

## A Brief Report on the Implementation of an Objective Structured Clinical Examination (OSCE) in the 2006 Iranian Board of Psychiatry Examination

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### Introduction

**E**valuation of the psychiatry residency graduates' knowledge and competencies has traditionally relied on the Individual Patient Assessment (IPA) method (1,2). However, this method is unreliable and its outcome depends to a large extent on the luck of the draw (3-5). Past research has shown that Objective Structured Clinical Examination (OSCE) method has many advantages over IPA (6-9). As a result, the Iranian Board of Psychiatry has been considering the adoption of the OSCE method for the psychiatry board examinations for a number of years. In 2004, the Iranian Council for Graduate Medical Education, the agency responsible for graduate medical education in the country, instructed all specialty boards to use OSCE in the clinical and oral parts of their specialty examinations.

To reach this objective, the Iranian Board of Psychiatry held three nationwide workshops to test the reliability and validity of application of OSCE in psychiatry (10-12). Supported by this work, the use of OSCE in the oral and practical parts of the examination

was approved by the Board. The first OSCE in psychiatry was administered in September 2006 in Shahid Beheshti University of Medical Sciences and Health Services.

The board members discussed the performance-based goals of the specialty and designed 6 stations accordingly. Over a period of three days, the board members prepared 6 scenarios and 4 instruction sets for standardized patients (SPs).

The examination was administered in 6 Stations: 4 with SPs and 2 without. To safeguard the integrity of the examination, it was decided to complete the examination in a single day. To accommodate all candidates in one day, stations were arranged in 2 parallel circuits with 8 SPs, 4 in each circuit.

One day before the examination, the SPs were invited to come to the examination site and receive proper instructions from the examiners. They rehearsed their roles and after ensuring that their simulation is satisfactory, they were approved to attend the actual examination.

### *The content of the stations were as follows:*

Station 1: Providing information and counseling to a relative of a patient with schizophrenia.

Station 2: Evaluation of the risk factors of a suicidal patient.

Station 3: Evaluation of abnormal movements on the basis of the Abnormal Involuntary Movement Scale (AIMS).

Station 4: Diagnosis of somatoform disorder.

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Station 5: Presenting a case history and asking the candidate to formulate the case.

Station 6: Presenting the candidate with 6 prescriptions and asking her/him to identify errors on these prescriptions.

One station was designed as a reserve station in case of emergency and absence of one of the SPs. The examination was administered in 1 day, starting at 8 AM and ending at about 4 PM. The time limit for each station was 10 minutes.

Instructions to each of the SPs were boarded on the door of each station and a copy of these instructions was put on the desk in the station. The evaluation of candidates was conducted on a global rating scale.

Thirty-five candidates attended this first OSCE in psychiatry. Of these, 26 (74%) passed the examination and 9 (26%) failed.

After completion of the examination the candidates completed a questionnaire on which they rated the clarity of instructions and the quality of simulations by SPs. The time limit of the examination was reported to be satisfactory except for stations 5 and 6 (non-SP stations). Design of the stations in the first 3 stations was also reported to be satisfactory. Overall, 50% of candidates were satisfied with this OSCE administration.

The candidates' feedbacks on this first administration of the OSCE in the Iranian Board of Psychiatry examination will be used in designing future examinations. Further research is needed to improve the reliability and validity of this method.

### References

1. Loschen E.L. (1993) Using objective structured clinical examination in a psychiatry residency *Academic Psychiatry* 68: 443-451.
2. Micheal A. (2004) OSCE in Psychiatry. Churchill and Livingstone.
3. Hodges B, Regehr G, Hanson M., (1997) An objective structured clinical exam for evaluating psychiatric clinical clerks *Academic Medicine* 72: 715-721.
4. Hodges B., Hanson M, Mcnaughtan N., Regehr G. (1999) What do psychiatry residents think of an objective structured clinical examination *Academic Psychiatry* 23: 198-204.
5. Leichner P., Sisler G.C., Harper D. (1986) The clinical oral examination in psychiatry. The patient variable. *Annals of The Royal College of Physicians and Surgeons of Canada* 19: 283-284.
6. Hodges B., Lofchy J. (1997) Evaluating psychiatry clerks with a mini objective structured clinical examination. *Academic Psychiatry* 21: 219-225.
7. Hodges B., Regehr G., Hanson M. (1998) Validation of an objective structured clinical examination in psychiatry. *Academic Medicine* 73: 910-912.
8. Sauer J., Hodges B., Santhouse A., Blackwood N. (2005) The OSCE has landed. One small step for British psychiatry. *Academic Psychiatry* 29(3): 310-315.
9. Park R.S., Chibnall J., Blaskiewicz R.J., Furman G.E. (2004) Construct validity of an OSCE in psychiatry. Association with clinical skill examination and other indicators 28(2): 122- 128.
10. Jafar Bolbari, Arsia Taghva, Maryam Rasoulilian, Mehrdad Mohammadian, Laily Panaghi, Homayoun Amini: Attitudes of Psychiatric Attends and Residents toward the first OSCE in psychiatry in Iran; Andisheh va Raftar. In press.
11. Addas Attari (MD), Gholam Reza Mirsepasi (MD), Arsia Taghva (MD), Jafar Bolhari (MD), Mahin Aminoroaia (MS), Akbar Hasanzadeh (MS). Validity and reliability of n objective structured clinical examination in psychiatry in Isfahan; Andisheh va Raftar 2007. In press.
12. Zarghami M, Sheykh Mounesi F, Taghva A, Khalilian AR: Attitudes of Iranian residents toward objective structured clinical examination in psychiatry; Andisheh va Raftar 2007. Inpress.

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