

## PRINCIPLES OF OSCE INCORPORATED IN LONG CASE ASSESSMENT

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**ABSTRACT: INTRODUCTION:** Traditional long cases are having strengths and weaknesses. Several attempts were made to reduce weaknesses. OSCE and OSLER are the results of such attempts. Compartmentalization is a criticism against OSCE. OSLER may not be feasible. The strengths of OSCE are utilized here to improve the quality of long case.

**MATERIALS AND METHODS:** Structuring and check listing of Obstetric examination was done. The examiner observed the students doing the obstetric examination and marks were awarded using the check list. Out of the total marks 25% was based on this check list and the remaining 75% were awarded in the conventional way. Feedback was collected from students and faculties.

**ANALYSIS AND DISCUSSION:** Majority of faculty and students are not satisfied by the conventional long case assessment. Study was limited to Obstetrics, but can be extended to other disciplines. Clinical examination part is the ideal one for assessment after structuring and using a check list. This will definitely improve the acceptability of long cases and the skill development.

**CONCLUSIONS:** Structuring and check listing of clinical examination in long cases is a feasible and acceptable method. It improves learning of clinical skills and the validity and reliability of assessment. It is not more time consuming.

**KEYWORDS:** Long case, OSCE, Clinical Examination, Structuring, Check list.

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**INTRODUCTION:** Assessment is a real challenge in Medical education. For years clinical competence was assessed using long cases and short cases. Traditional long cases are having the strength of performing in a real life situation with real patients. The weaknesses of the traditional long cases are the lack of objectivity and low validity and reliability.<sup>1</sup> In search for methods to reduce the weaknesses of long cases OSLER (Objective structured long examination record) was suggested but it requires a lot of training for the faculty before we implement it in the Indian scenario.<sup>2</sup> OSCE (Objective structured clinical examination) is having more familiarity and it is easy to train the untrained.<sup>3</sup> Objectivity and structuring are the two advantages of OSCE and the disadvantages are trivialization and compartmentalization.<sup>4</sup> In this attempt the two advantages of OSCE are utilized to improve the long case assessment keeping away its disadvantages and accepting its real life situation.<sup>5</sup>

**OBJECTIVE:** Clinical Examination part of the Obstetric long case was performed in a structured fashion using a checklist and it carried 25% of the total marks of the long case and the remaining 75% went in the conventional way in formative assessment. Collection of feedback from the

Students and Faculty on this new method was the Objective.

**STUDY DESIGN:** Descriptive Study.

**SETTING:** Obstetrics and Gynaecology department, Govt. Medical College Kottayam.

**PERIOD OF STUDY:** November, December 2014 and January 2015.

**HYPOTHESIS:** It is hypothesized that the new method will be more acceptable for students and faculty and it will improve the learning of clinical skills in the related area. However no hypothesis testing was contemplated in this project.

**SAMPLE:** Four batches of ninth semester M.B.B.S Students who were posted in Obstetrics for two weeks duration before their Final M.B.B.S Examination were included in the study. Out of the total 82 students feedback were received from 68 and 10 faculty who were associated with this new method.

**MATERIALS AND METHODS:** In conventional ways during Obstetric long case examination the students are allowed to spend 30 minutes with a pregnant woman. The students will elicit history and perform clinical examination and prepare a case sheet. This part is usually unobserved and the examiners will hear from the students the history and physical findings later. A discussion will follow and the examiners will evaluate the case sheet and marks are awarded based on a subjective assessment.

Structuring and check listing of Obstetric examination part was added as a new method. The examiner observed

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the students doing the obstetric examination and marks were awarded using the check list. Examiners could not do this with all students during the initial exposure of the students with the patients. Remaining students were directed to repeat the clinical examination during the discussion time and marks were awarded using the check list. Out of the total marks 25% was based on this check list and the remaining 75% marks were awarded in the conventional way. Each point in the check list carried equal marks.

