valid)
- Not a test of communication skills
Objective structured Long Case Examination Record (OSLER)

- 30 min with patient
- Observed
- Prior agreement on what is to be examined
- Assessed on same items
- Case difficulty taken into account
- Comm skills assessed
- Two examiners
OSLER

- More reliable than long case
- One study showed it to be highly reliable
- But need 10 cases 20 examiners 300 minutes (? Feasibility / cost / acceptability)
Short cases

- 3-6 cases

- Have a look at this person and tell us what you think...

- A few minutes per station
Short cases fine BUT

- Different students saw different patients
- Cases differed in complexity
- Halo effect
- Not structured
- Examiners asked what they wanted
- Communication with patient “incidental”
OSCEs

- Clinical skill – history, exam, procedure
- Marking structured and determined in advance
- Time limit
- Checklist/global rating scale
- Real patient/actor
- Every candidate has the same test
OSCEs – reliable

• Less dependent on examiner’s foibles (as there are lots of examiners)
• Less dependent on patient’s foibles (as there are lots of patients)
• Structured marking
• More stations ... more reliable
• Wider sampling – clinical, comm skills

• What is better more stations with one examiner per station or fewer stations with two examiners per station?
OSCEs – valid

- Content validity – how well sampling of skills matches the learning outcomes of the course
- Construct validity – people who performed well on this test have better skills than those who did not perform well
- Length of station should be “authentic”
OSCEs – educational impact

- Checklist – remember the steps in a checklist
- Global rating scale – holistic
- Both
- If formative – feedback
OSCEs - cost

- Planning
- Examiners
- Real patients
- Actors
- Manikins
- Admin staff
- Tech staff
- Facilities
- Material
- Catering
- Collating and processing results
- Recruitment
- Training
- Cost effective?? If used for correct purpose
OSCEs – acceptability

- Perceived fairness – examiners and examinees
- Become widespread
OSCE design - blueprinting

- Map assessment to curriculum
- Adequate sampling
- Feasibility – real patients, actors, manikins
OSCE design – station development

- In advance
- Trial it
- Construct statement
- Instructions for candidate
- Instructions for examiner
- List of equipment
- Personnel (real patient or ...)
- Semi-scripted scenarios
- Marking schedule (global rating scale/checklist/both)
OSCE design – assessing

- Process skills
- Content skills
- Clinical management
OSCE design – piloting

• Return to slide 15 and go through again
OSCE design – simulated patients

- Consistency – reliability
- Training
- Briefing
- Debriefing
- Database of actors
- Scenarios in advance
- Practice with each other and with examiner
OSCE design - examiners

- Training
- Consulted
OSCE design – real patients

- Consistency – must give the same history each time
- Can fall sick
- Develop new signs / lose old ones
- Can get tired (10 students/day)
Practical considerations

- Single rooms/hall with partitions
- One rest for 40 minutes of assessment
- Rooms to rest – candidates/patients/examiners
- Floor plan
- Ideally each station – same duration
- Signs
- Floor map
- Stopwatch and bell
- Catering
- Transport
- Pay
- Acknowledgement
OSCE – standard setting – establish passmark

- Most tools developed for MCQs
- All are complex and time consuming
- None ideal
- “Borderline group” method emerging

Walsh K, Rafiq I, Hall R. Online educational tools developed by Heart improve the knowledge and skills of hospital doctors in cardiology. Postgraduate Medical Journal. 2007. 83 (981), 502-503


