Peer-led formative OSCEs: Enhancing learning medicine together

1 | WHAT PROBLEMS WERE AddressED?

Faculty-led formative Objective Structured Clinical Examinations (fOSCEs) incur substantial expenditure, administrative time, resources, station development, psychometric feedback, examiner and simulated patient training. With limited opportunities for OSCE practice, our medical school recognised the importance of educating student learners (SLs) and student examiners (SEs) to support these activities. The Peer-Assisted Learning (PAL) Scheme therefore designed a summative-style fOSCE to:

- Enhance students’ personal and professional development (PPD).
- Provide students with clinical practice, confidence, and preparedness in summative OSCEs (sOSCE).
- Provide detailed feedback for developing clinical practice.

2 | WHAT Was TRIED?

A single-site, multi-day, multi-cycle fOSCE for year 2 (58) and year 3 SLs (101 (2022); 113 (2023)) from a 5-year MBChB programme was delivered with faculty academic mentor supervision. The use of Microsoft work management, digital productivity tools, and SharePoint streamlined communications and schedules. This significantly reduced administrative tasks, document sharing, communication and follow-ups.

One Student PAL OSCE lead (SPOL) coordinated the event and a team of staff, SLs and SEs. The SPOL and academic mentors planned the logistics and learning outcomes ahead of the event. To incorporate the principles of assessment, quality assurance and analysis used in sOSCEs, the SPOL scheduled briefings and training of SEs by an academic mentor. The training covered station writing, circuit logistics, and tips for providing standardised objective, written, and discussion-based constructive feedback. SEs submitted their stations to the SPOL for quality assurance, evaluation and final academic mentor approval.

Mentors supervised two consecutive circuits per hour with four 14-minute stations per circuit. At the end of each station, SEs gave SLs handouts including written, objective, and discussion-based feedback, negating administrative time in generating results. Surveys were distributed to SEs and SLs to identify perceived benefits and improvements in their educational development.

3 | WHAT LESSONS WERE LEARNED?

The utility of online tools to facilitate the logistics of this activity depicts the novel approach of this fOSCE, reducing administrative time and costs on student organisers and medical school academics. Outcomes were consistent with other Peer-Led initiatives where both SEs and SLs benefit in their skill development and preparedness for their sOSCE.1

135/272 SLs and 56/58 SEs consented to feedback utilisation. SEs found the different modes of detailed feedback and handouts to be beneficial and the presence of SEs interactive and comforting. SLs found the fOSCE resembled sOSCEs and enjoyed the station diversity. 100% (135/135) SLs wanted more sessions with some SLs advocating more stations for their practice before their summative which is reliant on SE availability. In future we will recruit reserve SEs as last-minute unavailability impacted on-site logistics.

To ensure long-term sustainability, we will collate academic-reviewed OSCE station banks written by PAL SEs. To further support SEs, we will organise training workshops with station-specific guidance for standardised assessment and feedback.

54/56 (96.4%) SEs said that participating in fOSCE is helpful to improve their own confidence in sOSCEs. 193 (100%) SEs and SLs said further fOSCEs will be beneficial, highlighting the need for further formalised student-led fOSCEs for advancing the PPD for SEs and SLs.

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REFERENCE


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