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OSCEs' Impact on Occupational Therapy Student Learning: Insights from Second- and Third-Year Focus Groups

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OSCEs' Impact on Occupational Therapy Student Learning: Insights from Second- and Third-Year Focus Groups

Abstract

Background: Objective Structured Clinical Examinations (OSCEs) are widely used in health programs to assess clinical skills. We present results of a qualitative study investigating occupational therapy students' perceptions of OSCEs' impact on their learning and readiness for clinical practice.

Method: Six second and six third year students in the University of Alberta's Master of Science in Occupational Therapy program were interviewed in separate focus groups. Independent reviewers applied thematic analysis to the focus group transcripts to identify, analyze, and report themes in the data.

Results: Five themes were constructed from the data: *from learning to action, transition to practice, stress, representativeness, and suggestions for improvement*. Both cohorts perceived OSCEs as intensely stressful but ultimately beneficial to their learning, though third-years more readily identified stress as a catalyst for personal and professional growth. Further, both cohorts noted that OSCEs motivated them to practice clinical skills and constituted important stepping stones toward authentic practice, but the third-year students more frequently drew connections between the skills tested in their OSCEs and their confidence in working as occupational therapists.

Conclusion: OSCEs play an important role in forming students' identities as clinicians in the making, supporting their continued use for formative assessment in MScOT programs.

Keywords

assessment, focus groups, occupational therapy, OSCE

Credentials Display

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Objective Structured Clinical Examinations (OSCEs) are widely used for formative and summative assessment in undergraduate and graduate health professional programs (Bobos et al., 2021). In contrast with written exams, they provide students an opportunity to “show how” (Miller, 1990, p. S63): in other words, to demonstrate their acquired knowledge, skills, and abilities in simulated scenarios with standardized patients designed to mimic authentic clinical practice (Müller et al., 2019). Further, OSCEs allow educators to evaluate key practical competencies in a controlled learning environment (Krusen & Martino, 2020). Evaluators are typically university faculty members familiar with clinical expectations or clinicians familiar with current graduate program training practices. Evaluators rate students’ performance using a predetermined rubric that identifies the clinical and professional competencies relevant to the practice scenario, and they provide feedback on strengths and weaknesses. By evaluating performance across a series of OSCEs, educators determine whether students have reached an established threshold of competence suitable for entry to clinical practice (Zhang & Walton, 2018).

A number of previous studies have used surveys and focus groups to explore pre-licensure students’ perceptions of OSCEs in disciplines such as medicine, nursing, and dentistry, among others. Students have noted that OSCEs provide a valuable opportunity to receive meaningful feedback on their developing professional competencies. They have routinely expressed positive attitudes about the impact of OSCEs on their self-confidence in their clinical skills (e.g., Farahat et al., 2016; Muldoon et al., 2014; Pugh et al., 2018) and have reflected on these learning experiences as being instrumental in their developing sense of themselves as future practitioners (e.g., Abdelaziz et al., 2016; Barry et al., 2012; Mitchell et al., 2017). In addition, students have spoken of OSCEs as a motivating factor for engaging with their studies, particularly with course concepts and practical skills that they know may be assessed in upcoming exams, suggesting not only that assessment drives learning but also that the nature of the assessment drives the type of preparation in which students engage (Müller et al., 2019; Pugh et al., 2018). Further, studies documenting students’ perceptions have shown that students consider OSCEs to be fairer and more objective than other forms of assessment (Abdelaziz et al., 2018; Graham et al., 2014), though some students have speculated that grading OSCEs may not be as objective as it purports to be, citing a perceived advantage in being scheduled to complete an OSCE after ones’ peers or inconsistency between raters (Ghouri et al., 2018; Roberts et al., 2019).

Students have also frequently reported that OSCEs are intensely stressful (e.g., Muldoon et al., 2014; Wadi et al., 2022; Zhang & Walton, 2018;). In a recent study with second-year occupational therapy students, participants expressed a mix of distress and eustress following an 18-station OSCE (Krusen et al., 2020). A number of researchers have investigated whether elevated levels of stress and anxiety induced by OSCEs are associated with worsened performance, employing methods ranging from self-report scales (e.g., Vasli et al., 2021; Wu et al., 2020) to measurements of biomarkers (e.g., Bellido-Esteban et al., 2021; Ferreira et al., 2020). Results from these diverse methods converge on a recognition that the stress students feel before and during OSCEs is real, but stress levels are not significant predictors of exam success. In interviews, some students reported feeling intense anxiety before their first OSCE but described drawing on that survival experience to help themselves feel calmer for subsequent exams (Farahat et al., 2016; Ferreira et al., 2020).

