As physicians working with students we are often requested to evaluate their knowledge, skills, attitudes, and interest in learning during their medical course. When involved in a selection process for medical residency it is very important to judge medical competency in combination with knowledge. Therefore, the ability to evaluate if the educational objectives were achieved is a major issue of any program.

Validity and reliability must be considered when developing any method of assessment. We called validity of a test, the extent to which it measures what is intended to be measured and reliability the reproducibility of a set of measurements, consistency or stability of measures over time. Besides these two criteria, objectivity and practicability of the method must also be considered. Any method that lacks objectivity or is very difficult to employ is not practical for assessment purposes.

For many years examination tests took into consideration only knowledge. Essential cognitive components are well evaluated with written examinations either as open-ended or multiple choice questions. However, they do not assess trainees’ clinical skills and attitudes.

Nowadays there is a focus on competencies rather than on knowledge acquisition. Competency is defined as a complex set of behaviors built on the components of knowledge, skills and attitudes. One attempt at measuring clinical competency is use of the Objective Structured Clinical Examination (OSCE).

OSCE was described in 1975. Thirty-three students spent 5 minutes at each of 16 stations, either procedure stations or question and answer stations. At procedure stations, students were asked to take a history, perform a physical examination or some focused tasks. An examiner assigned points for the information obtained at each station. The OSCE involves observing students in simulated encounters and often provides information about a students’ communication skills as well as their abilities when collecting clinical data. There are some criticisms on use of OSCE. The timing and setting may seem artificial; the student and probably had the best clinical skills and medical attitudes. That is why some specialties require longer residency periods than others. There are some limitations of the study that must be pointed out. Brazilian medical education and medical schools are very heterogeneous in quality and the paper does not present any information about candidates’ medical graduation. The number of applicants who finished their medical education just before taking the exam was significantly higher in the 2 year group than in the less than 2 year group. This means that probably the best of that group were admitted to a residency program in the previous years. And finally, the OSCE consisted of only five stations.

The findings of Santos et al. are very interesting because they show that OSCE was the only tool among all those chosen that was able to indicate the candidates who had longer internships and provably had the best clinical skills and medical attitudes. We encourage the use of OSCE or a similar method combined with other methods of evaluation for adequate assessment of medical students.

References