

Brief Communication

Objective Structured Clinical Examination and its Impact on Clinical and Interpersonal Skills: Follow-up Study

Manoj Kumar Sharma, Prabha S. Chandra¹, S. K. Chaturvedi¹

ABSTRACT

Background: Objective structured clinical examination is being used for assessing the clinical skills as well as their knowledge for various skills. **Aim:** The present work assess the role of exposure to objective structured clinical examination (OSCE) based skills in enhancement of clinical and interpersonal skills at 1 year interval among mental health trainees. **Materials and Methods:** Fifty five mental health trainees got exposure to weekly OSCE training on various aspects of clinical work. They were contacted through E mail at 1 year interval for their feedback about the OSCE. **Results:** 27 trainees responded to the mail. 74% of them attributed the change in clinical and interpersonal areas to being a role player in the OSCE and 24% preferred to be observer. They observed changes in their communication, ability to empathize, reflection of feelings, clinical and interpersonal skills. **Conclusions:** OSCE leads to change in their clinical, interpersonal skills and communication.


Key words: *Clinical, interpersonal, objective structured clinical examination*

INTRODUCTION

Clinical competence skill development and its assessment is an essential requirement of training in mental health area. Objective structured clinical examination (OSCE) is being regarded as a useful method for assessing the competence skills as well as for enhancing the knowledge required for clinical work. It is an assessment technique in which student demonstrate their competence under a variety of simulated conditions.^[1] The OSCE is now being regarded as one

of the most valid, reliable, and effective examination for assessment of clinical skill.^[2]

A five-station OSCE training with different substance-use disorders was conducted and it was found that the educational value of the OSCE with feedback as a training tool was high and feedback improved subsequent performance.^[3] OSCE based training led to change in the mean score of knowledge about the health conditions among physicians at post-test level.^[4] In order to document the need for integration of OSCE in postgraduate teaching setting, trainee were assessed on various parameters, it was observed that they performed less than satisfactory in areas of assuring confidentiality (73.5%), assessing comfort (62%), summarizing (60%), closure (62%) and assessing whether the “patient” had understood what was being communicated (42%).^[5] It highlight the need to integrate OSCE like program in training to improve their skill. The present study is going to study the role of exposure to OSCE based skills

Access this article online	
Website: www.ijpm.info	Quick Response Code 
DOI: 10.4103/0253-7176.119478	

Departments of Clinical Psychology and ¹Psychiatry, National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India

Address for correspondence: Dr. Manoj Kumar Sharma
Department of Clinical Psychology, Govindaswamy Block, National Institute of Mental Health and Neurosciences, Hosur Road, Bangalore - 560 029, Karnataka, India. E-mail: mks712000@yahoo.co.in

in enhancement of clinical and interpersonal skills at 1 year interval among mental health trainees.

MATERIALS AND METHODS

A total of 55 mental health trainees got exposure to weekly OSCE training on various aspects of clinical work, as a part of their clinical training for 3 months at the National Institute of Mental Health and Neurosciences, Bangalore, Karnataka, India. Each role play (professional-patient) was evaluated in terms of 14 parameters (introduction of topic, confidentiality, consent, establishing rapport, paraphrasing, assessing comfort, handling unexpected events, check for understanding, summarizing, closure, completeness, clarity, correctness, empathy),^[5] by faculty from psychiatry, clinical psychology, and psychiatric social work and trainees from each of these specialties. They were contacted at 12 months interval to assess the changes in their clinical as well as interpersonal skills. The questionnaire was developed by the investigators through focus group discussions. The questionnaire includes assessment of changes in skills following OSCE training; changes in clinical skill; changes in handling the interpersonal situations; assessment of frequently used OSCE skills and their rating of attribution of benefit to being a role player/observer and health professional. It was mailed to the participants for their observations/feedback. Three attempts were made to seek their feedback, failing which they were considered as drop out. The present work includes feedback from 27 participants (14 males and 13 females). It includes 10 psychiatry, 8 clinical psychology, and 9 psychiatry social work trainees. The present work got the Institute Ethic Approval.

RESULTS

Total of 74% of them attributed the change in clinical and interpersonal areas to being a role player in the OSCE and 24% preferred to be an observer.

