



Original Research Article

Comparative Study between OSCE and Viva during Clinical Post End Examination for 7th Semester MBBS students

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Abstract

Aim: To compare between 2 different methods of Examination – OSCE (Objective Structured Clinical Examination) and Practical Viva during clinical post end examination for 7th semester students.

Materials and Methods: 200 students from 7th semester posted in ENT were subjected to OSCE and Practical Viva on 2 adjacent days. 40 students were posted at a time in ENT clinical posting. For OSCE, 10 stations were arranged. At the end of OSCE and Viva, feedback form was given to all 40 students. The observation and results were then formulated.

Observation and Results: From the above observation, OSCE was found to be better than Viva exam.

Conclusion: OSCE can be a part of clinical evaluation for the students as it has a fixed time at every station, impartial, student friendly and good scoring exam.

Introduction

An Objective Structured Clinical Examination (OSCE) is a modern¹ type of examination often used in health sciences. It is designed to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures.

An OSCE usually comprises a circuit of short (the usual is 5–10 minutes although some use up to 15 minute) stations, in which each candidate is examined on a one-to-one basis with one or two impartial examiner (s) and either real or simulated patients (actors or electronic patient

simulators). Each station has a different examiner, as opposed to the traditional method of clinical examinations where a candidate would be assigned to an examiner for the entire examination. Candidates rotate through the stations, completing all the stations on their circuit. In this way, all candidates take the same stations. It is considered to be an improvement over traditional examination methods because the stations can be standardised enabling fairer peer comparison and complex procedures can be assessed without endangering patients health.

As the name suggests, an OSCE is designed to be:

- **Objective** - all candidates are assessed using exactly the same stations (although if real patients are used, their signs may vary slightly) with the same marking scheme. In an OSCE, candidates get marks for each step on the mark scheme that they perform correctly, which therefore makes the assessment of clinical skills more objective, rather than subjective.
- **Structured** - stations in OSCEs have a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all candidates, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the candidate is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.
- **A clinical Examination** - the OSCE is designed to apply clinical and theoretical knowledge. Where theoretical knowledge is required, for example, answering questions from the examiner at the end of the station, then the questions are standardised and the candidate is only asked questions that are on the mark sheet and if the candidate is asked any others then there will be no marks for them.
- Preparing for OSCEs is very different from preparing for an examination on theory. In an OSCE, clinical skills are tested rather than pure theoretical knowledge. It is essential to learn correct clinical methods, and then practice repeatedly until one perfects the methods whilst simultaneously developing an understanding of the underlying theory behind the methods used. Marks are awarded for each step in the method; hence, it is essential to dissect the method into its individual steps, learn the steps,

and then learn to perform the steps in a sequence.

Materials and Methods

200 students from 7th semester posted in ENT were subjected to OSCE and Practical Viva on 2 adjacent days. 40 students were posted at a time in ENT clinical posting. The students were informed about the OSCE 5 days prior to the test. The pattern of exam was explained. For OSCE, 10 stations were arranged. The OSCE was conducted in 4 batches. 90 seconds time was given at each station. The stations consisted of one X-Ray, 2 ENT instruments, 1 audiogram, 1 specimen, 2 different patients to test the examination skills, 1 diagram and 2 theory questions were asked. 1 rest station was provided after 5th station. OSCE was of 20 marks. Viva was conducted for the same students on the next day. Viva table had instruments, X-Rays, audiogram and specimen. It was also for 20 marks. Usually it depends on the examiner whether fixed time is to be given for each table to the students or not.

At the end of OSCE and Viva, feedback form was given to all 40 students. The observation and results were then formulated.

Marks Scored –

140/200 students scored >65% in OSCE

96 /200 students scored >65% in Viva.

From the feedback form, we observed that

- All students wanted it to be a part of Internal assessment.
- It is better than viva.
- It is student friendly, there is no fear factor.
- Same time is allotted to all students.
- Practical skill of the student can be tested.
- It builds the confidence of the students.
- The rest station provides extra time to complete the answer.
- Overall knowledge of the student is tested.
- Same examiner is the observer for all students.

- Better method of self assessment and improvement.

Discussion

OSCE is gradually being recognised and adapted by medical faculties all over the world.^{2,3,4} Since its inception in the 1970s, its use is spreading to other continents including Africa and Nigeria, particularly. It was introduced into our department more than a decade ago.³ Dissatisfaction with previous methods of clinical assessment by both teachers and students led to a search for a more appropriate method and the creation of OSCE by Harden and colleagues in 1975.⁴ A technique of student assessment has a huge impact on their study strategies, their performance and general attitude towards a subject.⁵ Faulty methods of assessment can lead to wrong decisions on the part of the examiners on the one hand and to the future activity of students including the welfare of the community whom they will serve in the future on the other hand.

Based on student responses to a questionnaire and the comments of examiners, it is clear that students and examiners responded positively to the OSCE format and it was perceived by both groups to be more fair and less stressful than traditional clinical examinations. Each student is exposed to the same questions, situations, and examiners as their colleagues, and an individual examiner is not biased by the student's performance in another part of the examination. Of necessity patients with common disorders (in order to achieve sufficient patient numbers) are brought to the examination and therefore the student is not confronted with the traditional examination patient who has 'good signs' but a rare problem. The OSCE has to be planned carefully beforehand and it is simple to incorporate suggestions for improvement. Furthermore, the student expects to be examined in his clinical skills and therefore wishes to learn these skills from his tutors⁶.

OSCE –Objective Structured Clinical Examination

Feedback form 7th Sem MBBS Students (ENT)

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1. Do you think OSCE should be a part of your Clinical Assessment - Yes/No
2. If yes, It should be a part of - Internal Assessment / University Exam.
3. OSCE tests the knowledge - superficially/ In depth
4. It is - student friendly/Examiner friendly
5. Is there any fear factor as in Viva exam – Yes/No
6. Does it give the satisfaction of covering almost all practical syllabus – Yes/No
7. Time limit is the same for all students, Is it beneficial – Yes/No.
8. Is there any drawback – Yes/No
9. If yes, please suggest –
10. Advantages of OSCE -

Learning Experiences

1. It is one of the best methods to assess the students.
2. Students score more in absence of fear factor.
3. There is transparency in evaluation.
4. Self assessment helps them to improve for their next examination.
5. Students skill is tested.
6. For teachers, it is time consuming to format various stations covering almost all practical syllabus.
7. But, it is easy method of assessment of students.

References

1. Assessment of clinical competence using objective structured examination, Harden et al., Br Med J. 1975 Feb 22;1(5955):447-51
2. Eldarir SA, El Sebaae HA, El Feky HA, Hussein HA, El Fadil NA, El Shaeer IH. An introduction of OSCE versus traditional method in nursing education: Faculty

- capacity building and students' perspectives. *J Am Sci.*2010;6:1002–14.
3. Pierre PB, Wierenga A, Barton M, Branday JM, Christie CD. Student evaluation of an OSCE in paediatrics at the University of West Indies, Jamaica. *BMC Med Educ.* 2004;4:22. [PMC free article] [PubMed]
 4. Barman A. Critiques on the objective structured clinical examination. *Ann Acad Med Singapore.* 2005;34:478–82. [PubMed]
 5. Wanstall H. Objective structured clinical examination (OSCE) as predictors of performance on work-based placements. *Investig Univ Teach Learn.* 2010;6:57–64.
 6. L J Smith, D A Price. Objective Structured Clinical Examination compared with other forms of student assessment. *Archives of Disease in Childhood;* 1984;59:1173-1176.