

Review of Objective Structured Clinical Examination Practices within Doctor of Pharmacy Programs Throughout the United States

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BACKGROUND

Advances in Teaching

- Last update on objective structured clinical examination (OSCE) practices published in 2010.
- Significant advances in technology and pharmacy practice have occurred since then which has resulted in many changes to curriculum requirements and accreditation standards for pharmacy education.

Accreditation Standards

- The Center for Advancement of Pharmacy Education (CAPE) and the Accreditation Council for Pharmacy Education (ACPE) Standards 2016 both states that programs must impart knowledge, skills, and abilities necessary to provide patient-centered care.
- Little is known regarding current consistency, validity, and reliability of OSCE execution amongst schools of pharmacy.

OBJECTIVE

To update the description of current OSCE practices within pharmacy schools in the United States and identify barriers to OSCE implementation and expansion.

METHODS

Development

Literature Review Survey Development Piloted and Revised

Structure (46-items)

Demographics	Curricular Embedment of OSCEs	OSCE Design	Assessment of OSCE Performance	Barriers to OSCE Implementation and Expansion
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Distribution

All accredited PharmD programs in the US

Qualtrics with 3 reminders



Scan for detailed survey results.
SCAN ME

Data Analysis

- Descriptive statistics

REFERENCES

¹Sturpe DA. Objective structured clinical examinations in doctor of pharmacy programs in the United States. Am J Pharm Educ. 2010;74(8):Article 148.

