


A Response to “Changing Student Perception of an Online Integrated Structured Clinical Examination During the COVID-19 Pandemic” [Letter]

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Dear editor

It is with interest that we read the article by Ganesanathan et al regarding the perception of online integrated structured clinical examinations among students.¹ The authors highlighted the benefits of using online examinations given the ongoing COVID-19 pandemic and how peer-led mocks can improve confidence in these assessments. As final-year medical students, we took interest in the similarities and differences we have experienced the last year and would like to offer our perspectives.

Peer-led teaching and mock examinations offer a huge benefit to medical education, often filling gaps that formal teaching does not cover. In addition to familiarisation and practice with new material, they are a good opportunity for feedback and improvement. Our experience of similar schemes at our medical school are similarly positive, but the low-stakes results in more generous feedback when compared to high-stakes summative examinations where you are competitively marked against your peers. Consequently, we found that the metrics used in the study, did not include other commonly cited factors that affect the confidence in online summative examinations, such as the risk and ease of cheating compared to in-person examinations.^{2,3} It would have been interesting to read about the cohort's confidence with online examinations regarding these factors, as well as a comparison of attitudes after the official examinations and polling the remaining 58.4% of the cohort that did not respond.

While online exams may have been a necessity earlier into the pandemic, the lack of in-person finals examinations for students who graduated in 2020 has been cited to impact preparedness for starting their first year of foundation training as online examinations do not allow for proper assessment of practical skills that are essential in medicine.⁴ At our institution, the 2021 cohort were due to sit finals before the second wave of COVID-19 in the UK. Alternatives such as adapted objective structured clinical examinations (OSCEs) or an online OSCE were suggested. Ultimately, finalists were assessed by a “Clinical Workplace Examination” in both community GP and hospital settings. Students were assigned one patient and one examiner in either setting to take a full history, perform any/all necessary

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examinations the student deemed fit over 20–30 minutes, followed a 10–15 minute discussion with the examiner regarding diagnosis and management. Both third and fourth years had modified OSCEs later in the year, with three days of three station circuits wearing full PPE rather than two days of seven stations. These modifications allowed us to maintain benefits of in-person assessments, while maintaining a high degree of safety for simulated patients, staff, and students alike.

In conclusion, Ganesanathan et al show that peer-led mocks can help to improve confidence in online OSCEs among students engaged with academic extracurriculars. However, it would be of benefit to have included a broader spectrum of students within their cohort, included a wider breadth of questions regarding confidence in online examinations, and polled questionees after their formal examinations. Or in light of in-person alternatives, students' thoughts on these versus online OSCEs as adjuncts to existing assessments.

Disclosure

The authors report no conflicts of interest in this communication.

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