

Ability of the objective structured clinical examination to differentiate surgical residents, medical students, and physician assistant students.

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BACKGROUND: The Objective Structured Clinical Examination (OSCE) has been used extensively to evaluate the clinical abilities of medical students and residents. The purpose of this study was to investigate whether the standard OSCE would differentiate performance of subjects with different levels and/or types of training. **METHODS:** We conducted a blinded OSCE, during which we simultaneously evaluated surgical residents from all 5 years of the general surgery training program, third-year medical students, and second-year physician assistant students. All examinees went through the same clinical evaluation stations, which consisted of history-taking, physical examination, technical skills, trauma management, and X-ray interpretation. The students and residents were rated at each station by a trained standardized patient evaluator or a faculty evaluator using a checklist for performance evaluation. All subjects wore surgical scrubs without name tags or identification of program or year of training. **RESULTS:** Overall mean performance scores ($P = 0.09$, NS) were for surgical residents 71.2% (+/-9.7); for medical students 66.9% (+/-5.7); for physician assistant students 64.7% (+/-5.8). This shows a significant trend toward higher scores with more training. Surgical residents scored higher on technical stations, history-taking, and X-ray interpretation. Medical students scored higher in performance of physical examination. Physician assistant students scored quite close to the other two groups. **CONCLUSIONS:** The differences among group performance appeared to reflect the level of experience of the learners. Some components of the OSCE appear to better differentiate levels of training.

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