



OSCE as a Summative Assessment Tool for Undergraduate Students of Surgery—Our Experience

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Dear Editor,

I read the article “OSCE as a summative assessment tool for undergraduate students of surgery—our experience” published in the December 2017 issue of the Indian Journal of Surgery [1]. The article gives a good insight into the role of objective structured clinical examination (OSCE) evaluation in medical education. However, I would like to highlight a few pertinent points, which are missing in the article but are quite relevant to the Indian context.

Private medical colleges admitting more than 100 students annually constitute a major portion of the medical education system in our country. Majority of these colleges lack adequate patient numbers. Objective structured clinical examination is very pertinent in the evaluation and conduct of exams in these colleges. The traditional system of “long case” and “short case” has become obsolete due to the fact that scarcity of patients for examining large numbers of students renders the examination a farce. Patients become hostile and the students are well aware of the cases kept for the exam. Therefore, the testing efficacy of the exam is far below standards [2]. Objective structured clinical examination is an excellent solution to this issue. The authors describe having involved 5 faculty members in the study. Most of objective structured clinical examination stations require 2 faculty members to ensure fairness in the evaluation. Adequate faculty is therefore essential for the conduct of objective structured clinical examination exams [3]. Hence the faculty needs to be trained in this technique. They also need to be adequately sensitized towards this pattern of examination as there is excessive resistance from most of the faculty members especially those who have not gone through the objective structured clinical examination evaluation themselves.

Reproducibility is superior to the traditional pattern of examinations [2, 3]. Assessment is more critical and objective. Both a wide spectrum of curriculum as well as multiple facets of the candidate can be assessed. This pattern has been adopted and accepted in the western world in exams like the United States Medical Licensing Examination (USMLE) in the USA and the Fellowship examinations in the UK. Their experience has been promising thereby rendering objective structured clinical examination as the standard of testing in those countries. Objective structured clinical examination can certainly enable us to improvise our assessment of both undergraduate and post-graduate students cutting across all specialities. The Medical Council of India should take up this matter seriously and try developing a lucid practice algorithm for objective structured clinical examination exams which will enable us to ensure uniform standards of assessment in medical education all over our country [2].

Compliance with Ethical Standards

Conflict of Interest The author declares that there is no conflict of interest.

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