

Changes to Objective Structured Clinical Examinations (OSCE) at Australian medical schools in response to the COVID-19 pandemic

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Abstract

Background: Objective Structured Clinical Examinations (OSCE) are used to assess clinical skills(1). We investigated how exit OSCEs changed in Australian medical schools in response to the COVID-19 pandemic.

Summary of Work: The 12 eligible Australian medical school members of the Australian Collaboration for Clinical Assessment in Medicine (ACCLAIM)(2) received a 45-item semi-structured online questionnaire.

Results: All schools (12/12) responded. Exit OSCEs were not used by one school in 2019, and 3/11 schools in 2020. Of eight remaining schools, four reduced station numbers and testing time(3). The minimum OSCE testing time decreased from 80 min in 2019 to 54 min in 2020. Other modifications included: a completely online 'e-OSCE' (n=1); hybrid delivery (n=4); stations using: videos of patient encounters (n=4), telephone calls (n=2) skill completion without face-to-face patient encounters (n=2). The proportion of stations involving physical examination reduced from 33% to 17%. Fewer examiners were required, and university faculty staff formed a higher proportion of examiners.

Discussion: All schools changed their OSCEs in 2020 in response to COVID-19(3). Modifications varied from reducing station numbers and changing delivery methods to removing OSCE and complete assessment re-structuring. Several innovative methods of OSCE delivery were implemented to preserve OSCE validity and reliability whilst balancing feasibility.

Conclusions: Opportunities and challenges resulted in innovative modifications to OSCE delivery and streamlining of resources in terms of examiners and simulated patients. These findings may be generalisable to other medical and health professional training institutions responsible for delivering OSCEs, both within Australia and internationally.

Implications: Most schools that implemented changes to OSCEs as a result of the pandemic (64%) reported a desire to retain some modifications for future assessments. Further research is needed to explore the reasoning behind retention of COVID-19 modifications in a post-COVID environment as well as the consequences of these changes on all stakeholders.

References (maximum three)

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