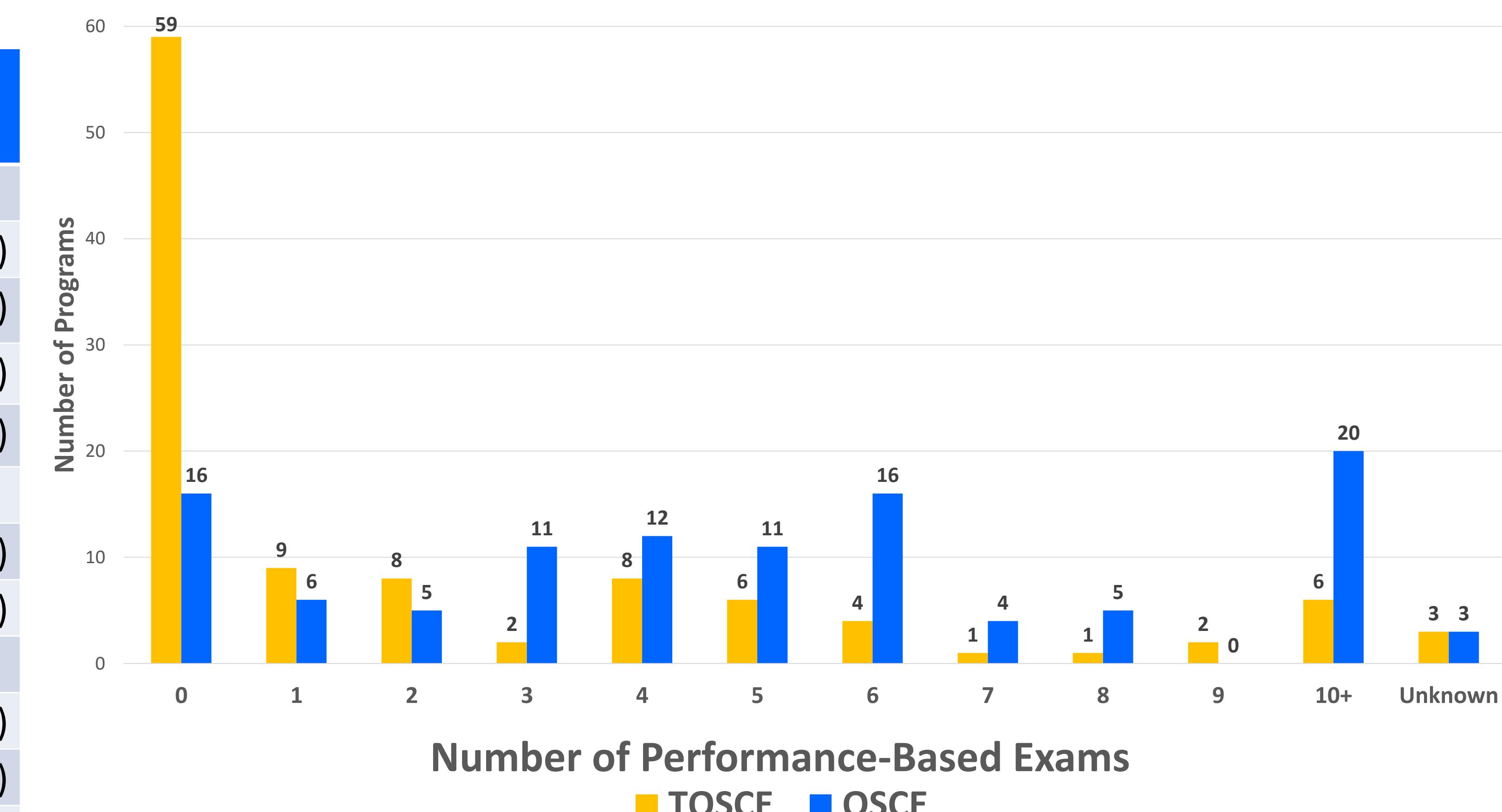
RESULTS

Response Rate = 81% (109 out of 135)

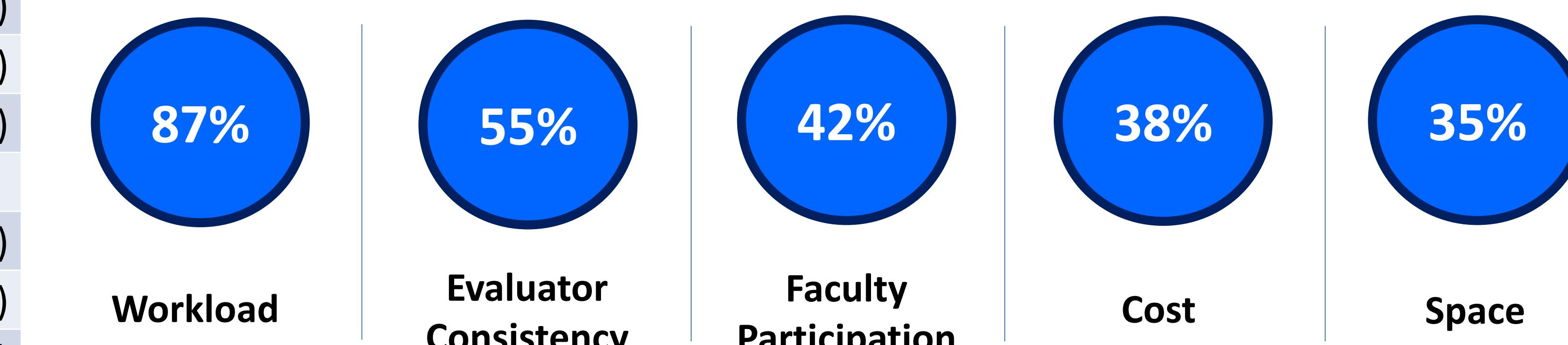
Summary from Programs Administering OSCEs N = 93

Curricular Embedment	
Assessment within a Specific Course	89 (96%)
Number of OSCEs throughout Curriculum	10 (22%)
OSCE Embedment within Applied Skills Lab	74 (80%)
OSCE Summative, Determines Progression	82 (88%)
OSCE Design	
OSCE Completed at School of Pharmacy	79 (85%)
OSCE Completed Virtually	64 (69%)
Time Afforded to Complete Each Case	
8-10 Minutes	29 (32%)
> 10 Minutes	35 (38%)
Programs Validating OSCE Cases	42 (45%)
Programs Piloting OSCE Cases	26 (28%)
Sequestration of Electronics During OSCE	53 (57%)
Sequestration of Students During OSCE	48 (52%)
Programs not Allowing ADA Accommodations	47 (51%)
Student Interaction During OSCE Recorded	65 (70%)
Use of Recordings	
Student Review for Improvement	42 (65%)
Evaluator Review to Verify Scoring	36 (55%)
Evaluator Review for Grading	31 (48%)
Assessment of OSCE Performance	
Student Assessment of OSCE Case	
Raw Score	52 (56%)
Pass/Fail	33 (35%)
Faculty Evaluating OSCE Performance	72 (78%)
Programs Offering Remediation Upon Failure	58 (62%)
No Standardized Process to Train Evaluators	55 (59%)

Number of Performance-Based Exams within Programs



Barriers to OSCE Implementation and Expansion



DISCUSSION AND CONCLUSIONS

Limitations:

- Although the study provided a definition of terms used in the survey, the nomenclature may differ by program.
- Large number of questions were asked on the survey which may have led to survey fatigue.

Conclusions:

- Most programs are using OSCEs to assess clinical abilities.
- Significant variability exists amongst programs in OSCE implementation and utilization.
- Common barriers exist to OSCE expansion and are mostly related to resource utilization.

Future Recommendations:

- Provide best practices on implementing OSCEs within pharmacy programs.
- Identifying processes for schools to overcome barriers to programmatic OSCE expansion.
- Development of regional or national OSCE case banks.

Comparison of Programs Executing OSCEs¹

