

Title: Examiners' and examinees' perception on multi-sites OSCE for competency examination of Indonesian medical doctor

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The context and setting: In 2006, the Indonesian Medical Council published Competency Standard of Indonesian Medical Doctor. This standard must be referred by all medical schools in Indonesia to design the curriculum. Along with the implementation of competency-based curriculum, since 2007 a national competence-based examination has been implemented in the form of MCQs delivered using computerized-based testing. As MCQs only assess the medical knowledge, by August 2013, OSCE is implemented to complement the existing MCQs. The examinees have to pass both 200 items-200 minutes MCQ and 12 stations-15 minutes each OSCE.

Why the idea was necessary: The quality of OSCE is affected by many factors such as the items tested, the performance of SPs, the examiners, and the instrument used for scoring. Understanding of the examinees' and examiners' perception on the OSCE implementation can be used as input for improving the quality. This study is focused to see the change in perceptions over the first three OSCE implementations: August 2013, November 2013 and February 2014. The August 2013 OSCE was done in 48 medical schools, the November 2013 OSCE was in 54 medical schools, and the February 2014 OSCE was in 48 medical schools.

What was done: After the OSCEs, all examinees and examiners were asked to complete an electronic questionnaire for evaluation purposes. The questionnaire asked many aspects on OSCE implementation; however, only seven aspects were reported here. Respectively, there were 1,497, 1,902 and 2,785 examinees during the first three implementations. The numbers of responses from examiners were 1,704, 1,976 and 2,505, respectively.

Evaluation of the results or impact: The reliability of the OSCE in three implementations is 0.79, 0.78, and 0.76, respectively. Seven aspects were evaluated. The percentage of examiners who agree and strongly agree for each aspect over the three implementations compared with the percentage of examinees are as follows: 1) The assessed tasks are congruence with Indonesian Medical Doctor Competency Standard (Examiners: 98.65%; 98.63%; 98.16% / Examinees: 78.56%; 88.49%; 85.64%); 2) OSCE is appropriate as one of the methods to assess clinical competency (Examiners: 99.18%; 99.19%; 97.88% / Examinees: 55.85%; 75.25%; 75.91%); 3) OSCE stimulates examinees to learn clinical skills (Examiners: 99.77%; 99.44%; 98.52% / Examinees: 74.42%; 87.52%; 87.65%); 4) OSCE stimulates examinees to understand better their own

strengths and weaknesses (Examiners: 99.3%; 99.49%; 98.44% / Examinees: 79.09%; 90.63%; 91.78%); 5) The assessed skills have been taught (Examiners: 98.36%; 97.82%; 97.45% / Examinees: 81.3%; 88.7%; 84.02%); 6) OSCE stimulates improvement of clinical education (Examiners: 98.65%; 98.63%; 98.16% / Examinees: 78.56%; 88.49%; 85.64%); 7) The examiners assess objectively (Examiners: 98.83%; 98.23%; 99.32% / Examinees: 86.97%; 93.11%; 95.61%).

The results suggest that both examiners and examinees have positive perceptions. Generally, in all aspects, perception from examiners is better than from examinees. Over the three implementations, the examiners' perception is stable, while the perception of examinees is getting better.

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