The pandemic response: The role of virtual mock OSCES as a learning resource for medical students

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Introduction

Feedback collated at University College London Medical School (UCLMS) during the pandemic identified that medical students felt unprepared for their summative Objective Structured Clinical Examinations (OSCEs), due to limited opportunities to interact with patients. While mock OSCEs have been shown to improve preparedness and confidence levels among medical students(1), with the shift towards remote teaching, exploring alternative platforms to aid student learning is key in the undergraduate curriculum.

Aims

To evaluate the role of virtual mock OSCEs in preparing students for the summative OSCEs.

Methods

Email invitations were sent to all Year 5 students (n=354) to participate in the virtual mock OSCEs.

Participants were sent a pre- and post- survey for completion.

The virtual mock OSCEs were hosted on Zoom in June 2021.
Each circuit lasted 1 hour and comprised six stations,
assessing history taking and communication skills in Care of
the Older Person (COOP), Dermatology, Gynaecology,
Paediatrics, Psychiatry and Urology.

Survey completion was voluntary and all responses were anonymised. A two-tailed paired t-test was carried out on Graphpad Prism 8 to compare pre- and post- survey responses.

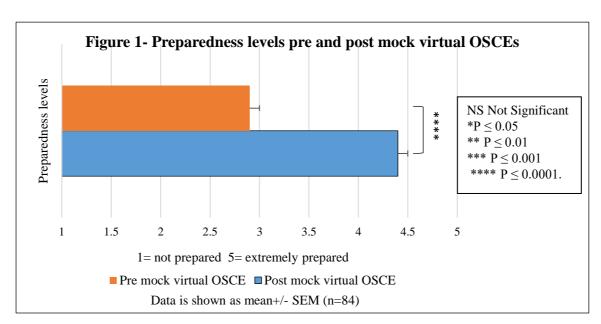
References

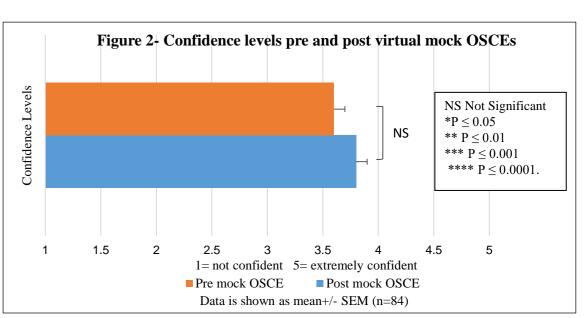
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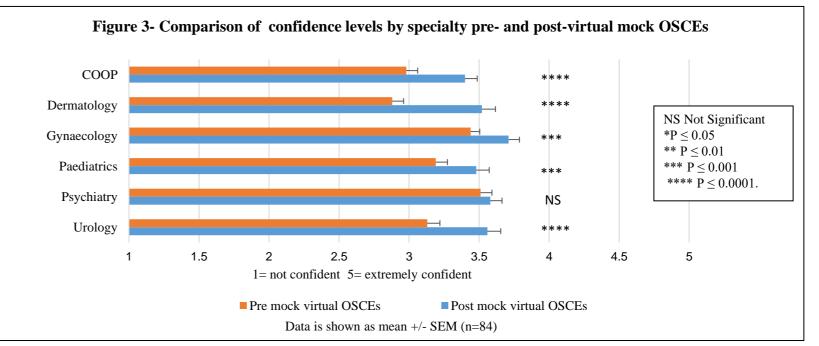
Results

266 Year 5 students participated in the virtual mock OSCEs, with 84 (32%) students completing both the pre- and post- survey.

- 87% of students reported that the virtual mock OSCEs helped them prepare for the summative OSCEs and a statistically significant increase in preparedness levels was demonstrated post the virtual mock OSCEs (Figure 1).
- There was no statistically significant improvement in overall confidence levels (Figure 2).
- Between specialties, a statistically significant increase in confidence levels in COOP, Dermatology, Gynaecology, Paediatrics & Urology was demonstrated (Figure 3)







Conclusions

While all students welcomed the opportunity to practice and felt more prepared for the summative OSCEs following the virtual sessions, this was not reflected in their overall confidence levels. The main limitations identified in this study relate to the ability of the virtual mock OSCEs to replicate the in-person experience. In addition, a limited number of specialties and only history-taking and communication skills were assessed in this study. Further research is therefore required to explore how clinical skills can be incorporated into the virtual sessions and across all clinical years of the undergraduate programme.