

**EDITORIAL****IMPROVING OUR EXAMINATION METHODS USING OSCE AND CBT**

An 'Objective Structured Clinical Examination' (OSCE) is a brief, simulated clinical scenario whose purpose is to evaluate the clinical skills and knowledge of candidates who present themselves for the examinations. In Ghana the OSCE is conducted for many undergraduate and postgraduate exams whether formative or summative. The faculties of the Ghana College of Physicians and surgeons have adopted the OSCE.

The OSCE, a rather radical method of examination was first proposed in 1975 by R.M. Harden in the UK. It has gone global with varying degrees of modifications. His intention was to find one way of providing the assessment of clinical competence in a more objective manner to the satisfaction of the examiners, candidates and institutions. In an OSCE examination candidates move through a number of stations which provide short clinical scenarios. In these stations the candidates are exposed to a range of situations which are meant to place emphasis on specific topics and specific clinical skills. A blueprint for an undergraduate examination could be history taking, abdominal examination, pelvic examination, insertion of an IUCD, a communication station and a picture station. This can be contrasted with the traditional clinical examination where in the long case the candidate would take a history and examine a patient before the candidate faces the examiners. He then presents to the examiners with the history and a provisional diagnosis. Further discussion would involve the examination, laboratory investigations including imaging techniques and then the treatment.

In his original article, Harden found that the OSCE results had a far better correlation with the written results of the students than the traditional approach. A reason adduced was that the patient (usually simulated) was the same for all students. Also, the examiners had a standard scoring sheet, and their assessment was both clear and reproducible and unbiased. Since its introduction the OSCE has become a widely used examination tool for both undergraduate medical student and postgraduate specialist examinations for the West Africa College of Surgeons and the Ghana College of Physicians and Surgeons. It is currently a key component of the examination process in Obstetrics and Gynaecology at our institutions in Ghana. OSCE does not replace the need for written examinations to test purely factual knowledge.

It assesses a different range of practical skills. Aspects of clinical practice that can be assessed at the postgraduate/residency level in an OSCE ranges from taking a patient's history, general or focused, explaining investigations, abdominal examinations including Obstetric exams, pelvic examinations and interpretations, demonstration of managing of emergencies such shoulder dystocia and birth asphyxia, abnormal Pap smear interpretation, CTG, and the communication of bad outcomes.

**CBT and SBAs**

The computer-based tests (CBT) and single best answer (SBA) enable examinations to be held simultaneously in many centres in one or many countries. SBAs are widely used in undergraduate and postgraduates. A question stem describes a clinical vignette followed by a lead in question about the described scenario such as the likely diagnosis or the next step in the management plan. There are a set of answers, and the candidate chooses the best one. It is reliable and ideal for machine marking. Validity is the problem since medicine is not limited making the SBA inherently flawed. Wrong options quality, ability of students to learn cues and signposts may enable the candidates to pass the exams even when they lack adequate knowledge.

The OSCE and CBT both require heavy capital investment in the acquisition of the logistics such as manikins and computers which are efficiently networked to carry out the assignment. Training of examiners is necessary in the OSCE since most are used to the traditional type of questions. Often there is inertia on the part of the older lecturers and the change has to be efficiently managed.

**References**

1. Sumatra Ray, Sue Fritzpatrick, Rajna Golubic, Sue Fisher. Oxford Handbook of Clinical and Healthcare Research Oxford University Press, 2016.
2. Amir H, Sam, Saira Hameed et al. Validity of very short answer versus single best answer questions for undergraduate assessment. BMC Medical Education 16 Article NO. 266 (2016).

*Prof JD SEFFAH*  
*Editor-in -Chief*

