

[P33] Observed structured clinical exams (OSCEs): uptake and usage in schools of pharmacy

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Introduction

Current government policy on the role pharmacists' play in delivering health care is driving educational direction and delivery for under and postgraduate pharmacy courses. Traditionally, pharmacy was predominantly science-based but in latter years, to meet government and patient expectation, the course has evolved into a hybrid syllabus between science and elements of social science (known as pharmacy practice). This discipline covers areas such as evidence-based practice, diagnostic skills, dispensing and consultation skills. These skills are akin to medical education and require each student to competently perform them. In medical education, observed structured clinical examinations (OSCEs) are widely adopted to measure clinical competence, yet other professions allied to medicine have been slower to embrace this method of assessment. (Grand-Maison *et al.*, 1992; Prislin *et al.*, 1998) Anecdotal evidence suggests that pharmacy educators have begun to embrace assessment methods that tackle a student's ability to demonstrate competence. This exploratory study aimed to determine to what extent schools of pharmacy were using OSCEs to assess competence.

Method

A self-administered survey was sent to all English-speaking schools of pharmacy (n=142) in 2005. This list was derived from the world list of schools of pharmacy (<http://www.pharmacy.org/schools.html>), although further internet Google searches were performed to ensure the list was as complete as possible.

The survey consisted of three sections. Section A sought basic information on the school of pharmacy and if they used OSCEs; section B focused on when they used OSCEs and for what purpose and, section C asked for the rationale behind using OSCEs. Questions on the survey instrument consisted mainly of multiple response and closed questions, although a small number of open-ended questions were used to allow respondents to express additional views. Analysis of this data was investigated for themes and reorganised with similar responses grouped together.

Quantitative data were analysed using SNAP version 6 (Mercator) questionnaire analysis package.

Results

Seventy-four schools replied after two mailings (52% response rate). Most schools of pharmacy ran a 4-year programme but two schools offered a 5-yr course. Average student numbers in the current programme cohorts were increasing year-on-year (Year 1, 117; year 2, 110, year 3, 108; year 4; 101). Thirty-five schools (47%) used OSCEs as part of their assessment programme. All schools used them on a formative basis and 60% for both formative and summative assessment. Schools used a mixture of scoring criteria from pass/fail (n=10) to % marks (n=19) whilst a number used a combination of methods. More schools had begun to adopt OSCEs in recent years (18 post 2000 compared to 14 pre 2000) and tended to use them in the latter stages of the programme (65%, n=45/70 in years 3, 4 and 5). Canadian schools had the greatest uptake of OSCEs (100%) and the USA the lowest (35%). OSCEs were predominantly used in pharmacy practice (n=33) but not exclusively as chemistry (n=1), pharmacology (n=2) and other pharmacy disciplines, for example pharmaceuticals (n=3) also employed them. The most common skills tested were patient counselling, calculations, diagnosis and ethical dilemmas. Respondents justified the use of OSCEs stating they mimicked real life practice and gave better global assessments of the students' ability to perform certain tasks.

Discussion

OSCEs are being increasingly used in schools of pharmacy to determine student competence, and the range of skills being tested focuses on those most closely related to actual practice. This is in line with medical education and to be expected; the ability to perform a clinical task to a competent level is a pre-requisite for patient safety. OSCEs are very labour intensive and with increasing numbers of students being enrolled onto pharmacy courses it remains to be seen whether OSCEs are viable in the future.

References

- Grand-Maison, P., Lescop, J., Rainsberry, P. and Brailovsky, C. A. (1992) Large scale use of an objective structured clinical examination for licensing family physicians. *Canadian Medical Association Journal* **146**, 1735-1740.
- Prislin, M. D., Fitzpatrick, C. F., Lie, D., Giglio, M., Radecki, S. and Lewis, E. (1998) Use of objective structured clinical examination in evaluating student performance. *Family Medicine* **30**, 338-344.