Editorial

Enhancing Clinical Competence: Transitioning from Long Case Examinations to OSCEs in Medical Education

The traditional long case clinical examination has been a cornerstone of medical education, assessing a student's ability to apply clinical knowledge, skills, and reasoning in a real-world context. In this assessment, students clerk a patient, take a history, perform a physical examination, and present their findings and management plans to an examiner. While valued for its depth and ability to reproduce authentic clinical scenarios, this assessment method has several shortcomings that impact on its validity and reliability. These challenges are compounded by growing student numbers and the need for standardized assessments which make it undesirable especially for high stakes summative assessments (1).

Amongst the challenges has been sourcing an adequate number of cases as student enrolment increases. This limited case availability, physical space limitations and few examiners led to variability in educational value, raising concerns about fairness and validity. Additionally, the lack of standardization, including variations in time allocated for patient interaction, further compounded these issues, introducing potential disparities in student evaluation (2).

There were also concerns as the student patient interaction is largely unobserved which obscured any inference that could be made about the students' interpersonal skills while the case specificity precluded any extrapolation to other clinical scenario. To address these challenges, our department implemented mitigation strategies to improve the assessment reliability such as incorporating the clinical long case into continuous assessment, utilizing standardized criteria like the Objective Structured Long Examination Record (OSLER), and ensuring evaluation by two independent examiners who would reach a consensus on a common grade to reduce inter-rater variability (3). However, these efforts only partially mitigated the limitations of the long case examination, prompting a shift toward a more structured and standardized assessment method.

The Objective Structured Clinical Examination (OSCE) emerged as a preferred alternative, widely adopted by medical schools globally (4). OSCEs offer a high degree of standardization, with all students encountering the same clinical scenarios under controlled conditions. This format allows for directly observed assessment of a broader range of competencies, including communication, clinical reasoning, and procedural skills, in a time-efficient manner. The objective nature of OSCEs, with students evaluated against predetermined criteria, minimizes examiner bias and enhances reliability and validity. Despite some concerns about the reliability of scores in certain areas, such as communication, OSCEs remain a valuable framework for clinical assessments (5).

In response to these factors, our department began transitioning from the traditional long case examination to the OSCE format at the end of year six. This study outlines the steps taken in this transition, the challenges encountered, and the outcomes observed, offering insights for other institutions considering similar changes.

The first step was to familiarize the department with the OSCE process. Faculty members were recommended to read key texts such as Ronald Harden's *The Definitive Guide to the OSCE* and Adrian Blundel's *OSCEs at a Glance* (6, 7). Peer-led training sessions, led by faculty with prior OSCE experience, were instrumental in aligning the team with the standards and expectations of the OSCE format.

A timeline was drafted to incorporate a mock OSCE for the final-year class approximately one month before the main examinations. Each faculty member was tasked with drafting three OSCE cases relevant to their units, using templates adapted from reference texts. These cases were moderated during departmental meetings to ensure they were clear, relevant, and timely. Each case was categorized into specific skill sets to be assessed, such as history-taking, examination, communication, procedural skills, and clinical decision-making. The resources required for each case were listed, and detailed instructions were developed for candidates, ensuring clarity and precision.

The mock OSCE was conducted in the Nursing Department's Skills Lab, using stations manned by one examiner each. Coached patients were utilized to ensure consistency and realism. The process was tightly coordinated, allowing for the efficient processing of students while maintaining the integrity of the examination. Following the

mock OSCE, collective feedback was provided to the entire class, addressing common weaknesses and offering strategies for improvement.

The transition to OSCEs presented several challenges. The increased documentation introduced potential for errors and inconsistencies in record-keeping. Examiner fatigue became apparent as they repeatedly assessed the same case, potentially affecting evaluation accuracy. Some examiners faced difficulties with the formatting of mark sheets, leading to confusion and errors. Logistical challenges also arose during student transitions between stations, occasionally causing delays and disruptions. Additionally, inconsistencies in coached patient performance highlighted the need for more thorough preparation to ensure fairness.

To enhance the OSCE process and better prepare students for clinical practice, several initiatives are planned. An in-house OSCE guide will be developed, offering comprehensive insights into the OSCE format, common pitfalls, and strategies for success. We are also exploring the feasibility of incorporating real patients into OSCEs to enhance authenticity, though this presents logistical challenges. More comprehensive formative assessments, including regular marking of clinical logbooks and the development of student portfolios, will be introduced to provide continuous feedback and ensure students are well-prepared for the OSCE and beyond.

Leveraging technology, online modules, and virtual OSCE simulations will be integrated to allow students to practice in a flexible, self-paced environment. Finally, we will continue to gather and integrate feedback from students and faculty to refine the OSCE process, fostering an environment of continuous improvement.

The transition to the OSCE format has not only enhanced the objectivity and comprehensiveness of our clinical assessments, aligning them with the demands of modern medical education, but has also revealed some of the blind spots to be addressed. This shift ensures our students are well-prepared for their examinations and equipped with the clinical skills necessary for their future careers. By refining our approach and integrating lessons learned, we are confident in providing a robust and effective assessment process that upholds the highest standards of medical education.

Key words: OSCE, Clinical assessment, Medical education, Competency-based evaluation, Standardization

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