



Objective Structured Clinical Examination (OSCE): Relevance and Feasibility of an Objective Way of Student's Assessment in Community Medicine

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Sir,

The Medical Council of India (MCI), which plan and design the medical curriculum based on need of the country, envisages a medical graduate to serve the society and possesses requisite knowledge, skills, attitudes, ethical values. Since the medical graduate is the first level of health care for the community, (s)he needs to continuously improve his skills and knowledge considering the changing pattern of disease burden in the country to provide effective and appropriate health care.¹

The National Health Policy (NHP) in India reaffirms the importance of community orientation of medical education and training in health care services delivery. The current medical curriculum in India is subject oriented and time bound. A major

ABSTRACT

The proposed competency based medical curriculum to be implemented from academic year 2019-20 by Medical Council of India (MCI) envisages the medical graduates to acquire requisite competency and skills to address the health issue of the country. Appropriate assessment methods should be devised in line with curriculum objectives to bring best out of the medical graduates as per the needs of the country. Community medicine, which is concerned with the holistic health care of the community, trained medical students to be primary health care provider with leadership skills. The traditional methods of assessment in community medicine focuses mainly recall type of answer with little scope for interpretation, application and demonstration of skills. Thereby, it fails to inculcate requisite competency and skills for effective primary health care delivery. OSCE, which is a validated tool in other medical branches for skill improvement, can be adopted in formative as well as summative assessment of medical graduates in community medicine. This method of assessment not only will improve the skill and competency of medical graduates in community medicine for effective delivery of primary health services but also generate interest in the subjects.

Key words: OSCE, Medical curriculum, Medical undergraduates, Community medicine

criticism of current medical curriculum which focuses more on traditional way of teaching-learning is failure to inculcate requisite skills, attitude and ethical values among medical graduates as per the societal needs.² Most the graduating doctors lack adequate competencies to meet the societal health requirements to achieve "Health for All".³ After high level meeting and consultations, the MCI has proposed to implement competency based medical curriculum in place of subject-oriented medical curriculum from the 2019-20 academic year. The competency based medical education needs changes in teaching learning methods and formats of assessment.⁴ Educational experts have opined improvement learning on alignment of assessment methods with course objectives.⁵

Community medicine plays an important role in graduate medical education in India and concerned with holistic primary health care of community.⁶ In community medicine, the students are trained to be a community physician practicing primary health care, a leader, a good communicator and a competent health analyst of the community. These skills are important for primary health care providers who work closely in contact with the community taking into consideration their socio-demographic profile, prevalent disease burden, cultural belief and practices, and in resource constraint setting. The current method of assessment in community medicine involves formative as well as summative assessment in the form of theory and practical examination. The theory examination incorporates essay type questions, short questions and viva voice, which are mostly recall based with little scope for application. The practical examinations include clinic-social case presentation, spotters, problem solving exercises and viva voice. The current assessment methods in undergraduate medical education mostly involves the "know" and "know how" rather than "show how" and "does" of Miller's pyramid of clinical competency. In majority of the medical colleges, the practical examination in community medicine does not assess the psychomotor skills, attitudes or communication skills of the students in community medicine.^{4,6}

Objective Structured Clinical Examination (OSCE), introduced by Hardeen and Gleeson in 1970s, allows application of knowledge and demonstration of skills. OSCE makes the assessment uniform, objective, transparent, reliable and improves the learning through feedback. The communication skills, ethical behaviours and attitude of medical students, which are new addendum in proposed competency based medical curriculum by MCI, can be tested. OSCE is multistationed and a particular skill is tested in each of the 8-10 stations using a prepared check list in a specified time. OSCE has been tested as a valid and reliable tool to assess competency and learning of undergraduate medical students in various medical subjects like ophthalmology, general medicine, general surgery, radio-diagnosis etc. Despite the feasibility and accep-

tance by teachers and student as a fair means of assessment⁷, OSCE is not a popular method of formative or summative assessment in community medicine. Various skills like ORS preparation, assessment of sick children using IMNCI guidelines, communication of nutritional status of children to their parents, advice following vaccination of child, interpretation of health related data etc can be assessed using OSCE.

With the proposed implementation of competency based medical curriculum by MCI, the OSCE pattern of assessment can serve a valuable tool to bring best out the skills, attitude needed in community medicine among medical students. There by full filling the vision of MCI to produce need based, competent, responsive medical graduates who have requisite knowledge, skills, ethical behaviours and compassion to deal with primary health care of the country.

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