

ASSESSMENT OF COMMUNICATION UTILIZING AN OSCE STATION FOR FIRST-YEAR MBBS STUDENTS: AN EDUCATIONAL INTERVENTION

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ABSTRACT

Background: Doctor–patient communication is an essential clinical skill that has been highlighted in undergraduate medical education curriculum. The Lesson plan and teaching methodologies for which are well outlined in the AETCOM module. However, assessment of such critical skill could be well mastered if better structured especially in the foundational years of their academic journey. **Objective:** To adapt, implement, and assess an OSCE station on foundational communication skills among first-year MBBS students. **Materials and Methods:** A simulation of communication breakdowns in the follow-up of a diabetic patient was constructed as an OSCE station to identify lapses of communication and demonstrate the skill using the Kalamazoo and Five A's models. The station was content validated and tested on 150 students. Performance was assessed through a 5-point Likert scale across four areas of communication. Data analysis measured the competencies of students and areas where the curriculum could be improved. Learner feedback on the effectiveness of the same was also taken. **Result:** Students mostly moderately identified lapses and used communication models with variability between domains. Non-verbal communication and responding to needs were weak areas. Station realism and formative value were noted by student feedback. **Conclusion:** It is possible to incorporate communication foundation skills into OSCE stations for early medical students and foster critical reflection on patient-centered communication, consistent with competency-based medical education objectives.

INTRODUCTION

Effective communication skills between doctors and patients enhance diagnostic accuracy, compliance with treatment and patient satisfaction and thus form the foundation of clinical practice. While curriculum as outlined by NMC does emphasize the importance of communication in the AETCOM module, a lacuna for an effective assessment does persist. As per the Module, the Foundation of communication for first-year students are introduced as large group sessions followed by self-directed learning, small group sessions and concluded with a reflection. These sessions usually include either videos or role play to highlight the common communication lapses in doctor-patient communication. Formative assessments however are usually based only on the involvement of the students in the teaching-learning sessions and summative assessment are scored by

evaluating short answers. Hence, a structured and objective assessment of communication is not only essential but is also an indispensable tool to instil this basic quality in the future doctors. The OSCE provides a validated, objective instrument for evaluating these skills within authentic settings using standardized patients. This research introduces an educational intervention modifying communication foundation skills into an OSCE station for first-year MBBS students using validated assessment frameworks.

MATERIALS AND METHODS

Study Design and Participants

A cross-sectional educational study was implemented in 150 first-year MBBS students at a tertiary medical college following institutional ethical clearance.

OSCE Station Development

The station had a scenario where a 55-year-old patient with diabetes had poor communication from a doctor who had behaviours of hurrying, interrupting, using jargon, poor eye contact, and dismissive answers. Students were to:

1. Identify and critically examine gaps in communication.
2. Describe the significance of effective communication between doctors and patients.
3. Outline and demonstrate the application of the following models to practice effective communication.
 - Kalamazoo Consensus Statement model (Includes building relationship, opening discussion, gathering information, understanding patient view, sharing information, reaching agreement, and closure)
 - Five A's behaviour change model (Ask, Advise, Agree, Assist, Arrange).

Validation and Evaluation

The station content was checked and validated by all the senior faculty in the department. A tick-box checklist assessed performance in four areas: Responding to Patient Needs, Interview Structure,

Verbal Expression, and Nonverbal Expression, rated on a 5-point Likert scale (1=Poor, 5=Excellent).

Student answers were marked, and performance distributions quantitatively analysed. Student feedback was collected using questionnaires to assess station realism and learning value.

RESULTS

Most students scored at the 3–4 level across domains, reflecting moderate competency. "Responding to Needs" had more performance variation, which may reflect difficulties with empathy and listening. "Interview Structure" was a relative strength, demonstrating students' understanding of clinical conversation structure. "Nonverbal Expression" received the lowest number of high scores, indicating a training deficiency in body language and eye contact.

About 92%(138 students) considered the OSCE station to be a very effective learning tool and about 6.6% (10 students) found it moderately useful and 1.3 % (2 students) were left undecided, thus underscoring the importance of structured models to harness this much needed skill.

Table 1: Depicts the distribution of student scores (N=150) across the four domains of communication skill

Score (1–5)	Responding to Needs	Interview Structure	Verbal Expression	Nonverbal Expression
5	30	25	22	18
4	42	49	45	41
3	44	51	55	60
2	24	18	23	23
1	10	7	5	8

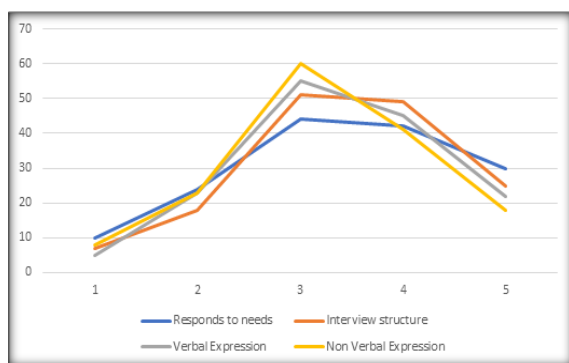


Figure 1: Provides a comparative Line diagram chart of student performance by domain

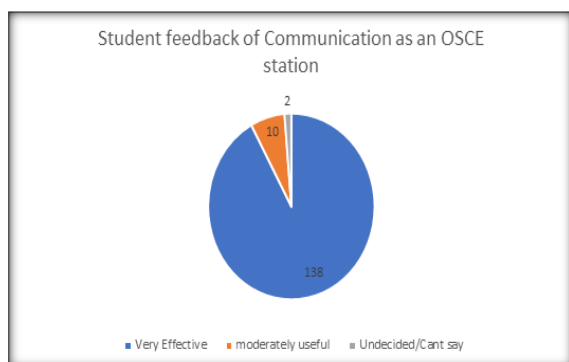


Figure 2: Student feedback on the OSCE station

DISCUSSION

This research affirms the OSCE's value in formative assessment of communication foundations in novice medical students. The Five A's and the Stanford Kalamazoo model were strong frameworks that offered learners actionable communication strategies supported by global best practices. The evidenced variation, particularly in nonverbal and empathetic areas, indicates curriculum gaps that require targeted interventions. Early introduction to communication OSCE stations promotes self-reflection and patient-centered orientations that are central to CBME objectives.

Methodologic difficulties involve maintaining inter-rater reliability and immediate, formal feedback aligned with standards of evidence-based assessment. Longitudinal exams might more accurately represent skill acquisition over time.

CONCLUSION

It is possible, valid and effective to take core communication skills and translate them into OSCE stations for first-year MBBS students. It encourages careful analysis of prevalent communication errors and formal application of evidence-based frameworks, conforming to competency-based

curricular demands for empathetic, effective communicators.

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