

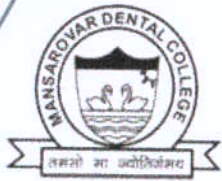


# MANSAROVAR DENTAL COLLEGE

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## **2.5.3 Any other relevant information**



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## **OBJECTIVE STRUCTURED CLINICAL & PRACTICAL EXAMINATION (OSCE/OSPE)**

### **INTRODUCTION:**

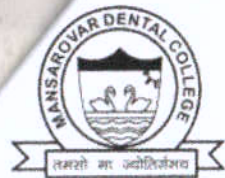
Assessing teaching- learning outcomes in anatomical knowledge is a complex task that requires the evaluation of multiple domains: theoretical, practical and clinical knowledge. In general theoretical knowledge is tested by a written examination system constituted by multiple choice questions (MCQS) and/or short answer questions (SAQ) and long answer question (LAQ). The assessment of practical knowledge (three-dimensional anatomical concepts) involves oral, spot or objective structured practical examinations (OSPE). Final, the application of anatomical knowledge to patients is tested mainly through objective structured clinical examinations (OSCE).

Clinical practical examination is designed to test the skill, performance and capability of the candidate in communication, clinical examination, dental procedures or prescription, latest techniques, evolution and interpretation of results so as to undertake independent work as a specialist.

The OSCE incorporates the use of standardized Patients first described by Barrows and Abrahamson in 1964 . The use of standardized patients allows the nature of problems and the level of difficulty to be standardized for all students. OSCES is effective tool for the evolution in medical and dental field.

The OSCE is very flexible and tests a wide range of task and skills. The choice is set within the boundaries set by stated outcomes and more specific learning objectives. Candidates who are familiar with the format of certain "unusual stations should be given consideration for which formative OSCE is highly recommended.

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The other exam components should not be forgotten, such as paper tests of knowledge, and other higher tests of cognition. If the whole examination presents an unbalanced and overlapping distribution of competencies tested the "value of the OSCE is diminished."

For setting up a successful OSCE and above all shall reflect the capabilities expected of the students. The team needs to consider whether an OSCE can give information about all attributes expected from the candidates at the level of the test.

## **OBJECTIVES:**

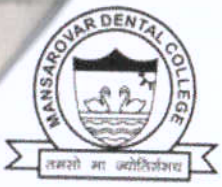
It is a multi station, multi task process of assessment which reflects the objectives-construct validity. It sets at an appropriate level understanding and applying theory- not a series of MCQS, but tests the practical skills

## **Importance of clinical examinations:**

- Minimum sets of equipments are required.
- Ideal for comprehensive programme.
- More definitive and more authentic in terms of training doctors.
- Usually cheaper than a practical exam

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## Practical Stations Can Be

- I. Use of a microscope
- II. Investigation
- III. Histopathology
- IV. Applied anatomy - X-rays etc
- V. Measurement BMI function tests
- VI. Elementary clinical skills-integration


The examination is to measure clinical capability and is very meticulous and should not be undertaken by those without experience.

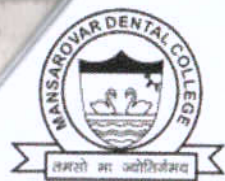
## PURPOSE OF OSCE/OSPE

1. Do
2. Show
3. Know
4. Understand

## Stations:

All Staff members distribute the stations among themselves or ask the other staff to participate in the preparation process. All station designers need prepare a number of documents related to their station.

  
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## Station's Profile

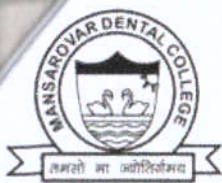
This profile is usually used for the identification of the characteristics of the station in the item bank. An estimate of the time needed for the task, and the domain and competence tested (objective/construct of the station). The profile should also include a proposal of the suitable examiner (for example a surgeon).

The documentation specifies the items suitable for the demonstration of the skill, whether it is a patient (non-standardized or standardized), a model /cast or an interactive animation. The repetitive item should also be clearly specified, for example a video of a patient Station materials must be prepared.

## Opening Statement of Station

This is important as it is expected to prepare the mindset of the examinee and provide a semi-real-life situation. A scenario should as much as possible, use the patient's language rather than technical medical terminology. It should provide enough information to guide the examinee to the required task, but not too little. a standardized format for the task is helpful- for example providing the patient's name, age, presenting complaint, and the setting (such as clinic, emergency department) – and must be uniform for all stations. Bearing in mind the time constraint for any station, care must be taken not to overload the scenario with any unnecessary detail.

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## **INSTRUCTIONS:**

Clear instructions should be written for examiners, examinees and patients.

### **Instructions for candidates/ examinee**

Candidate instructions consist of the skills to be demonstrated. It should be clear and precise, Any person reading the instructions should have a full understanding of the task.


