

## Implementation of objective structured clinical examination into the post-graduate residency curriculum in the wake of COVID-19

Dear Editor,

Continuous upgradation of assessment, knowledge, and skills of a resident is the hallmark of a prestigious institution. The current system of appraisal begets a circumstance in which the “pass” or “fail” of a student is dependent on their performance in the final examinations. This consists of written papers and a viva voce session. Although the viva voce has passed the test of time, it is undeniable that it is often marred by variability, subjectivity, and bias.<sup>[1]</sup> This education system was forced to undergo changes due to the new standards set by COVID-19. Many institutes gravitated towards the objective structured clinical examination (OSCE) format to bypass the difficulty of using real patients.<sup>[2]</sup>

The OSCE is a well-established method of evaluation with a multitude of research that validate its effectiveness.<sup>[3]</sup> Clinical skills best suited for OSCE assessment are patient care, interpersonal skills, professionalism, and surgical skills.<sup>[4]</sup> Bhatnagar *et al.*<sup>[5]</sup> reported that in testing 67 undergraduate medical students for their ophthalmology final exam, the OSCE method showed far better assessment of clinical skills compared to the oral method as well as preference by students and faculty alike.

In ophthalmology postgraduate training, the advantages are many:

1. Multiple stations allow testing of different subspecialties without the need for patients bearing the clinical findings, thereby removing the hassle of procuring the patients before the examinations.
2. Testing of diagnostic skills under varied situations with simulated models that is currently seldom examined under the current setting.
3. Testing of surgical skills can be accommodated in institutions willing to incorporate this method.<sup>[6]</sup>
4. Refraction model inclusion to test a plethora of refractive errors, ensuring a different case for each examinee.

We suggest a model ophthalmology OSCE that could be designed to cover assessment techniques, diagnosis, management, surgical skills, and counselling.

The current MS/DNB ophthalmology practical examination is structured such that each candidate is assessed on clinical cases (two anterior segment cases and two posterior segment cases), refraction skill assessment, and a comprehensive viva voce (including an assessment on knowledge of ophthalmic instruments, ophthalmic drugs, interpretation of common ophthalmic tests like diplopia charting, visual field, OCT, corneal topography, X-ray, CT, MRI print-outs/charts, etc.).<sup>[7]</sup>

Modifying the clinical case section with an OSCE where actual patients are not available would be fruitful. Due to its time-bound station format, it can be designed such that each student takes a focused history, assesses the patient, and discusses management—all under a predetermined time limit. More than eight stations can be designed in this manner,

allowing the inclusion of up to eight sub-specialties. Here, short stations will be structured to test clinical skills and assessment skills, wherein the examinee moves from one to the other, performing the task instructed to them while the examiner observes and grades from a distance.

The viva voce examination on imaging, instruments, and drugs resembles an OSCE in that they are short stations and the candidate can be asked to speak on any item present on the table. The difference lies in that each student during an OSCE would be posed the same questions about a wide range of drugs or imaging charts in a specific time frame. This allows standardization and tests the students on an extensive variety of skills.

However, the OSCE method is not without its caveats. Criticism has arisen due to its lack of real subjects, organizational difficulties, and cost.<sup>[8]</sup> The delivery of sound, safe, and effective ophthalmic care requires budding ophthalmologists to be skilled in not just fact recall and theoretical knowledge, but also analytics, communication, examination techniques, counselling, and evidence-based management. Such a broad-based clinical skill set requires an equally all-encompassing and objective method of evaluation which makes the OSCE tool a valuable addition to the assessment of ophthalmology residency training going forward.

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### Conflicts of interest

There are no conflicts of interest.

### Samira Davalbhakta, Reshma Ramesh<sup>1</sup>, Anujeet Paul<sup>2</sup>

Intern, Byramjee Jeejeebhoy Government Medical College and Sassoon General Hospitals, Pune, Maharashtra, <sup>1</sup>Non-PG Junior Resident, Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), Pondicherry, <sup>2</sup>Department of Ophthalmology, Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth, Pondicherry, India

**Correspondence to:** Dr. Anujeet Paul, Department of Ophthalmology, Mahatma Gandhi Medical College and Research Institute, Sri Balaji Vidyapeeth, Pondicherry, India. E-mail: anujeetpaul13@gmail.com

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