The basic underpinnings of clinical competence are:
- Knowledge
- Skills
- Attitudes

Although there are many methods for evaluating students knowledge and some for measuring skills, but our ability to measure clinical performance reliably is quite limited. Assessment methods must meet three criteria to be fair and credible to those being assessed. They must be:
- Valid
- Reliable
- feasible

The traditional long, short case viva approach appears to have validity. The candidates are tested on real patients and asked clinical problem solving questions. Since candidates are tested on different cases and judged by different standards and by different examiners, reliability of the result may by some what suspect.

In order to overcome the poor reliability of clinical examination especially those used to asses medical skills and clinical competence. The objective structured clinical examination (OSCE) is nowadays used all over the world due to its reliability, validity and practicability.

Objective structured clinical examination (OSCE)

In this examination, the candidates rotate through a series of tasks called stations, around which the examinees are asked to rotate. The content of OSCE stations largely covers three main areas:
- Clinical examination skills. History taking and examination.
- Practical skills. Interpretation and procedure skills.
- Communication skills and attitudes.

The examination often has 10-12 or more stations, each lasting 5-7 minutes, several rest stations and one or two larger station of 10-15 minutes for history taking etc. A typical OSCE examination would take 90-120 minutes. However, examination varies from medical college to other in the time allocated to each station and the number of stations.

Since each station can test a totally different content area, the candidates knowledge and skills over a whole range of topics can be tested. The major difference from other types of clinical examination is that over the course of OSCE, all candidates are given the same clinical and other challenges and assessed by the same examiners who are provided with a check list to score the performance of the candidates.

In order to ensure that all the candidates are tested on the same clinical materials (patients), trained volunteers role-play as so called standardized patients, particularly for
Objective structured examination as a tool for medical student's assessment

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5- **Communication skills:** On patients. Good communication is central to clinical competence. The student is asked for e.g. how he would explain the patient to collect his 24 hours urine sample, or to obtain a verbal consent to do lumbar puncture or a surgical procedure.

6- **Attitudes:** attitudes of graduating students have never been formally assessed, yet attitude link very closely to professional behaviours and one a major cause of complaint from patient. The student is assessed for the knowledge of medico-legal framework in which doctors work. The ethical principles which are important for a doctor. And how would these principles are applicable to clinical situations etc…

I think it is a time now to think deeply and introduce this sort of assessment for our students. Since the OSCE examination is known to serve in identifying the areas of weakness in the curriculum and teaching methods or both and thus serve as a mechanism to improve educational effectiveness, 1,8,9, therefore clinical department staff need to meet together regularly with the supervision of the faculty of medicine to prepare for such an examination, which I believe requires training and increasing experience for preparation of stations by staff members.

To start with, we need to asses parts and not all the examination. The students then can be questioned regarding their attitudes whether positive or negative towards the examination and their opinion of the suitability of this new in comparison to old traditional examination.
References