

# Moving from long case to scenario-based clinical examination: Proposals for making it feasible

Thomas Puthiaparampil, MD, Md Mizanur Rahman, PhD, Shazrina binti Ahmad Razali, MSc MedEdu, Sabrina binti Lukas, MMed, Nariman Singmamae, MEmMed, Chai Chee Shee, MMED, Abg Safuan Adenan, MD

Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, Malaysia

## ABSTRACT

**Introduction:** Our faculty used one long case (LC) and three short cases for the clinical component of the final professional examinations. During the COVID-19 pandemic, the LC had to be replaced with scenario-based clinical examination (SBCE) due to the impracticability of using recently hospitalised patients. While keeping the short case component as usual, the LC had to be replaced with SBCE in 2020 for the first time at a short notice. To evaluate the positive and negative aspects of SBCE and LC to determine the feasibility of replacing LC with SBCE in future examinations.

**Materials and methods:** We compared the LC scores of three previous years with those of the SBCE and studied the feedback of the three stakeholders: students, examiners, and simulated patients (SPs), regarding their experience with SBCE and the suitability of SBCE as an alternative for LC in future examinations.

**Results:** The SBCE scores were higher than those of the LC. Most of the examiners and students were not in favour of SBCE replacing LC, as such. The SPs were more positive about the proposition. The comments of the three stakeholders brought out the plus and minus points of LC and SBCE, which prompted our proposals to make SBCE more practical for future examinations.

**Conclusion:** Having analysed the feedback of the stakeholders, and the positive and negative aspects of LC and SBCE, it was evident that SBCE needed improvements. We have proposed eight modifications to SBCE to make it a viable alternative for LC.

## KEYWORDS:

SBCE, scenario-based clinical examination, issues of long case, simulated patients

## INTRODUCTION

Many medical schools use real-patient long case (LC) for examinations because of the longstanding tradition, its availability, and face validity. However, many western medical schools have moved away from real-patient LC, alleging it to be low in validity, reliability, and objectivity,<sup>1</sup> and replaced it with Objective Structured Clinical Examination and Objective Structured Long Examination Record (OSLER).<sup>2,3</sup> In the pandemic year of 2020, The Faculty

of Medicine and Health Sciences, UNIMAS used Scenario-Based Clinical Examination (SBCE) with simulated patients (SPs) for history-taking to replace LC, as already practised by others.<sup>4,5</sup> The short cases tested physical examination (PE) without any changes. Our SBCE could be compared to OSLER with the exception that the former did not assess PE. The expected first response of any experienced clinical examiner would be a 'no' for the prospect of SBCE replacing LC. The traditional LC assesses the student's clinical acumen, soft skills, PE skill, depth of knowledge of multiple conditions, and drug effects. At the same time, SBCE assesses the students' history-taking skill and the knowledge domain using written scenarios and SPs. The aim of this study was to consider all the positive and negative aspects of LC and SBCE in order to determine the practicality of moving from LC to SBCE in future examinations.

## MATERIALS AND METHODS

The SBCE scenarios for the final professional examination (FPE) of the year 2020 were written, and SPs were trained by the same disciplines as those regularly involved in the previous years' LC examinations. The disciplines involved were medicine, surgery, obstetrics and gynaecology (O&G), paediatrics, orthopaedics, and psychological medicine. Some examples of the topics used in the scenarios were bronchial asthma, acute rheumatic fever, anaemia, acute cholecystitis, breast cancer, antepartum haemorrhage, and gestational diabetes. The students were briefed in advance about the process of the SBCE. The lead question, based on which the history was to be taken, was provided to the student 5 minutes before entering the examiners' room, where the SP was also seated. Five teams, each with three examiners from different disciplines, assessed the students' performance. The examiners were provided with the relevant scenarios, the information to be gathered by the students, the diagnosis, and the likely clinical signs and investigation results. Each student took the history from the provided SP to reach a diagnosis and possible differential diagnoses. The examiners observed the 15-minute history-taking session uninterrupted. During the following 30-minute discussion segment, the student presented the case summary with the diagnosis and/or differential diagnoses and answered the examiners' questions. The questions included the likely physical findings, how the diagnosis was reached, the interpretation of investigation results provided, and a management outline. The Medical Education Unit (MEU) had prepared new marking rubrics for the SBCE. It showed the

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Corresponding Author: Thomas Puthiaparampil

Email: pthomas@unimas.my