

Title: A more objective assessment of medical students' clinical skills: A pilot project

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Context and Setting: The University of Benin Medical School runs a 6 – year undergraduate Medical Programme which follows the traditional subject based curriculum, with clinical exposure commencing in the fourth year (400-Level). In each academic year, 2 cohorts of 400-Level Medical students do an 8-week rotation through Internal Medicine wards and Clinics. At the end of each rotation an assessment of their clinical skills is performed, using the traditional 'Long Case' and 'Short Case' format. A similar rotation takes place at the 600-Level, followed by the same type of assessment. Until recently, the average student intake into the Medical School had been over 250 annually over the past 10 years, with no commensurate increase in size of Faculty or clinical teaching facilities.

Why the idea or change was necessary: The conduct of clinical assessment of Medical students by the traditional method takes an average of 4-days to complete and has become too stressful for students, patients as well as examiners. The current method of assessment of a student's clinical skills is perceived to be rather subjective and restrictive in scope, as it will not be feasible to give many 'Long' and 'Short' cases to every candidate. The alternative, therefore, is Objective Structured Clinical Evaluation (OSCE), which will permit every candidate to be exposed to similar clinical cases or simulations.

What was done: Both formal and informal discussions, followed by 2 mini-workshops for Faculty and residents in Medicine, aimed at increased awareness and training, regarding the utility value of OSCE as a clinical assessment tool for students, was held between November 2006 and May 2007. Group discussions with 400-Level medical students, aimed at increasing awareness about OSCE, were also carried out. Minimal training was offered to identified interns and junior residents who were to serve as simulators or 'Indirect standardized patients' for the OSCE.

A random sample of 45 students from the 2nd cohort of 400-Level students (120) on Internal Medicine rotation for the year 2007 was chosen for the Pilot OSCE, to test the process for both students and Faculty. A 15 five- minute station design was adopted to test history-taking and physical examination skills, as well as interpretation of Laboratory tests. Both real patients and simulators were used, while Faculty and senior residents served as raters. Students were made to complete both Pre- and Post- OSCE survey questionnaires. The scores per candidate from the checklists in the stations as well as the survey data were computed and analyzed.

Evaluation of Results: Thirty-eight students, out of the 45 enrolled, eventually participated in the OSCE. Twenty-three of these students had a score > 50% in the OSCE test, giving a pass rate of 60.5%. The highest score recorded by a candidate was 70.5% while the lowest score was 34.8%. Most of the students (80%) consider OSCE as a more objective clinical assessment tool and all the respondents were in favor of adopting OSCE.

Conclusion: It does appear that with adequate preparation, with regard to raising the awareness of both faculty and students and utilization of available manpower, that OSCE could be acceptable as a preferred tool of assessment of Medical Students' Clinical skills, even in a setting with a long history of traditional method for skills assessment.

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