More than one capability can be tested, clear instructions for both tasks must be provided. It is always useful for the candidate to know the division of marks between tasks and questions that might be asked.

### **Instructions for the examiners**

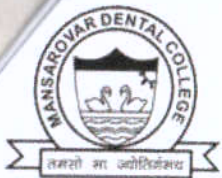
Explicit instructions should always be provided for the examiners of a station. As an introduction the station profile shall be presented with a clear statement of the construct being measured.

### **Instructions and training material for patients:**

There shall be a short and informative description of what will happen at the clinic some stations may require unusual responses, If a history is to be given the details shall be provided, and preferably surplus to requirements (complete history) to avoid leading the candidates by the absence of important information that a patient would normally give.

  
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## SCORING AND MARKING FORM

The constructor should follow the rules and standards agreed upon. The format of the form(s) to be used should be specified by the head of the departments as there are various formats. The most widely used are:

### **i. The Check List**

This is a list of the expected items if the task is completely performed. The staff must decide the degree of detail with which items will be described. Statements regarding skills and behaviors expected to be in most or all clinics should not be given a high mark as this will affect the overall mark of the exam. Scoring is usually of the yes/no, done/not done type. This method of rating is particularly useful for inexperienced examiners

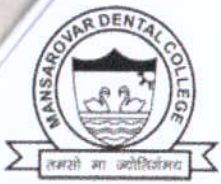
### **ii. The Scoring Scale**

A scoring scale has a list of statements in detail about the task to be performed. The candidate will be rated across a scale such as satisfactory, borderline, weak, not done or problems. A mark is assigned for each level in the scale, like 2, 1.5, 1, 0.5 and 0 for the example given earlier.

### **iii. Global rating**

This concept can be used for different purposes. Some examiners would like to assess the overall performance in the station to differentiate the competent from the insufficiently competent. In this case a mark should be allocated for this global rating. This is usually used with the checklist and is not necessary in the rating scale.

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## iv. Formative OSCEs

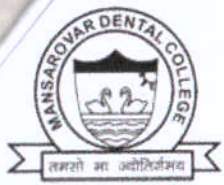
New stations should be scheduled for testing and standardization where examiners make sure that the task is objective and doable. If a clinical sign needs to be demonstrated by the candidates with a non-standardized patient, the examiners must make sure that the sign is clear and can be detected by the examinees before the OSCE starts, and this can only be done by the examiner examining the non-standardized patient himself, and not during the OSCE itself.

### Recommended Regulations

- Every station must correspond to a specific item.
- The task must be clearly stated ( On simulated patient, non standardised patient, phantom or simulation equipment)
- Candidate should explain the examiner exactly what they are going to do.
- Every station must have an specific marking schedule, and all stations must have one set of total marks, for example ten or twenty
- The following materials must be available for every station:

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## **ASSIGNING RULES AND RESPONSIBILITIES:**

The preparation of an OSCE is different from preparing knowledge-based exams with multiple choice or essay questions.

- Choosing and preparing the venue, the exam materials the use of video technology.
- A good alternative venue is a clinical environment is needed in the absence of skills lab.
- When planning an OSCE, the testing area should be mapped
- Use of video technology in OSCEs is increasing. To save time and money, some of the stations involve videotaped material.

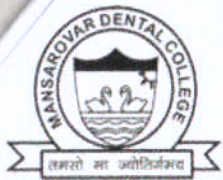
## **ADMINISTERING THE OSCE**

- Examiners should arrive at least 45 minutes before the start time to familiarise themselves with the details of the station and also with their patients.
- Candidates should arrive at the venue at least 30 minutes prior to the start time.
- The candidates should be given a final briefing.

## **MARKING**

1. All mark sheets are collected from each station and checked for candidate identification, name and/or number.
2. Adequate time should be allowed to process the marks and the data manager should be supported by sufficient staff to ensure no candidate score is omitted.

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## Recommended standards and guidelines for the delivery of exams

1. An OSCE committee should be appointed with an exam coordinator to supervise the delivery process helped by a support team.
2. A suitable exam venue should be chosen, prepared and tested well ahead of the exam day with sufficient space for patients, examiners at their stations and briefing and rooms for candidates.
3. The selection of examiners should be based on specific criteria, including training participation etc
4. To reduce variability and improve reliability, workshops/training courses must be organized
5. The evaluation of students at each station could be done by examiners physically present at the station
6. Instructions, answers and reflection could be done on papers posted and located at each station or preferably in an examinee's OSCE
7. Debriefing of examiners, patients, candidate representatives and support staff should be done as soon after the day of the OSCE as is convenient.
8. Some of the stations will need to be recorded for standardization purposes and to give further feedback.

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