Research Objectives

While pre-licensure students’ perceptions of OSCEs have been documented in numerous studies, few studies have involved cohorts at different stages in their programs. Moreover, little attention has been devoted to capturing occupational therapy students’ perceptions of OSCEs in depth (Krusen, 2020). Using

student focus group interviews, the researchers explored how students in Year 2 and Year 3 of an Occupational Therapy Master's program perceived OSCEs as enhancing or limiting their learning. A deeper understanding of students' perceptions and experiences may assist OSCE developers in tailoring the learning opportunity to the needs of occupational therapy students and may help ensure that the structure and delivery of the exams enhance students' learning process.

Method

A qualitative investigation, following an action research approach, was conducted to explore occupational therapy students' perspectives on the impact of OSCEs on their learning as they moved toward external clinical placements. Action research is a method used to explore educational inquiries with the purpose of improving educational practice (Whitehead & McNiff, 2006). Data were collected through focus group interviews with occupational therapy students in the University of Alberta's Master of Science in Occupational Therapy (MScOT) program. Participation was open to all students in their second and third years of the program. The study aimed to conduct two 90-min focus groups, one with second years and another with third years, with the goal of recruiting four to eight students per focus group to allow for in-depth discussion (Barbour, 2008). The students were invited to participate through an announcement that was included at the beginning of their class sessions. The University of Alberta's Research Ethics Board 1 approved this study (Pro00102323; approval was received on 13 August 2020).

Setting and Participants

The University of Alberta's MScOT program is a year-round, full-time program designed to be completed in 26 months of study. A new cohort of 122 students is admitted once per year. Students complete 28 weeks of fieldwork, divided between four 7-week external clinical placements that are dispersed throughout the program. During the program, students participate in five OSCEs: one at the end of the fall and winter semesters in the first year, one at the end of the fall semester in the second year, and two at the end of the winter semester in the second year. The delivery sequence of the five OSCEs intends for students to integrate and demonstrate knowledge, skills, and abilities developed through previous and current coursework. Further, the sequence intends to provide students an opportunity to integrate and build on previous feedback in subsequent OSCEs. The OSCE rubric used at the University of Alberta was developed in accordance with the Canadian Association of Occupational Therapists' profile of practice (Canadian Association of Occupational Therapists, 2012). The competencies it assesses are professionalism, communication, and clinical reasoning in relation to the client in the context of theory and implementation of evidence-based practice.

Twelve students, all female, participated in this study. Six were in the third year of their program, and the other six were in their second. At the time of data collection in Fall 2020, the third-year students had completed all five of their OSCEs and were currently taking part in clinical placements at sites external to the university. The second-years had completed the first two of their OSCEs but were still completing coursework and had yet to begin external placements. All of the participants were provided with an information letter detailing the research objectives and procedures of the study, and all signed an informed consent form before participating.

Procedure and Materials

Two focus groups were conducted over Zoom, one for third-year students and one for second-years. Both sessions were video recorded via Zoom. The primary investigator (PI) and a graduate research assistant (GRA) moderated the focus groups. Both focus group sessions lasted approximately 90 min and consisted of two phases for each discussion question: a brainstorming phase (in which the participants

verbally and textually generated ideas in response to the question) and a consolidation phase (in which the participants verbally conferred with one another to textually summarize key ideas in their initial responses). Following an introductory discussion in which the moderators reviewed the content of the study's information letter, the brainstorming phase was initiated by inviting the participants to access a shared Google Docs document online that presented five discussion questions in an editable table format. For both groups, the questions were as follows:

1. Has participation in the OSCEs impacted your learning in a positive manner? How?
2. Has participation in the OSCEs impacted your learning in a negative manner? How?
3. What competencies do you think you were able to demonstrate during the OSCEs?
4. When participating in the OSCEs, do you feel they were a true reflection of your performance abilities at the time?
5. Has participation in the OSCEs impacted your readiness for clinical practice? How?

Participants began with Question 1 and were instructed to enter responses at their own pace by typing in the document in the table cell next to the question. Any type of written response was acceptable, including point form or full paragraphs. The participants were free to chat with one another about their responses or make use of Zoom's chat box during the process. Each participant's written response was visible to all other participants as well as to the moderators. As the participants spoke and wrote, the moderators prompted the participants to provide clarifying details where deemed necessary.

