

# DEVELOPMENT AND EVALUATION OF ONLINE FORMATIVE OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCEs) FOR PRE-REGISTRATION (FOUNDATION) TRAINEE PHARMACISTS

H. Wickens<sup>1</sup>, J. Thomson<sup>1</sup>, H. Ireland<sup>2</sup>, C. Murphy<sup>1,2</sup>, K. Purbrick-Thomson<sup>1</sup>, X. Bray<sup>1</sup>, R. James<sup>1</sup> and M. Miell<sup>1</sup>

<sup>1</sup>School of Pharmacy, Health Education England (HEE) South, Oxford, UK

<sup>2</sup>Pharmacy Workforce Development South (PWDS), University Hospitals Bristol NHS Foundation Trust, Bristol, UK

## Background

In person formative OSCEs are a feature of pharmacist training and used to demonstrate competency and direct further learning (Haughey and Hare (2017)). The coronavirus pandemic has demanded training adapts, including to online delivery, thus ensuring educational opportunities remain and are safe.

## Objectives

To develop and pilot online formative OSCEs for 130 pre-registration trainee pharmacists undertaking the 2020/21 HEE South (UK) programme.

To deliver an OSCE event live on Microsoft Teams over three days in January 2021.

To evaluate trainees and actors/assessors' views of the OSCE event.

## Methods

We developed online OSCEs, basing the structure of the event on a traditional in-person method, and transferring this to the online MS Teams environment. We replaced paper-based resources and mark sheets with online resources accessed by trainees and assessment grids held securely on HEE Sharepoint servers; the latter had tailored individual access for the 74 actors/assessors to improve data security. We ran online training workshops for all participants and made explanatory videos available.

After a successful pilot event, online OSCEs were run over three days in January 2021 live on MS Teams. The OSCEs comprised 5 clinical scenario stations; medication error, potassium supply, antibiotic stewardship, dyspepsia and threadworm consultation. Trainees rotated through all five 10-minute stations. Three circuits ran concurrently. Trainees had an individualised timetable populated with room links, and access to a help room for wellbeing and IT concerns.

Marks were collated 'live' and automatically using Excel, with individual trainee reports sent to trainees and their supervisors after the event. Trainees and assessors were asked to fill in online feedback questionnaires at the end of the event.

## Results

Pass rates for each station ranged from 24% to 86%. Excellent communication and clinical competency were identified by assessors, as well identifying clinical and consultation skills that required improvement.

Trainee, actor and assessor feedback on the online process was positive:

***"All went very smoothly... easier than in person!" (Tutor);***

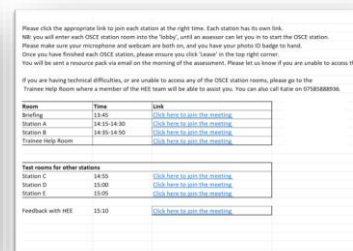
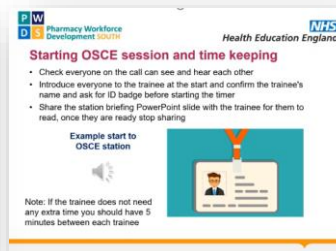
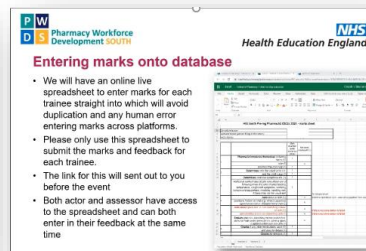
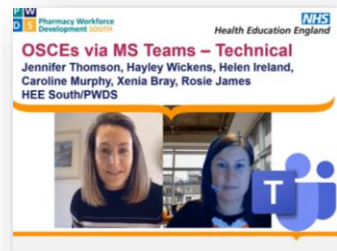
***"A good experience" (Trainee).***

Many cited the lack of travel as beneficial:

***"Saved time for everyone and more environmentally friendly" (Trainee);***

***"Travelling somewhere unfamiliar... would add stress and cost" (Trainee).***

Over 60% of trainees said they would accept OSCEs online again.



## Conclusions

Online OSCEs were a successful formative assessment. Feedback suggests value in continuing with the online delivery post-pandemic.