#### Check list:

1. Explaining to the subject and proper directions given.
  2. Identifying the highest point of the uterine fundus and interpretation of gestational age based on this.
  3. Measurement of symphiofundal height and abdominal girth.
  4. Fundal grip and findings.
  5. Umbelical grip and findings.
  6. First pelvic grip and findings.
  7. Second pelvic grip and findings.
  8. Auscultation of the fetal heart sounds and interpretation.
  9. Assessment of the liquor volume and fetal weight.
- Finalizing the examination and sending back the subject.

After the assessment process feedback were collected from the faculty and students using a questionnaire.

**RESULTS:** When overall impression about this new method was sought 52 students (75%) opined that it is very useful and 12 students (20%) opined that it is somewhat useful and three students opined that it is not useful and one reserved the comments. When any other opinion or suggestions were solicited nine students wanted more time to be devoted for long cases.

Regarding the educational impact of this new method 5 faculty opined that it is good and 3 said it is fair in making the students to learn obstetric examination skills. Two faculty opined that educational impact is only average. When suggestions and opinions were solicited there was no response.

**DISCUSSION:** It is an eye opening fact that majority of students and faculty are not satisfied with the conventional long case assessment system in Obstetrics. There is no reason to believe the contrary in other disciplines.<sup>6,7</sup> Majority of students (85%) and the entire faculty were familiar with OSCE. None of them were familiar with OSLE. This is due to the fact that OSCE was made compulsory as an assessment tool for undergraduates in the formative assessments in that department where this project was undertaken. OSLE was never tried.

When Principles of OSCE were incorporated in the long case assessment—structuring and check listing for assessing obstetric clinical examination skills—it became a new method for assessment. This new method was acceptable to majority of students (89%) and faculty (80%) and

majority opined that it is feasible. (95% students and 80% faculty). When it was asked whether it is more time consuming the entire faculty opined that it is not. From the students 'side 21% opined that it is more time consuming and 79% had a contradicting opinion. When any other suggestions were solicited from the students nine of them opined that they need more time for obstetric long case assessment.

When educational impact of this new method was sought five faculties opined that educational impact is good and three said it was fair. Two faculty opined that educational impact is only average. When the overall impact of this method was asked about 75% students said that it is very useful and 20% said it is somewhat useful. Three were of the opinion that it is not useful and one reserved the comments.

Even though this study was limited to the subject of Obstetrics this can be extended to any other discipline. The clinical examination part is the ideal one for assessment after structuring it and using a check list. This will definitely improve the acceptability of long cases and improve the skill development.

**LIMITATION:** The impact of this method was not quantitatively assessed. The evaluation was limited to the lowest level of Kirkpatrick's pyramid—eg: Reaction.

**CONCLUSIONS:** Incorporation of structuring and check listing in clinical examination in long cases is a feasible and acceptable method. It is more acceptable to students and faculties in comparison with the conventional long cases. In the opinion of faculty it improves learning of clinical skills and overall opinion is that it improves the validity and reliability of assessment and it is not more time consuming.

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<b>Domain Of Questionnaire</b>	<b>Yes</b>	<b>No</b>	<b>No comments</b>
Satisfaction status with the conventional long cases	28 (41%)	40(59%)	--
Familiarity with OSCE	58(85%)	10 (15%)	--
Familiarity with OSLEP	0	68(100%)	--
<b>NEW METHOD</b>			
Acceptability	61(89%)	7 (11%)	--
Feasibility	64(95%)	4 (5%)	--
Is it more valid than conventional long cases?	55(80%)	11(16%)	2(4%)
Is it more reliable than conventional long cases?	67(98%)	1(2%)	--
Is it more time consuming?	14(21%)	54(79%)	--
Will it improve learning?	42(62%)	11(16%)	15(22%)
<b>Table I: Feedback from students</b>			

<b>Domain of Questionnaire</b>	<b>Yes</b>	<b>No</b>	<b>No comments</b>
Satisfaction status with the conventional long cases	2	7	1
Familiar with OSCE	10	--	--
Familiar with OSLEP	--	10	--
<b>NEW METHOD</b>			
Acceptability	8	1	1
Feasibility	10	--	--
Is it more valid than conventional long cases?	8	1	1
Is it more reliable than conventional long cases?	8	1	1
Is it more time consuming?	--	10	--
<b>Table II: Feedback from faculty</b>			