



# Protocol: Exploring the Objective Structured Clinical Examination (OSCE) using Institutional Ethnography

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## ABSTRACT

Throughout education, whether of children or student health professionals, the universal emphasis on accountability has opened assessment to increased scrutiny and tension. This Protocol explores the Objective Structured Clinical Examination or OSCE, the dominant assessment tool used throughout health profession education (HPE), to deem students “competent” in clinical and professional skills. Its use has flourished despite concerns in the literature about its unintentional and undesirable effects on future healthcare professionals.

Education and HPE research have been slow to introduce Institutional Ethnography (IE) to the qualitative researcher's toolkit. IE can offer deep insights and potential for change in complex social challenges threatening education and HPE; this introduction and broad explanation of IE offers an alternative framework to plan further innovative studies.

## 1. Background

The ubiquitous statement “assessment drives learning” is credited to George Miller (Zaidi & Nasir, 2015, p.109) but its reach goes far beyond that of medical schools; it is a theme that is associated with all aspects of Education. Another common discourse, regardless of the context of the learning, is that of globalisation and the resulting *culture of assessment*, with strong emphasis on accountability and governance. In the emerging research field that is Health Profession Education, scholars draw on more established disciplines like Education in order to try to address some common tensions, such as how best to assess individuals as “competent” (Shepard, 2000). Educational research has recently taken a critical look inwards, grappling with issues such as standardisation and objectivity in testing. There has been a move away from the psychometric era to take “a social turn” and understand assessment as a social practice (Shay, 2008). Health Professional Education, in more recent times is also placing increasing emphasis on the social aspects, or lack thereof involved in training future clinicians.

Evidence emerging within the international Health Profession Education (HPE) literature expresses concerns about a dominant

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assessment method used throughout HPE, the Objective Structured Clinical Examination or OSCE. In OSCEs, students rotate through a number of time-limited stations, in which each station is testing a particular clinical skill or professional competence in a simulated environment. Introduced nearly forty years ago, the OSCE was rapidly adopted in medical schools worldwide, later branching into other areas of HPE such as physiotherapy, pharmacy and nursing; it now forms part of many high-stakes post-graduate examinations, including for membership of the Royal College of Physicians in the United Kingdom (Khan, Gaunt, Ramachandran, & Pushkar, 2013). There is also evidence of the use of the OSCEs outside health care, such as the training of police. Furthermore, and exemplifying the need for an in-depth understanding of this important area of HPE, the General Medical Council (GMC) plans to implement for the first time, a UK-wide Medical Licensing Assessment (MLA) in 2022—an important component of final examinations in all UK medical schools – of which the use of OSCEs to test Clinical and Professional Skills is being consulted on.

Since the introduction and almost universal deployment of the OSCE exam format, a vast amount of research has followed, largely concentrating on further improvements in standardisation and objectivity with a specific focus on fine-tuning the psychometrics. The intention of much of this work has been to produce defensible examinations in keeping with the governance practices in assessment expected of universities and other professional bodies. However, running alongside this dominant trajectory is a line of critical thinking about OSCEs which expresses concerns about the influence of the OSCE on the direction of student education and student behaviour. There is concern that this exam structure is associated with unintended and even undesirable consequences such as “tick-box” style of questioning by students or artificial separation of the knowledge and skills required by health professionals. Critics suggest that “assessment drives learning, but we argue that OSCEs ... may be driving learning in the wrong direction” (Gormley, Hodges, McNaughton, & Johnston, 2016) suggesting that the push for psychometric perfection is perhaps ignoring the requirements of HPE to instil the “social aspects” and human relationships required in training health professionals; that OSCEs fail to address the humanistic dimensions of health care.

This study will attempt to gain a deeper understanding of the social practice of the OSCEs and to question whose interests are being served in this quest for objective and defensible examinations which permit students the required licence to be clinicians. It is hoped that this study will offer some powerful insights through the collection of qualitative data in this ongoing and important debate, which ultimately will better inform the HPE community about the influences that this repeated method of assessment may have on the behaviour of the clinicians that are borne out of it and fundamentally question how useful it is for measuring and/or facilitating patient-centred care.

## 2. Approach to inquiry – Institutional Ethnography

This proposed study will be an Institutional Ethnography (IE); a sociological approach to qualitative inquiry that is characterised by its emergent study design where the emphasis is on exploration and discovery. Institutional Ethnography was developed by Dorothy Smith, an English born Canadian scholar; her thinking was informed by the feminist movement and critical theorists, such as Marx, Foucault, Mead, Garfinkel, Bakhtin and Volosinov (see Smith, 2005). Smith's vision for Institutional Ethnography is that it “begins where people are and proceeds from there to discoveries ... of the workings of a social that extends beyond any one of us.” (Smith, 2006 p. 3).

The starting point for this form of inquiry is on the *ground*, observing and talking to people about their work process – what they do – broadly conceived (Smith, 1987). It then importantly moves on to how their work is organised and coordinated within the institution; this secondary focus allows information to be gathered which may not always be known by those working on the ground (Smith, 2005). A defining feature of IE is the mediating role that texts play in this coordination of work processes; texts are viewed as being at the juncture between locally lived experience and the institutional relations that organise those experiences (Campbell & Gregor, 2002).

Institutional Ethnography has been used to research issues of social justice in health care (see for example Corman, 2017; Diamond, 1992; Rankin & Campbell, 2006) but is relatively new in education and in health profession education research. This approach to inquiry has been chosen for this project as its intention is to go beyond being critical to being transformative and produce impactful improvements. IE has often been used in research that involves complex social phenomena, to help bring out the tensions, assumptions and unspoken priorities faced by those on the ground; empowering them in a way that helps enable meaningful social change. Exploring the *behind the scenes* work of the OSCEs will hopefully allow those involved to consider different approaches to their work and challenge the unquestioning reliance on the OSCE.

## 3. Research plan

### 3.1. Research setting

The setting for this qualitative study will be the summative “Finals” OSCE assessment, which if passed, in combination with Multiple Choice Questions on a separate date, allow graduation from the undergraduate medical degree programme in Queen's University, Belfast and a provisional licence by the General Medical Council to work within the National Health Service as a Foundation (Junior) Doctor. These Final MB OSCEs take place over three days, with each student undertaking one set each day lasting just over an hour, with different material on each day. The data collection will take place within the Centre for Medical Education (CME) including the Clinical Skills Education Centre, where students are both taught and examined in clinical skills, meeting rooms and other teaching venues within the centre. Exclusion criteria, where data will not be collected, are at resit exams, at meetings for failing students, at special circumstances meetings (for example in the case of sickness) or at serious concern meetings which are

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