Once responses to a discussion question reached saturation with no new information emerging, the moderators encouraged the participants to initiate the consolidation phase for that question, in which they conferred with another to summarize the key ideas in their responses and enter point form notes in an additional column that was added to the table next to their responses. The moderators took part in these discussions to ensure everyone who wanted to respond had a chance to do so, as well as to ensure time was available to discuss each question. Once the brainstorming and consolidation phases were complete for one discussion question, the participants moved on to the next. At the end of each focus group, three data sources were saved: (a) a video recording of the Zoom call, (b) a text transcript of the call autogenerated by Zoom, and (c) a copy of the shared Google Docs document that the participants completed during the call.

Data Analysis

The PI and GRA first reviewed the auto-generated transcripts while simultaneously listening to the video recording in order to correct any errors in the texts. Then, as a member checking procedure, the transcripts and Google Docs from both focus groups were shared via individual emails with their respective participants to (a) ensure that the details captured were accurate and resonant with their experiences and (b) provide an opportunity for individuals to correct any statement of theirs if they felt they had misrepresented themselves. All participants approved of the transcripts and Google Docs and none requested any changes. Next, the PI and GRA independently conducted a thematic analysis of the transcripts and Google Docs from both focus groups to identify, analyze, and report themes in the data. In accordance with Braun and Clarke's (2006) six phases of analysis, we:

1. Familiarized ourselves with the data
2. Generated initial codes
3. Searched for themes
4. Reviewed the themes
5. Defined and named the themes, and
6. Produced a written argument in relation to the story that the data told.

The PI and GRA worked separately on Phases 1–3, each working on both cohorts’ materials simultaneously. The PI and GRA later met to compare what they had produced to complete phases 4–6. Disagreements on themes were resolved through discussion, and names for themes were collaboratively chosen.

Results

Five themes were constructed from the students’ comments during the focus groups. These themes are (a) from learning to action, (b) transition to practice, (c) stress, (d) representativeness, and (e) suggestions for improvement. See Table 1 for representative quotes. Each theme is outlined below, illustrated by responses from second-year (2Y) or third-year (3Y) students.

Table 1

Themes and Representative Quotes

Theme	Representative quote
From learning to action	“There is a completely different approach to learning those skills, and you know you’re going to be thrust into that situation later in the semester where you’re gonna have to demonstrate it.”
Transition to practice	“[It was] experiential reflection in what it would feel like for clinical work.”
Stress	“[OSCEs] can be such a great learning opportunity, and I think those get a little bit overshadowed by this, like, build up, this stress, and this fact that’s like, oh, this is going to make or break whether I pass or fail a class and then, therefore, maybe jeopardize my place in the program, etc., etc. And it’s just one exam.”
Representativeness	“Now that I’ve completed 3 placements, what I’m noticing is that the case studies we are given in class (not including OSCEs) are NEVER as complex or never as ‘human/real life’ as real clients.”
Suggestions for improvement	“If [students] just got our pass, fail and like ‘credit received’ or ‘credit not received’ there would be so much less stress.”

Theme 1: From Learning to Action

The participants in both years described the experience of preparing for and completing OSCEs as representing a transition from learning to action, noting that OSCEs felt like a move beyond traditional classroom learning toward something hands-on and “in the moment.” Responses included, “As a student, like, it’s always, like, essays, multiple choice. It’s just what you know, it’s not what you can do ever, like being now tested and graded on what you can do felt like incredibly different” (3Y) and “[It] allowed us to go through the motions; apply what we had read/spoken about in class; simulated a real-life interaction which elicited visceral responses” (2Y).

The participants also acknowledged that their experiences with the OSCEs began to influence the way they engaged with course material, noting a transition from more passive methods of study to learning by doing: “There is a completely different approach to learning those skills and, you know, you’re going to be thrust into that situation later in the semester where you’re gonna have to demonstrate it” (3Y). Another noted, “It was an incentive to continually practice, like, I definitely started preparing for that exam way before I usually do” (2Y).

