

ADVANTAGES OF THE OBJECTIVE STRUCTURED CLINICAL VERSUS TRADITIONAL EXAMINATION IN PEDIATRICS

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The Objective Structured Clinical Examination (OSCE) is aimed to assess students' clinical skills, performance and competencies in communication, clinical examination and interpretation of obtained results, prescriptions, medical procedures, manipulation techniques, etc. The OSCE might be the method of an effective tool for evaluating the students' competencies in the clinical disciplines, including Pediatrics, under a variety of simulated conditions in close to real-world approach that keeps examiners engaged. OSCE2 as compared to traditional clinical examination (TE) at final stage might be the better tool of assessment of the students' not skills but competencies as a whole which are the combination of knowledge, skills, abilities and behaviors that contribute to individual and organizational performance in medical practice. It is still unknown to what degree Ukrainian students consider OSCE2 to be a true tool for clinical evaluation and how do they accept it. Is OSCE2 a more objective method of assessment than the traditional clinical form of the exam that was used previously? Nowadays OSCE is planned to be used as a strategy for examining students' clinical skills in all academic years. OSCE1 in first years students was used rather effectively to assess simple practical skills and manipulations. It was shown that this type of exam provided an accurate measurement of the practical skill competencies but is it the same for OSCE2?

The aim was to compare OSCE2 versus traditional clinical examination (TE) due to pediatric tutors' experience. A questionnaires and discussion interview were used to conduct the study. All educators involved in the process of TE and pilot/training OSCE in Pediatrics at the Department of Pediatrics and Pediatric Infectious Diseases were recruited and interviewed. A pediatric students' practice checklists and OSCE clinical scenarios and checklists to assess exams in Pediatrics were used for comparison.

OSCE2 gives the possibility for students to understand the key elements that drive the clinical thinking and decision-making process, based on evidence-based practice for responsibilities of the real-world. The students' competencies in clinical skills are assessed at a series of pediatric stations and the key task is to prepare them in order to achieve the final objective of fair assessment. In TE real patients were examined by students while in OSCE2 clinical scenarios as a part of complete clinical process are used in order to imitate real-life situations. OSCE2 is a systematic comprehensive method that involves the student rotation through

several pediatric stations in simulated training area with or without standardized patients where they are assessed using formal checklists. OSCE2 might help overcome some problems, organizational issues and evaluation imperfections of TE enhancing the quality of clinical performance. At OSCE2 pediatric stations students interact with a series of simulated patients for taking anamnesis, physical examination, counseling or emergent care etc. The students rotate and spend about 5 minutes at each station and move on to the next station after the bell sound, the number of OSCE2 stations may vary from 10 to 15. The stations are independent of each and the student can start at any of the stations and complete the cycle. A traditional clinical examination includes performing a process of clinical evaluation of a patient or clinical procedures and could be biased, subjective, boring, and inadequate for the evaluation of the competencies as combination of the knowledge, skills, and attitude. Often attitude, interpersonal skills, communication skills, professional judgments, and ethical issues are not assessed in TE. The TE predominantly assesses knowledge of facts and recall knowledge but unsuccessfully assess the understanding of the main topic and the students' problem-solving skills. Within OSCE2 the students are assigned to the examiners who evaluate their performance for the different stations using standardized checklists. This approach is aimed at avoidance of such evaluation restrictions as bias, subjectivity, standardization and time-consuming, but still cannot overcome an issue of the limited number of intended learning outcomes.

Pediatric clinical scenarios were constructed by the teachers after reviewing related literature and articles. In the clinical scenarios, the students rotated through several five minutes pediatric stations. The students read carefully the instructions and tasks given for students regarding the current station situation. Modifications to the scenarios and checklists were done according to the experts' judgment on the sequence of items and appropriateness of contents. Tutors' opinions and feedback related to the quality of the exam performance were taken and it was recommended to perform pretesting of the internal consistency reliability of checklists. Development of case scenarios as well as identification and modification of evaluation tools (checklist) was done within 2 years preparing period and later the series of orientation and training sessions for students and staff were performed twice — for 5th and 6th year students. One of the practical stations included the preliminary diagnosing of the rash diagnosis based at taking complains, anamnesis and observing rash. The pilot exam was conducted only one day, the instructions of each station and checklists were introduced firstly. Each student had a code number to be recorded on their answers' sheet and was given to the examiner in the practical stations. All the students started equally at the same time, and then they assessed by the examiners by using the checklist.

From the point of view of tutors, students might suggest to improve the OSCE exam by increasing the time required for each station, allowing knowing achievement grades immediately after the exam, increasing the time for reading instructions and even an increase in the number of stations. Due to another research data while comparing TE and OSCE students consider the last one as well-organized, well-structured, students fully aware of the nature of the exam, and adequate time allocated for each procedure with the same clarity and unambiguous of the exam instructions and well administrated of the exams. OSCE better provided opportunities for learning and required tasks were consistent with teaching objectives. Some students might consider the OSCE as less stressful compared with TE with better exam scoring objectivity and validity, with the less noisy environment, more adequate light, the adequate space provided.

Despite of some obstacles of OSCE2 implementation, objective structured clinical examination can be used as effective and meaningful method for both learning and assessment tool of academic performance and acquiring clinical competencies by students. OSCE might be adopted as a strategy for examining clinical skills for graduate students and checklists of OSCE are suggested as a reliable and valid assessment for students' performance while studying clinical disciplines.

References

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