DISCUSSION

The present work reports change in their clinical and interpersonal skills (able to express idea clearly, ask for clarification, able to deal with patient/relative needs, mental status examination, taking informed consent, breaking bad news, dealing with anxious patient, conflict resolution skill, and ability to empathize with others) and the various OSCE skills used are listening ability, communication, clarity in requesting/advising for something and reflection of feeling at 1 year follow-up [Table 1 and Figure 1]. It was corroborated by other studies. Trainees were comfortable in conducting, i.e., the interview, performing in front of a group, being evaluated, and given feedback in front of a group after OSCE training.^[6] OSCE leads to change in communication skills among 79 Hong Kong Chinese physician over 10 months interval.^[7] Students assessed their clinical skill following exposure to OSCE and significant positive correlation ($P<0.5$) between student self-rating and various areas such as technical skills, cardiovascular examination, assessment of dysmorphism, dermatology, and communication.^[8] The present study 74% participants attributed the change to being a role player in the OSCE. 73.8% preferred objective structured clinical examination as a method of examination and clinical skill.^[9] The students (71%) with high self-efficacy likely to have a higher score on

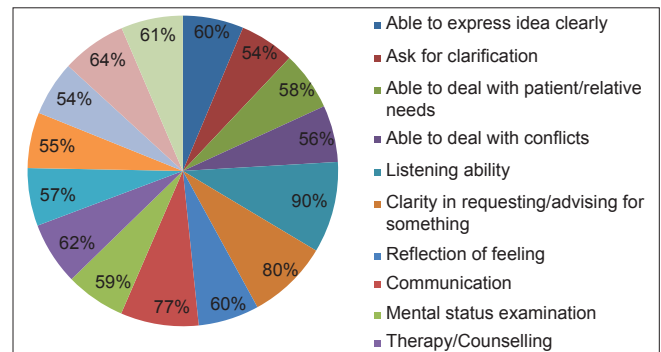


Figure 1: Changes in clinical and interpersonal skills at 1 year follow-up

Table 1: Changes in Objective based clinical examination clinical and interpersonal skills

Items	Percentage	Items	Percentage
Changes in skills following OSCE training		Commonly used OSCE skill	
Able to express idea clearly	60	Listening ability	90
Ask for clarification	54	Clarity in requesting/advising for something	80
Able to deal with patient/relative needs	58	Reflection of feeling	60
Able to deal with conflicts	56	Communication	77
Improvement in clinical area		Change in the interpersonal skills	
Mental status examination	59	Conflict resolution skill	64
Therapy/counseling	62	Ability to empathize with others	61
Taking informed consent	57		
Braking bad news	55		
Dealing with anxious patient	54		

OSCE – Objective structured clinical examination

assessment of change in skills due to OSCE.^[10] The present work also document the change in interpersonal skills in term of conflict resolution skill and empathizing with others. It implies the generalization of learned skill of OSCE to interpersonal area. Future work can also focus on long term follow-up's using interview based assessment, booster sessions in between to consolidate the change and it relationship with personality and psychological variables.

REFERENCES

1. Watson AR, Houston IB, Close GC. Evaluation of an objective structured clinical examination. *Arch Dis Child* 1982; 57:390-2.
2. Harden RM, Stevenson M, Downie WW, Wilson GM. Assessment of clinical competence using objective structured examination. *Br Med J* 1975; 1:447-51.
3. Parish SJ, Ramaswamy M, Stein MR, Kachur EK, Arnsten JH. Teaching about Substance Abuse with Objective Structured Clinical Exams. *J Gen Intern Med* 2006; 21:453-9.
4. El-Khoury LH, Saab B, Musharrafieh U, Antoun J. Impact of a 3-day OSCE workshop on Iraqi physicians. *Fam Med* 2012; 44:627-32. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23027154>.
5. Chandra PS, Chaturvedi SK, Desai G. Objective standardized clinical assessment with feedback: Adapting the objective structured clinical examination for postgraduate psychiatry training in India. *Indian J Med Sci* 2009; 63:235-43.
6. Chaturvedi SK, Chandra PS. Postgraduate trainees as simulated patients in psychiatric training: Role players and interviewers perceptions. *Indian J Psychiatry* 2010;52:350-4.
7. Chan CS, Wun YT, Cheung A, Dickinson JA, Chan KW, Lee HC, *et al.* Communication skill of general practitioners: Any room for improvement? How much can it be improved? *Med Educ* 2003; 37:514-26.
8. Pierre RB, Wierenga A, Barton M, Thame K, Branday JM, Christie CD. Student self-assessment in a paediatric objective structured clinical examination. *West Indian Med J* 2005; 54:144-8.
9. Mondal R, Sarkar S, Nandi M, Hazra A. Comparative analysis between objective structured clinical examination (OSCE) and conventional examination (CE) as a formative evaluation tool in pediatrics in semester examination for final MBBS students. *Kathmandu Univ Med J (KUMJ)* 2012; 10:62-5.
10. Mavis B. Self-efficacy and OSCE performance among second year medical students. *Adv Health Sci Educ Theory Pract* 2001; 6:93-102. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11435761>.

How to cite this article: Sharma MK, Chandra PS, Chaturvedi SK. Objective structured clinical examination and its impact on clinical and interpersonal skills: Follow-up study. *Indian J Psychol Med* 2013;35:299-301.

Source of Support: Nil, **Conflict of Interest:** None.