Theme 2: Transition to Practice

Both sets of participants expressed recognition that, in addition to functioning as an assessment tool, their OSCEs served as a preview of what it might look like to engage in genuine practice. While both second- and third-years viewed OSCEs as a rite of passage in transitioning to external clinical placements and eventual licensure, the third-years (who were on clinical placement at the time of data collection) were

able to draw direct connections between the value of having completed their OSCEs and their confidence in their ability to practice in authentic clinical settings: “It was helpful to have the opportunity to have an interaction that was more similar to clinical practice than what we were able to do in labs. Particularly the interview portions of OSCEs I found helpful and positive” (3Y).

The third-years reflected on the OSCEs as a confidence-builder that helped them feel more assured about their transition into placements. One stated, “It did help me knowing that I was performing well and was ‘on track,’ even when I felt I wasn’t. This did help to build confidence” (3Y). Another said, “I also feel I was able to demonstrate my ‘fake it til you make it’ confidence that is sometimes necessary in new experiences” (3Y).

For their part, the second-year participants, who had yet to begin external clinical placements, viewed their OSCE experiences as models for what was to come and valued the opportunity to sample authentic scenarios: One second-year said, “[It was] experiential reflection in what it would feel like for clinical work.” Another commented, “Great to practice on standardized patients rather than classmates; we aren’t always the best ‘actors’ for each other; helps get a feel for what actual practice might be like” (2Y).

Theme 3: Stress

Stress and anxiety, particularly as it related to the high-stakes nature of the assessment scenario, were frequently cited by the participants in both years when discussing their OSCE experiences: “The stress factor was so huge that it was really difficult to focus on the actual things that were being tested, thereby feeling like my actual skills were not being tested” (2Y). Another participant said, “I felt like I was going to puke. It just feels, like, extremely, really high stakes and really nerve-racking” (3Y). Another responded:

[OSCEs] can be such a great learning opportunity, and I think those get a little bit overshadowed by this, like, build up, this stress, and this fact that’s, like, oh, this is going to make or break whether I pass or fail a class and then, therefore, maybe jeopardize my place in the program, etc., etc. And it’s just one exam. (2Y)

However, while all of the participants relayed vivid accounts of the emotions they experienced, third-year students more frequently reflected on their OSCE travails as opportunities for personal growth, which fostered their readiness for practice and confidence in placement. One stated, “That was a positive thing, just, like, having some exposure to a higher stress situation, I guess like being asked to demonstrate something [like that] before you hit placement is helpful” (3Y). Another commented, “The OSCEs have helped me to learn to push through nerves to be able to perform and focus on my work regardless. This has been something I’ve had to do on placements too” (3Y). It was also noted that

In my first OSCE, I made an error, and it was a good lesson in being able to deal with screwing something up with a patient but carrying on anyways and figuring out what you would do differently next time. That has helped me a lot in clinical practice. (3Y)

Theme 4: Representativeness

Both sets of participants reflected on the extent to which their OSCE experiences represented their own visions of themselves as clinicians in the making. The third-years drew comparisons with what they have gone on to see in placement. The comments included, “I liked being asked to defend my clinical

reasoning and explain it. Because like that's what my [clinical placement] preceptor is asking me all the time” (3Y), “I’m less able to use my therapeutic use of self and build rapport in a testing setting, which I discovered on placement that it’s a strength of mine” (3Y), “Now that I’ve completed three placements, what I’m noticing is that the case studies we are given in class (not including OSCEs) are NEVER as complex or never as ‘human/real life’ as real clients” (3Y), and

Typically, it felt more that my interview skills were being tested more than my ability to do other things that I would be doing on placement or as an OT. I have found that in practice, most of the time you do not have time/it is not seen as ‘relevant’ to gather so much information on clients as we did in university. (3Y)

The second-years wondered whether the OSCEs they had completed were truly representative of actual practice and, in particular, whether the experience of being examined affected their ability to exhibit a true reflection of their skills and knowledge. Comments included: “In such a controlled environment and in first year when you didn’t have any previous experience there were a lot of nerves which always impacts performance. Also the strict time limit did not help” (2Y), and

I felt like my performance ability was based off ‘the luck of the draw’ as some physical OSCEs were harder/easier than others. The interview OSCEs felt more consistent, however, I believe the exam grading interferes with performance in a way which would not exist in practice. (2Y)

Another student noted,

Obviously an exam situation has elements that make it hard to reflect ‘true’ abilities. We are also only learning what our ‘true’ abilities could be and this is something that can help us realize some elements that may impact our abilities when in the stressful environment of actual practice. (2Y)

