

A qualitative Study of Psychiatrists' View about a Pilot Objective Structured Clinical Examination (OSCE) in Iran

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Objective: In Aug 2004, for the first time, a psychiatric OSCE was piloted in Iran. The objective of current study was to explore the view and opinion of both candidates and examiners after they took part in the exam.

Method: Two focus groups were formed. There were 10 participants in each group. Each group was asked to discuss the advantages and disadvantages of the OSCE. The discussion was tape recorded and then converted into a script before being analyzed.

Results: Standard format of the exam and its unbiased evaluation of candidates' abilities were reported as the most significant advantages of OSCE. However, participants criticized the artificiality of the setting and use of simulated patients.

Conclusion: Although expensive and time consuming to organize, OSCE was viewed as a standard and fair method of assessing candidates' skills. To overcome the artificiality of the setting, participants asked for a better training of the actors and actresses.

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Introduction

Objective structured clinical examination (OSCE) was for the first time introduced by Ronald Harden (1). This method of examination makes it possible to evaluate the students' various skills in different situations.

Patient, in OSCE actors and actresses will play the patients' role. The stations are the same for all students (2). Bearing in mind the low validity and reliability of traditional exams (3), OSCE comes across as an appropriate method of testing a candidate's ability and knowledge (4-6).

While long case traditional oral examination is merely based on involving a real Although several articles have been published about reliability and validity of OSCE (7-9); there are not enough qualitative studies about this subject.

Psychiatric OSCE was conducted experimentally in Iran for the first time in August 2004. The authors conducted a qualitative study to explore the participants' view on the subjects.

Materials and Methods

The psychiatric senior residents who had recently passed their written examination were invited to attend the pilot OSCE. Twenty two candidates from various universities accepted to attend the event. The examiners were selected from the members of the Iranian psychiatric board.

There were nine 12-minutes stations for each candidate. Candidates had one minute to read the instruction before entering the station. Scenarios and score sheets had been already designed by psychiatric professors who took part in three workshops earlier that year. There were 2 examiners in each station who scored the candidate's performance independently.

The simulated patients were chosen from psychology students.

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They received 10 hours of training during the month before the exam. To make them familiar with format, they also took part in a mock exam the day before the OSCE.

After the exam, the candidates and the examiners were asked to participate in the study and talk about their experiences and views. Two focus groups were formed, one consisting of 10 candidates and the others of 10 examiners. Each group was asked to discuss the advantages and disadvantages of the OSCE and make some suggestion for improving the quality of the next OSCE. The sessions were tape-recorded and later converted in to a script before being analyzed.

Results

Candidates' view

All residents mentioned that the main advantage of OSCE was the consistency of stations for all candidates. They believed this eliminates the role of chance in passing the exam. One resident expressed: "If I failed the OSCE, I would not object that I had a different patient; while in traditional oral exam, one might complain that his or her patient was different from the others".

In residents' view, one of the benefits of OSCE was existence of various stations for the assessment of different skills. One candidate stated: "If I could not do well in one station, I would compensate in the next, something which is not possible at traditional examination".

In residents' opinion, having no direct communication with the examiners was one of the advantages of OSCE.

Regarding the disadvantage of the OSCE, some residents reported that they did not like the artificiality of the setting and preferred to interview a real patient than a simulator. However, others said that OSCE atmosphere was like a real clinical setting.

Residents also pointed out other difficulties associated with OSCE including obscurity in instructions, lack of enough time for some stations, un-experienced simulators, loud bell ringing, and wrong location of some of the examiners inside the room.

With regard to improving the exam, residents asked for a better training of the actors and a clearer instruction for each station. They also suggested a reduction in the number of stations, conducting the exam in two days and having a short break between stations.

Examiners' view

All the examiners said that they were in favor of OSCE due to having a structured objective assessment tools to evaluate the candidate performance.

However, one of the examiners said "not having the opportunity to communicate with the residents and mere assessment by a checklist is one of the deficiency of the OSCE".

The high amount of money and time spent to organize the event were discussed as the main difficulties for assessment of the candidates by OSCE. Similar to candidates, they also raised their concern about using actors instead of real patients and about the artificiality of the setting. They asked for a better training of the simulated patients. Some suggested that actors would learn more about their roles if they were shown the footage of a real of interview.

They also suggested that an increase in the number of examiners would be necessary if OSCE were to be used nationally as a sole method of examination. There were suggestions on conducting the OSCE over several days in future to evaluate all the participants coming from different part of the country.

Examiners also provided useful feedbacks on changing some of the topics to increase the patients' level of cooperation. To increase the validity of the exam, it was also discussed to add stations in which candidates can be directly assessed by the examiners.

Discussion

While in some studies candidates were not interested to be evaluated by this method (10), all our candidates said that they preferred OSCE compared to traditional oral exam.

The objectivity of OSCE, the standardized and structured format and evaluation of various skills were the most noticeable advantages reported by our sample population.

Similar to other studies, our candidates reported that they were stressed by the lack of enough time to deal with the scenario in some station (11). This need to be further investigated by future research.

Although, in our study OSCE has been regarded as an expensive and time consuming exam, in other studies it has been shown to be cost effective in long term (7).

Conclusion

OSCE is a reliable and valid method of medical examination.

It, not only evaluates the different skills in a candidate, but also minimizes the bias towards the candidates and eliminates the role of chance. The authors hope that the current study has helped the organizer of the OSCE in Iran to improve the ways it is administered. This will hopefully standardize and increase the quality of psychiatry training in various teaching hospitals in Iran.

References

1. Harden RM, Glesson FA, Assessment of clinical competence using an observed structured clinical examination. *Med Edc* 1979; 13: 41-47.
2. Barrows HS, Abrahamson, S. The Programmed patient a technique for appraising student performance in clinical neurology. *Journal of Medical Education* 1964; 39; 802-805.
3. Hodges B, Hanson, M, Mc Naughton, N, Regehr, G: Creating, Monitoring, and improving a psychiatry OSCE, *Academic Psychiatry*, 2002. 26: 3 P.134-162.
4. Task force of the evaluation committee; Report on the evaluation system for specialist certification Royal College of Physicians and surgeon of Canada, Ottawa, Canada, 1993.
5. Robb K, Rothman A: The assessment of clinical skills in general internal medicine residents-comparison of the objective structured clinical examination to a conventional oral examination. *Annals of the Royal College of physicians and surgans of Canada* 1985; 18: 235-238.
6. Reznick RK, Blackmore D, Cohen R, et al: An objective structured clinical examination for licentiate of medical council of Canada: from research to reality *Acad Med* 1993; 68 (suppl): S4-S8.
7. Hodges B, Regehr G, Hanson M, Mc Naughton, N: An objective structured clinical examination for evaluating psychiatric clinical clerks. *Acad Med* 1997; 72: 715-721.
8. Hodges B, Lofchy J: Evaluating psychiatry clinical clerks with a mini-objective structured clinical examination. *Academic Psychiatry* 1997; 21: 219-225.
9. Hodges B, Regehr C, Hanson M, et al: Validation of an objectives structured clinical examination in psychiatry. *Acad Med* 1998, 73: 910-912.
10. Hodges B, Hanson M, McNaughton N, Regehr G: What do psychiatry residents think of an objectives structured. *Clinical examination? Academic Psychiatry*. 1999. Vol. 23, Iss 4; PJ 198-7pages.
11. Davidsen G: A point of View: oral examination annals of the royal college of physician and surgeons of Canada, 1983: 16: 114.

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