

A Response to “We Need More Practice”: Evaluating the Role of Virtual Mock OSCEs in the Undergraduate Programme During the COVID Pandemic” [Letter]

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Dear editor

Virtual Objective Structured Clinical Examinations (OSCEs) are becoming increasingly common methods of assessing medical students in the current educational climate. This letter responds to Lim et al’s study investigating the role of virtual mock OSCEs as preparation for medical students’ summative examinations. We put forward two points, that the authors should ensure the virtual mock OSCE adequately replicates summative exam conditions, and that it would be beneficial to investigate the anxiety levels of medical students before and after their virtual mock OSCE.

We read, with interest, the study by Lim et al exploring the role of virtual mock Objective Structured Clinical Examinations (OSCEs) during a global pandemic.¹ As medical students we have experienced first-hand the difficulty of translating in-person teaching to an online medium, and greatly appreciate the time and effort undertaken by the authors to improve the quality of OSCE practice for students.

Lim et al assessed whether virtual mock OSCEs improved students’ self-reported sense of preparedness and confidence for their summative OSCEs, and concluded that although students felt there was not a significant improvement in their confidence levels, they gained a greater sense of preparedness.¹ However, we found that the authors have not adequately replicated summative exam conditions, nor have they holistically assessed the effect on the students of virtual mock OSCEs.

Whilst we empathise with the logistical difficulty of coordinating a virtual mock OSCE for 266 students, we suspect that confidence levels may have suffered as a result of insufficiently replicating the environment of the summative exams. The virtual mock OSCE assessed communication skills and history-taking in 5-minute stations, although the summative exam format uses 10-minute stations to assess these skills.¹ Furthermore, each station in the mock exam consisted of 3 students and 1 examiner, which is not conducive to creating a summative exam environment. We suggest that by correcting the disparity between timings and station design, students might feel more immersed in the experience and thus achieve greater confidence when faced with a similar scenario.

It is widely agreed that OSCEs are perceived to be the most stressful element of medical school examinations, often due to high anxiety that detrimentally affects students’ performance.^{2,3} Lim et al speculate that the cohort of 5th year medical students in this study experienced high levels of anxiety as a result of the COVID pandemic interfering with clinical exposure.¹ We view it as a missed opportunity that the authors did not qualitatively measure the anxiety levels of the students before and after the virtual mock OSCE, which would help to assess whether it contributed to a reduction in the levels of anxiety.

A study at the University of East Anglia found that conducting a virtual mock OSCE as preparation for medical school summative exams showed a significant self-reported decrease in anxiety levels, in addition to increased confidence levels.⁴ We propose that by approaching the value of the virtual mock OSCE from a more holistic perspective, Lim et al could investigate the impact that virtual mock OSCEs have on students' mental wellbeing.

Virtual mock OSCEs represent medical school curricula responding to the demands of the current educational climate.⁴ It is crucial that authors of a study investigating the role of virtual mock OSCEs are able to replicate the OSCE environment to as close a degree as possible. It would be extremely beneficial to explore the impact of such interventions on students' mental wellbeing, which is one of the most neglected yet crucial factors for determining student performance.

Disclosure

The authors report no conflicts of interest in this communication.

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