Theme 5: Suggestions for Improvement

The participants in both years reflected on potential changes to the OSCEs’ design and administration that would have improved their experience, or that could improve the experience for future students, noting in particular that the feedback students receive could be more specific, personalized, and timely. These reflections included: “I feel like if somehow we could have more feedback from clinicians about our skills that would really help because some of our instructors are recent clinicians are have maintained a clinical practice” (3Y), “Verbal and written feedback and more specific suggestions - give exact suggestions for improvement rather than general suggestions” (2Y), and “More chances for feedback throughout the semester on OSCE skills. Suggestions on how to improve or where to access further learning resources for practical skills. Less generalization in written feedback. Verbal feedback throughout the semester” (2Y). Both second- and third-year participants also wondered whether grading was truly consistent from assessor to assessor and whether standardized patients demonstrated conditions identically. Examples of their feedback include: “For the second OSCE, inconsistency in the level of difficulty expected from the evaluator, i.e., grading standard, had some doing better than others” (2Y), “I knew another student who got [. . .] had the same movement, but her tester, like, stepped in at an earlier stage and helped when it became clear that the [standardized patient] wasn’t showing it, but mine didn’t” (3Y), and

One movement that [the standardized patient] wasn't able to do was big toe. I spent, like, a really long time. Just like redoing screens over and over, because I couldn't find it . . . [it] kind of felt unfair and it just didn't feel like it lined up with the experiences that other students were having. (3Y)

The third-years additionally commented on the value of adopting a pass-fail grading scheme (rather than assigning a mark), suggesting that this approach would reduce students' fixation on grades and thus mitigate some of the sensitivity they feel toward differences in standardized patients' performance and evaluators' strictness. One student noted, "It more matters if they gauge that you're competent at, like, a 70% level and then they can, like, give you that like personalized feedback about how you can improve" (3Y), and another stated, "If [students] just got our pass fail and like 'credit received' or 'credit not received' there would be so much less stress" (3Y).

Discussion

This study aimed to explore and gain insight into how second- and third-year occupational therapy students perceived OSCEs as enhancing or limiting their learning, both as they prepare for and take part in the OSCEs and as they carry their learning forward into clinical placements. In comparing the data each cohort contributed, the meaning ascribed to OSCEs appears to change with time and students' progression toward independence as a clinician. We observed that the second-year students tended more than the third-year students to dwell on external factors, such as stressors related to the OSCE and comparisons between their performances and their peers'; third years, in contrast, conveyed greater reflectiveness regarding the OSCEs' role as a key piece in their development as student-clinicians.

The participants' commentary suggested that students in both years viewed OSCEs as beneficial to their learning. This can be seen, in particular, in the theme, from learning to action. The participants relayed that the stakes and nature of the OSCEs stimulated active engagement with course material and associated skills, which led to studying consistently ("It was an incentive to continually practice"), and in new ways ("There is a completely different approach to learning those skills"), in anticipation of the moment in which they would be called on to demonstrate their clinical acumen ("you're going to be thrust into that situation"). These reflections are in line with previous studies that report students tend to focus their available study time on rehearsing specific clinical skills (and often with one another, as our participants also reported) rather than on acquiring general familiarity with larger bodies of information (Müller et al., 2019; Pugh et al., 2018).

The participants elaborated on the OSCEs' benefits to their learning, going on to discuss their OSCE experiences as representing a bridge to what lay ahead (transition to practice). They characterized participating in the OSCEs as representing a distinct and significant step toward authentic practice, speaking of the value they gleaned from working with standardized patients ("helps get a feel for what actual practice might be like"), the confidence they gained from receiving affirming feedback ("It did help me knowing that I was performing well, even when I felt I wasn't"), and the opportunity that the assessments afforded them for "experiential reflection" on how they were faring as occupational therapists in the making. These themes resonate with those reported in previous work, where students have described their OSCE experiences as important and meaningful rites of passage en route to viewing themselves as capable and confident clinicians-to-be (Abdelaziz et al., 2016; Barry et al., 2012; Mitchell et al., 2015). The need to grow and nurture a sense of professional confidence has been argued to be equally important as professional competence in the development of one's identity as an occupational therapist (Holland et

al., 2012). Notably, the affirmation that students are “on track” is widely understood as fundamental to their developing confidence, suggesting that OSCEs may play an instrumental role in this identity formation process (Johnston et al., 2017).

