Medical Education

ATTITUDES OF MEDICAL STUDENTS TOWARDS OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) IN PEDIATRICS

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ABSTRACT

A standardized Likert type scale containing 10 items was administered to 40 Fourth year medical students to assess their attitudes towards Objective Structured Clinical Examination (OSCE). The overall attitudes were favorable. However, on certain aspects, a near neutral attitude was observed. Remedial changes in the teaching methodology have been undertaken to mould the attitudes favorbly as well as to make pediatric teaching more effective.

Key words: Objective Structured Clinical Examination, Attitudes, Teaching - learning system.

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Received for publication: March 31, 1993; Accepted: April 22, 1993 Objective Structured Clinical Examination (OSCE) is being increasingly used in many medical schools(1) for evaluation of clinical skills. We have been using this form of examination for formative evaluation since the last three years and our data indicates(2) that this is a fairly reliable form of practical examination.

Besides being used for certification, evaluation has a very important role in guiding/learning(3). Formative evaluation can be structured in such a way that it provides useful learning experience also. However, for this to happen, the students should have a favorable disposition towards any particular learning situation(4). The present study was aimed at assessing the attitudes of medical students towards OSCE as a means of evaluation as well as learning.

Material and Methods

The attitudes were assessed by means of a Likert type 5 point scale. The scale was abbreviated from a previously published study(5) and included only those items which are relevant to clinical disciplines.

It was pretested on a representative sample of 10 students and its reliability was calculated using split-half method and Pearson-product-moment co-efficient of correlation(4). The reliability was 0.01 at 8 df.

This pretested scale was administered to a group of 40 Fourth year medical students, who were asked to indicate their agreement or otherwise with the given items on 5 listed points (strongly agree, agree, can't say, disagree, strongly disagree). These students had been exposed to OSCE, the methodology of which has been already described(2). The responses were scaled

using standard differential scaling technique(6) and mean attitude scores on each item as well as total scale were calculated.

Results

The items used for attitude assessment, mean item-wise score, and overall score have been shown in *Table I*. The mean score was 4.01, which was on the positive side.

Discussion

The present study was conducted with the aim of assessing attitudes of medical students towards OSCE. It was found that the overall attitude of the students towards OSCE has favorable (Score 4.01). This

TABLE I-The Mean Attitude Scores

S. No	. Item	Mean attitude score
1.	It tests a wide range skills	of clinical 4.4
2.	Asking questions rel procedural skills is a	
3.	It is confusing to swi one problem to anot short time	
4.	It is physically taxing	3.5
5.	It decreases the elen	nent of luck 4.2
6.	Checklists provide a good means of evalu	
7.	It is not a reliable typeractical examination	•
8.	There is not much dibetween OSCE and examinations	
9.	I prefer full practical to OSCE	examination 3.2
10.	It is a good form of eas well as learning ex	
-	Total	4.01

indicates that the students accepted OSCE as a good means of practical examination.

Item wise scores indicate that the attitudes are towards positive side on all the items except those on item No. 2, 4 and 9. Analysis of item 2 suggests that they do not favor answering questions related to procedural skills. We feel that this attitude has its genesis in the conventional teaching-evaluation system. In a conventional practical examination, there is always a chance of going back to the patient and confirming/revising one's findings. This chance is not available in an OSCE and if a student misses a finding at one particular station, he can't go back to that station.

Based on this observation, we have introduced a change in our teaching methodology. After the students are taught a particular topic, they are asked to prepare checklists for related procedures. This gives them a mental picture of what is to be included in the clinical examination of a particular patient, minimizing the possibility of missing any finding.

Another item where the score was near neutral is item No. 4. Students find it physically taxing, possibly due to pressure of time, since many tasks have to be performed within a limited period. We feel that by increasing the time allotted to each station, this problem can be easily overcome.

We intend to repeat this assessment after a year to know the extent to which attitudinal change has been induced on these points by the new teaching methodology adopted by us.

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NOTES AND NEWS

INTERNATIONAL CONFERENCE ON THALASSEMIA

An International Conference on Thalassemia will be held on November 27-28, 1994 at S.P. Jain Auditorium, Bombay Hospital, Marine Lines, Bombay 400 020 under the joint auspices of Thalassemia and Sickle Cell Society of Bombay and Bombay Hospital P.G. Institute of Medical Sciences. This conference is being held after an interval of 3 years, and it would cover 4 major aspects of thalassemia, viz., oral iron chelation, bone marrow transplantation, butyrate therapy, growth and puberty development. Distinguished experts from Italy, UK and USA have been invited to be on the panel including Dr. Susan P. Perrine, California, USA; Dr. Patricia Giardina, New York, USA; Dr. Vicenzo De Sanctis, Ferrara, Italy; Dr. C. Vullo, Ferrara, Italy; Dr. Vilma Gabutti, Torino, Itlay; Dr. Guido Lucarelli, Pesaro, Italy; Prof. Victor Hoffbrand, London, UK; Dr. B. Wonke, London, UK; and Dr. George Kontoghiorghes, London, UK.

The conference is open to medicos, para-medicos, patients, parents, social workers and others. The last date for delegate registration with concessional rate is 15th October, 1993. Delegate fee of Rs. 300/- by DD in favour of "Thalassemia and Sickle Cell Society of Bombay" may be sent to:

Dr. M.B. Agarwal,
Organizing Secretary,
International Conference on Thalassemia,
Hematology Centre,
Vijay Sadan, Ground Floor, Flat No. 1,
168-B, Dr. B. Ambedkar Road, Dadar T.T.,
Bombay 400 014.
Tel.: 4142272/4144453

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Delegate fee after that would be Rs. 400, while the same for spot-registration would be Rs. 500/-. Registrations are limited to the first 300 delegates, due to limited seating capacity.