


# **The Objective Structured Clinical Examination (OSCE) Experience in a Resource Limited - Uganda Medical School**

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# Outline

- Context
  - Clinical assessments at Makerere College of Health sciences
  - Conduct of OSCEs at Makerere
  - Challenges
  - Conclusions and way forward
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# Context

- Health Professions' Education at Makerere University, Uganda has undergone major transformation.
  - Innovations in student learning experiences:
    - Problem Based Learning
    - Community Based Education and Services
    - Clinical clerkship has been structured, and made more student centered.
    - Competency Based Education
  - However, gaps in implementing reliable, valid assessment methods, which have a positive education impact, still exist..
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# OSCEs

## *Medical Education*

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### **Assessment of Clinical Competence using Objective Structured Examination**

R. McG. HARDEN, MARY STEVENSON, W. WILSON DOWNIE, G. M. WILSON

*British Medical Journal*, 1975, 1, 447-451

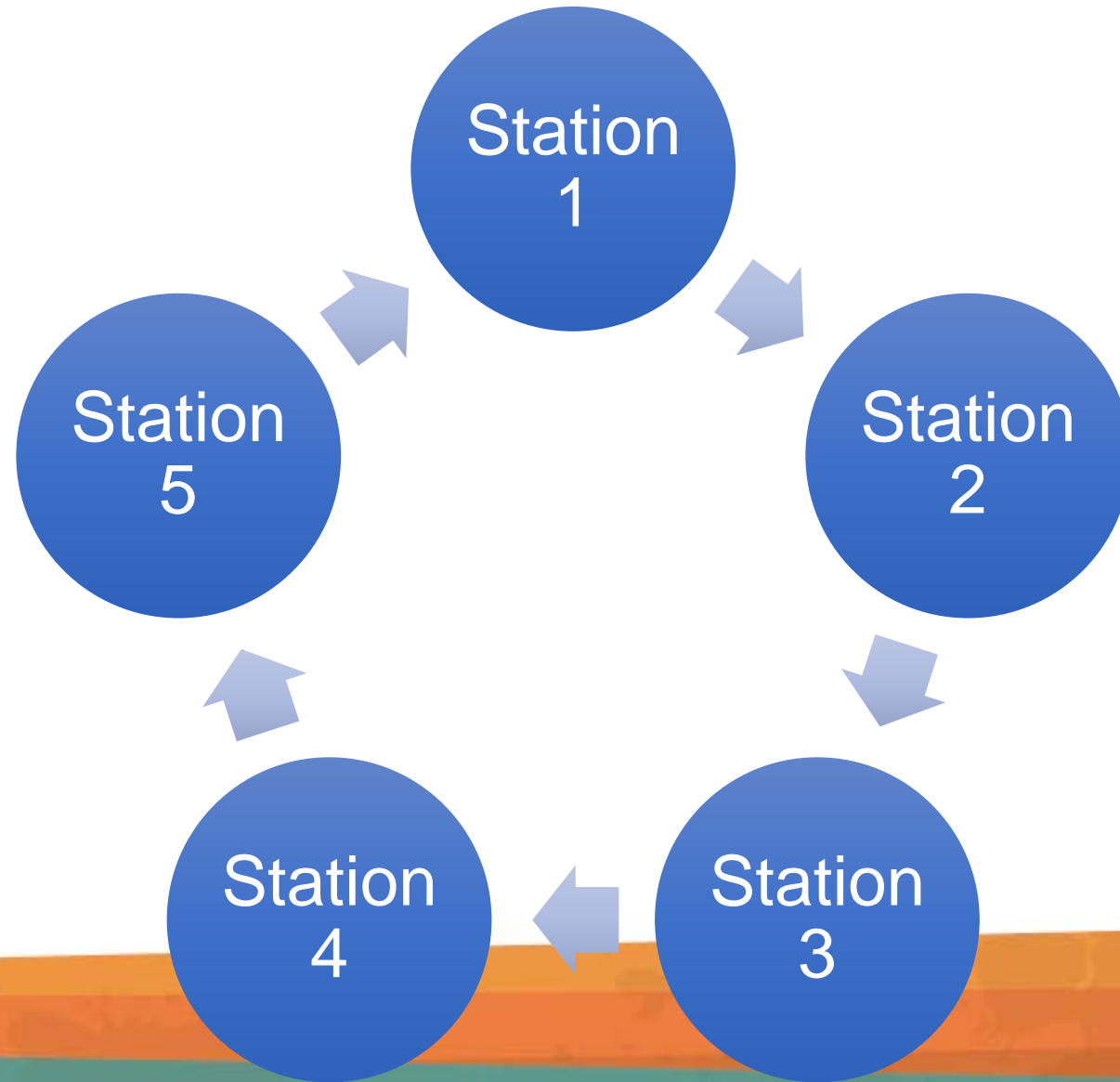
#### **Summary**

To avoid many of the disadvantages of the traditional clinical examination we have introduced the structured clinical examination. In this students rotate round a series of stations in the hospital ward. At one station they

and their interpretation. As they cannot go back to check on omissions multiple-choice questions have a minimal cueing effect. The students may be observed and scored at some stations by examiners using a check list.

In the structured clinical examination the variables and complexity of the examination are more easily controlled, its aims can be more clearly defined, and more of the student's knowledge can be tested. The examination is more objective and a marking strategy can be decided


# OSCE clinical exam



# OSCE at Makerere

- The OSCE was introduced at the end of clinical clerkship assess clinical competencies
- We modified the OSCE in this resource limited setting by:
  - Developing blue prints
  - Use of real patients and caregivers instead of actors
  - Creative use of simulations, manikins and pictures to assess certain skills
  - Grading performance at the stations using checklists
  - Training faculty and involving them actively in process
  - Training students

# Results

- The OSCE has been implemented for both undergraduate and graduate students for over 10 years.
  - The postgraduate OSCE evolved to include 20 stations, while the undergraduate OSCE has 12-14 stations.
  - It has been possible to assess a wide range of students' clinical skills:
    - Physical examination and interpretation skills
    - History taking & communication skills
    - Procedures e.g: Resuscitation and investigational skills
    - Interpretation of radiological and laboratory results
    - Teaching skills
    - identify gaps in student learning.
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# OSCEs in progress





# Use of real patients at the stations







# Simulations – use of mannikins at resuscitation stations




# Challenges

- Large student numbers (undergraduate and graduate)
  - Training the assessors for standardization
  - Defining the level of competency for the different years of undergraduate and postgraduate students.
  - Assessment using real sick pediatric patients
  - Limited space and Hospital infrastructure
  - Faculty attitudes
  - Inherent weakness OSCEs as a method of clinical assessment
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# Opportunities

- Maximizing the skills lab for perfecting clinical competencies
  - Utilizing more formative methods of assessment
  - More faculty trained in HPE
  - Having one combined OSCEs for all clinical clerkships
  - Innovating new methods of assessments appropriate for resource limited settings
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# Conclusion

- It is possible to use modern methods of assessments like the OSCEs in resource limited settings
  - Need to adapt OSCEs to fit our context and situation
  - More innovative methods of assessing clinical competencies are needed in light of the changing realities of our medical schools
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**Thank you for listening**

