



# Saudi Internal Medicine Residents' Perceptions of the Objective Structured Clinical Examination as a Formative Assessment Tool

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## Abstract

The Saudi Commission for Health Specialties first implemented the Objective Structured Clinical Examinations (OSCE) as part of the final year Internal Medicine clerkship exam during the 2007–2008 academic year. This study evaluated Internal Medicine residents' overall perceptions of the OSCE as a formative assessment tool. It focused on residents' perceptions of the OSCE stations' attributes, determined the acceptability of the process, and provided feedback to enhance further development of the assessment tool. The main objective was to assess Internal Medicine resident test-takers' perceptions and acceptance of the OSCE, and to identify its strengths and weaknesses through their feedback. Sixty six residents were involved in the studied administered on November 8th 2012 at King Abdulaziz University Hospital in Jeddah, Kingdom of Saudi Arabia. Overall, resident's evaluation of the OSCE was favorable and encouraging. To this end, we recommend that formative assessment opportunities using the OSCE for providing feedback to students should be included in the curriculum, and continuing refinement and localized adaptation of OSCEs in use should be pursued by course directors and assessment personnel.

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## 1. Introduction

Appropriate assessment of resident's clinical skills and competence is of paramount importance when evaluating expected learning outcomes. Several methods of assessment of performance are used in medical education. The Objective Structured Clinical Examination (OSCE) was developed to reduce bias in the

assessment of clinical competence where various aspects of clinical competence are evaluated in a comprehensive, consistent, and structured manner with close attention to the objectivity of the process.<sup>1</sup> It is comprised of several stations in which examiners, using predetermined criteria, assess a variety of clinical skills on an objective-marking scheme. The number and length of stations can vary depending on the format in use. Tasks may include history taking, physical examination, patient education, test interpretation, or other activities. Some stations present part of a case or

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problem using simulated standardized patients (SP).<sup>c</sup> Others are unmanned, such as those for data or image interpretation. As an assessment tool, the OSCE reduces variations in marking standards from one examiner to another, eliminates the luck-of-the-draw, and can reflect the real life tasks of the doctor.<sup>2</sup> Besides being objective, this technique addresses the assessment of all three domains (cognitive, affective, and psychomotor) at some point.<sup>3</sup> Since its introduction as a mode of student assessment in medical school in 1975 by Harden and Gleeson,<sup>3</sup> the OSCE has become a standard method of assessment for both undergraduate and postgraduate students<sup>4–8</sup> including non medical fields.<sup>9</sup> In addition, it has been used for both summative and formative assessment in various medical and paramedical disciplines.<sup>4,5,9,10</sup> The Saudi Commission for Health Specialties has only relatively recently (2007–2008 academic year) implemented OSCE as part of the final year Internal Medicine clerkship exam. Only six stations were used in the first year of its introduction to partially cover history and physical examination as part of final residency year assessment in Internal Medicine residency programs. Currently, it is composed of a circuit of twelve stations in which various tasks are asked, including three history-taking skills stations, three physical examination stations, one communication skills station, one consultation skills station, one procedure station, and three data interpretation stations. In 2011, the first Internal Medicine OSCE course was initiated in Saudi Arabia as a formal method of assessment for the final Saudi Board of Internal Medicine Examination. It aimed at providing a forum for feedback to residents on their strengths and weakness in clinical skills and at helping them to become familiar with the format of the OSCE exam.

Published findings from literature on the OSCE since its inception in 1975 have reported it to be valid, reliable, and objective, with cost as its major drawback.<sup>11</sup> It requires considerable financial resource and faculty time and effort, particularly by those more directly involved in the selection and preparation of real patients and the recruitment and training of simulated patients.

Student perception and acceptance of OSCEs have been reported to be positive in various clinical disciplines worldwide.<sup>12–17</sup> For example, It was reassuring regarding their perception about the validity, objectivity, and overall organization of the OSCE in a Department of Pediatrics, though a good proportion expressed

their concern that the examiners at some stations were intimidating.<sup>15</sup> In another study, three-quarters of the students agreed that the assessment process helped to identify gaps and weaknesses in their competence.<sup>12</sup> In yet another study, student midwives highlighted several points for criticism, including poor equipment and unsatisfactory administration.<sup>14</sup> Reports on local experience with OSCEs on the Kingdom of Saudi Arabia are limited mainly to the surgical discipline.<sup>18–21</sup> None of the studies assessed the examinees' perception of the assessment tool. It was not until early 2012 that one article highlighted students' perceptions on the OSCE.<sup>22</sup> It was conducted in a single institution in Abha.

The current study is designed to evaluate Internal Medicine residents' overall perceptions of the OSCE as a formative assessment tool. It focuses on residents' perceptions of the OSCE stations' attributes and the acceptability of the process in order to provide feedback to enhance further development of the assessment process.

## 2. Methods

### 2.1. Study area/setting

The OSCE course was conducted in November 2012 at the Clinical Skills Center (CSC) of King Abdulaziz University Hospital (KAUH) in Jeddah, Saudi Arabia.

KAUH-CSC is composed of three wings with 12 small rooms in each wing. Rooms are set in a U-shaped layout with an open area in the middle. This allows residents to move smoothly between rooms while an organizer sits in the middle area to coordinate the running of the exam. All rooms are equipped with patient beds and examination tables and/or diagnostic instruments, and a digital audio-visual monitoring system supplements viewing during clinical teaching and exams. Additionally, the CSC contains seven big rooms, which include high fidelity technology.

For the purpose of the OSCE course, the CSC was divided into two examination venues; each venue consisting of 12 exam stations. Orientation of examiners and residents was done in separate lecture halls. The questionnaire of the study was distributed to the residents immediately after the OSCE circuit in another selected room, and responses were collected before they left the exam venues.

### 2.2. OSCE design

Designing and implementing the Internal Medicine OSCE course includes: development of a blueprint

<sup>c</sup>SP is an individual trained to portray a patient with a particular disease or condition, thus affording hands-on testing of students.

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