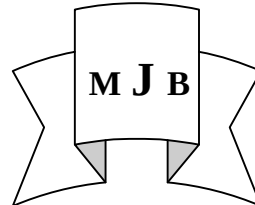


Objective Structured Clinical Skill Examination (osce)

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Review Article



This type of exam, been developed over several years as a method of assessing clinical skills.

As candidates carry out a number of different clinical skill at a different station in circles, where each student or candidate is observed by an examiner who assesses the process of performing the skill using a previously determined checklist.

Several medical schools have used the structured clinical examination for long enough for it becomes the new convention. It appears that it will be adapted in an enthusiastic way.

This exam consists of a series of stations around which students rotate, at each station the student is required to undertake a well defined clinical task.

In some situations each station is followed by one requiring the answering of questions about the previous station.

The length of time spent at a station is usually about 5 to 10 minutes.

This type of exam allows a wide selection of tasks to be assessed including assessing technical skill, laboratory skills, test interpretation and physical examination performance.

Planning

Organizational aspects depend very much on local circumstances and rely heavily on the procedures which have become successful.

Location of the exam

It is preferable that the examination be conducted within a hospital to allow ready access to patients and preferably in an area which can be isolated from routine hospital traffic life, tutorial rooms, or corridors.

Usually it is fourteen five minute stations

Content of the station

Choice of content is probably the most critical aspect of the organization. The selection of content will be based ideally on sound educational principals that include stations about the objectives, for example, station of history, perform a physical examination, etc.

Or specific performing injection, ophthalmoscopy, or ability to interpret a biochemical profile.

Example:

Station 27:

Abdominal Pain History:

BEFORE STARTING:

§ Introduce yourself to the patient.

HOW TO DESIGN THE STATION:

Each station should be designed to fit the time available

SELECTION OF PATIENTS:

The use of usual patients provides some difficulty and some patients may be changed.

Another option is to use volunteers such as junior doctors or relative of a patient or hospital employees especially when a station is designed to elicit and interpret signs, e.g., examination of knee joint.

SELECTION OF EXAMINERS FOR CLINICAL STATIONS:

It is important to brief the examiners carefully on their task prior to the exam. All test material should be well organized a day before the examination including final arrangement of furniture removal, labeling of stations, and so on.

On the day of examination, organizer and assistant should arrive early. Test material and patients should arrive followed by examiners.

Students will have been instructed and briefed on the examination. And ensure that the students who have completed the exam are prevented from coming into contact with those yet to participate.

MARKING

There will be a variety of marking tasks depending on the type of stations being used and that certain items are weighed at more or less than one.

Answer sheets are collected after the completion of each circuit and passed to the markers who finish their task before the next circuit concludes. in this way it will be possible to have all

marking completed within one hour of the departure of the last student.

How decisions are made regarding who passes and who fails:

The commonest approach is add up the candidates scores for all the stations and express them as a percentage of the potential total score.

Conclusion:

In this type of examination, if well planned, also ensures that candidates are tested over several content within the discipline being tested and allows a wide variety of attributes to be tested including interpersonal skills, e.g. physical examination, procedure data interpretation.

Though complex to set up and run at first, the development of a management team, an organizational plan attributable and ultimately a bank of reusable OSCE stations make later examinations decreasingly demanding on those involved.

References

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Hippocrates and Celsus associated hiccups with liver inflammation and other conditions .Galen believed hiccups were due to violent emotions arousing the stomach[1].

Hiccups are most often benign and of brief duration. Occasionally hiccups can be persistent and becoming quite bothersome ,distressing and even disabling .Transient hiccups can last as long as 48 hours, when an episodes continue from more than 48 hours , it is termed persistent. Hiccups lasting longer than one month are considered intractable[7].

Although the cause of most episodes are never determined , many known associated conditions have been identified like vagus or phrenic nerve irritation by tumor, gastro oesophageal reflux. CNS disorders ,toxic-metabolic disorders e.g medications ,general anesthesia ,alcoholic abuse, diabetes mellitus, electrolyte disturbances and psychogenic factors [8].

A number of case reports have linked corticosteroids, particularly, dexamethasone . to occurrence of hiccups [9-11].

Most of these reports of dexamethasone-induced hiccups occurring secondary to high dose of dexamethasone as anti-emetic agents in field of chemotherapy or when used in field of neurosurgery [10,12].

Although corticosteroids are widely used in the field of rheumatic and other musculoskeletal disorders , a little available reports wrote about corticosteroids ,particularly ,dexamethasone-induced hiccups in this field .Like wise some drug's label do not mention hiccups as possible side effect following dexamethasone administration. That is why some of rheumatologists or physiatrists may not

aware of this unpleasant adverse effect of dexamethasone.

This study aimed to raise the level of awareness among rheumatologists , physiatrists and even pharmacist about the possible association between administration of dexamethasone and hiccups, to elucidate the frequency of dexamethasone-induced hiccups in comparison to other type of corticosteroids used by patients with rheumatic or musculoskeletal disorders, and to elucidate the importance of evaluation of this adverse effect of dexamethasone secondary to patient gender.

Method

A (45) records of patients with diagnosis of hiccups were interviewed . These cases were seen at out- patient department of rheumatologic and rehabilitation unit of Merjan teaching hospital in period from October 2005 through March 2010.

Information were reviewed on age, gender, length of hiccup episodes before resolution ,type of musculoskeletal and rheumatic disorders, drug history during hiccup episode, other medical conditions, and treatment regimen .

The diagnosis of drug-induced hiccups was done by elimination of suspected drug the attack of hiccups episode subside and eventually disappeared

Because corticosteroids particularly dexamethasone were implicated in hiccups induction, .taking into consideration of previous reports, and in order to determined the frequency of each type of corticosteroids in hiccups induction, the total numbers of patients and the type ,form and rout of administration were estimated .Our cases which reported in the records with hiccups excluded any relevant and