The theme of stress, likewise, showed similarity with previous work, as the participants made prominent mention of the “nerve-wracking” pressure they faced preparing for what they perceived to be the “make or break” stakes of the exam (Bellido-Esteban et al., 2021; Wadi et al., 2022; Wu et al., 2020; Zhang & Walton, 2018). Notably, though, the third-year students, perhaps with the benefit of greater hindsight, tended to reflect more readily on these stressful experiences as catalysts for personal and professional growth. In contrast with their juniors, they were better able to make connections between the confidence they felt during external clinical placements and the opportunity the OSCEs provided to put their skills to the test under pressure (“The OSCEs have helped me to learn to push through nerves”; “That has helped me a lot in clinical practice”). This discrepancy may owe to the fact that third years were taking part in external clinical placements at the time of data collection, a scenario contingent on having successfully completed all five OSCEs in the program. The third-year students, therefore, may have been reflecting on what psychologists have termed “post-traumatic growth,” described as positive psychological changes, such as heightened self-efficacy (Ferreira et al., 2020), that can develop after overcoming highly adverse circumstances (Jayawickreme & Blackie, 2014). We observed similar divergence in the two cohorts’ perceptions of the OSCEs’ representativeness: while the second-year students tended to focus on specific details of recent OSCEs or the artificiality of testing scenarios, the third-year students exhibited a more practice-centered perspective, reflecting on similarities and differences between what was tested and what is required in the clinic (“I liked being asked to defend my clinical reasoning and explain it. Because like that’s what my preceptor is asking me all the time”; “I have found that in practice, most of the time you do not have time/it is not seen as ‘relevant’ to gather so much information on clients as we did in university.”)

Like students in other health professions (Abdelaziz et al., 2016; Ghouri et al., 2018; Graham et al., 2014), the present sample wondered about fairness and objectivity in grading (“inconsistency in the level of difficulty expected from the evaluator”), speculating that luck of the draw may have at times been at play with regard to the assigned testing scenario or the evaluators with whom the students were paired (“Kind of felt unfair . . . didn’t feel like it lined up with the experiences that other students were having”). However, rather than suggesting that their OSCEs’ evaluation standards need to be re-assessed, the students’ Suggestions for Improvement focused primarily on feedback, citing the modes (verbal and written), frequency (more was the consensus), source (clinicians in addition to instructors), and specificity of feedback they felt would most be most beneficial. With regard to specificity, the participants noted, in particular, that they felt that more personalized feedback would be beneficial. Specific and timely feedback has been frequently cited by students in the literature as desirable following their OSCEs, and the sense that too little feedback is provided appears to be common among students in health education (Johnston et al., 2017; Sterz et al., 2021). The feasibility and acceptability of more frequent and more personalized OSCE feedback may warrant further study.

Limitations

While the students who participated in this study provided rich descriptions of their impressions and experiences with OSCEs and touched on themes that were largely resonant with those described in previous studies, it may be the case that the views captured here were not representative of the full range of attitudes in their cohorts. One possible reason for this may be that recruitment for the study and a portion

of the focus group facilitation was conducted by a member of the teaching faculty in the University of Alberta's MScOT department (the primary investigator), who teaches the courses in the program in which the OSCEs are conducted. This factor may have influenced students' willingness to participate or the ways in which they chose to express themselves during data collection (however, the PI was not responsible for grading students' performances on OSCEs in these courses, a fact of which all study participants were aware). A second possible reason is that selection bias may have been present as stronger students may have self-selected to participate, whereas poorer-performing students may have been reluctant to participate. A third possible reason was that the number of participants from both the second- and third-year cohorts, six from each, was small compared to the total number of students in each cohort (typically 122). Future studies may wish to involve a greater proportion of students in a program or cohort by using methods that offer greater anonymity or a lesser time commitment, such as online surveys, which could be conducted either on their own or in addition to focus group interviews.

Conclusion

The present study is one of the few explorations of occupational therapy students' perceptions of OSCEs to date, as well as one of the few designs comparing perspectives from students at different stages in their programs. While the participants, by and large, expressed similar perceptions to those reported by students in other professional programs, namely, that OSCEs are an intensely stressful but ultimately necessary and beneficial form of assessment, the present data importantly capture an evolving perception among students, as they progress toward licensure, that OSCEs constitute invaluable growth experiences that help shape professional competence, confidence, and identity. These findings support the continued use of the OSCEs as formative assessment tools in MScOT programs.

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