

**Title:** Improving clinical competencies by using OSCE

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**Context and setting:** Over the past decade, methods to assess clinical competence have changed from multiple choice examinations to performance based tests. Assessment of clinical skills has a central role in medical education and the selection of suitable methods is highly relevant. In Ethiopia, this has traditionally been carried out through standard evaluations such as multiple choice questions, long case and oral examination. Although the Objective Structured Clinical Examination (OSCE) is now established as one type of assessment of clinical competence, this method is still hardly used in Ethiopia.

**Why the change was necessary:** The use of OSCEs in developing countries can be challenging, since there is limited awareness of the advantages associated with this method of assessment, and resources are limited. Introduction of OSCE in obstetrics and gynecology was based on the perception that clinical competence requires not only knowledge, but also the ability to perform specific clinical tasks and the interpersonal skills required for communication with patients and other health care professionals.

**What was done:** An OSCE committee prepared a blueprint based on the learning objectives for the 4<sup>th</sup> year of the course. Station materials were written well in advance using the following guidelines: 1) Clear instructions for the candidate, 2) clear instruction for examiners, 3) list of equipment needed, 4) duration of station and 5) scheduling. Checklists were prepared and passing mark (% correct) was decided by all examiners in advance.

After the examination was administered, OSCE scores were correlated with year 3 long case and final examination scores using SPSS. These year 3 final scores are the combined results of performance on multiple-choice questions, long case and oral examination. Post- intervention surveys were administered to students and faculty to obtain their perceptions, opinions, and feedback on the test. Focus group discussions with faculty and staff were used to assess the OSCE in terms of its acceptability, strength, challenges and required areas of improvement.

**Evaluation of result and impact:** The correlation between the long case and OSCE scores was 0.24 ( $p=0.25$ ); and with year 3 final scores was 0.62 ( $p=0.001$ ). Student feedback ( $n=23$ ) revealed that the majority felt that OSCE is practical, objective and improved the learning process of important clinical skills. Faculty members ( $n=6$ ) gave favorable responses about the exam and expressed interest in continuing with it. They agreed that OSCE was good for skills assessment and teaching, and that it was fair, practical and objective. Students and faculty felt that OSCE stimulated students to attend to procedural skills training, but improvement in logistics and organization is needed.

This project helps to highlight the importance of alignment between teaching objectives, teaching strategy and assessment. More focus should be given to skill oriented training.

All faculty should be trained on clinical performance assessment and the department should establish an up-to-date clinical skills lab. Qualitative and quantitative results indicate that this implementation of the OSCE was acceptable and feasible and this method should be included as an additional summative exam to the existing assessment program.