An objective structured clinical examination: From examination room to Zoom breakout room

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Background
Objective structured clinical examinations (OSCEs) in the United States medical schools traditionally involve students interviewing and examining standardised patients (SPs) in clinical skills laboratories. Our dilemma referred to whether we should administer OSCEs upon the return to an in-person curriculum, or release final grades without conducting OSCEs, or convert to the use of remote OSCEs.

What we tried
We implemented a narrative physical examination whereby students verbalised manoeuvres they would perform and SPs reported findings. An online survey platform Qualtrics (Qualtrics LLC, Provo, UT, USA) was used for door notes, student encounter note entry and SP checklists. A video teleconference platform Zoom™ with breakout rooms was used for patient encounters.

How did we evaluate it?
Qualitative assessment

What did we find?
Technology issues had a minor impact on four students (8%). The remote OSCE format allowed for the adequate assessment of history taking, clinical reasoning, clinical testing, documentation and communication skills; however, remote testing negatively impacted the assessment of physical examination skills as we were unable to assess students’ ability to accurately perform physical examination manoeuvres. Students felt the narrative physical examination flow was awkward and about half of the students (53%, n = 25) thought the remote OSCE was not as good as the in-person OSCE for assessing clinical skills.

Conclusion
A fully digital year-end comprehensive assessment provided a rich and impactful formative assessment during a time of disruption, and modifications made by necessity created unexpected advantages.

What main lessons did we learn?
• There was a cost saving for remote versus in-person OSCEs as we did not pay for clinical skills laboratory space or extra staff.
• The need to incorporate an extra 10 minutes for each round and between rounds to account for technology glitches.