

# The "Well-Taken Case" as a Measurable Outcome: Standardizing Chronic Case Assessment through 'OSCE' [Objective Structured Clinical Examination] in Repertory & Case Taking

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**Abstract**— OCSE is a transparent method, scoring method. OSCE in Repertory helps BHMS students build strong foundations for Repertorial Totality. It results in better performance and higher scores compared to Traditional Practical Examinations (TPE). It focuses on course outcomes. Traditional examinations often focus on cognitive knowledge rather than the practical integration of case-taking and repertorization skills.

**Key Terms:** Homoeopathy, OSCE, Repertory & Case Taking, Chronic Case Assessment

## Abbreviations

- 1) LO- Learning Objectives
- 2) CO- Course Outcomes
- 3) OSCE- Objective Structured Clinical Examination
- 4) TPE- Traditional Practical Examination
- 5) BHMS- Bachelor of Homoeopathic Medicine & Surgery
- 6) TTI- Terminal Test First
- 7) PBL- Problem Based Learning
- 8) CBL- Case Based Learning
- 9) GI- Gathering Information

## I. INTRODUCTION

### Definition

A transparent method or tool of assessing clinical skills in formative as well as summative examination.

Objective evaluation as it uses checklist,

- OSCE in 3<sup>rd</sup> BHMS Repertory is outlined to assess psychomotor skills.
- Transparent method based on competency-based guidelines.

Structure of a Typical OSCE Station (Key Components – Basic Rules)

A. Station Setup: Resources, Blueprint, Question slip, Checklist, Observer, tables as per arrangement. Students rotate through a series of stations (often 04 - 07) within a fixed timeframe (5–10 minutes per station). Rest station may be there for compilation. [1,2]

1. Activity Station- (Case recording)
2. Response/Station- (answering questions about a patient's complaints)
3. Procedure Station – (Case processing)
4. Experiment Station- (Repertorization)
5. Rest Station – empty spotter for compilation.

B. Questions: 2-3 structured questions are asked (e.g., Chief complaint, Analysis & Evaluation, Repertorial Totality, Description). [2]

C. Time Limit: Generally, 5 - 10 minutes per station. (1 minute for 1 Mark). Same time limit for each student by rotating students around stations.

D. Assessment: Evaluators use a predetermined checklist to minimize examiner bias and ensure standardized, reliable assessment and to check for accuracy.

E. Best tested using written format.

F. All 3 domains should be assessed. (Assessment of competencies, LO, CO, skills), Topic should have objectives of professional skills.

## II. METHODOLOGY

**Aim:** Standardization of Clinical Examination especially in a chronic case

### Objectives

- To reduce examiner bias
- To reduce students' stress
- To introduce high scoring method

- To increase students' satisfaction

**Inclusion Criteria**

- Students of 3<sup>rd</sup> BHMS appearing in TT1 Examination

**Preparation Tips for Students**

1. Understand the Stations
2. Practice Timing: Train to complete tasks within strict time limits.
3. Review Checklists: Familiarize yourself with the expected steps.
4. Use Mock Exams: Participate in peer-led or faculty-led mock OSCEs

Case scenario of an OSCE- TT 1 Clinical Examination (25 Marks): [1,2]

K/C/O Kidney Stone- (30-year-old male, presenting with sudden onset, severe pain in the right lumbar region, radiating to the groin) to be assessed are Case taking, Case Processing, Repertorization and Selection of similimum for given case.

- Station 1- Case Taking (5 Marks)
- Station 2- Case Processing (5 Marks)
- Station 3- Repertorize the case by using appropriate repertory (10 Marks)
- Station 4- Select similimum (5 Marks)

Resources: Patient, Case Paper, Appropriate Repertories, Repertorization Sheet, Checklist and Observer, Question Slip

Blue Print: [4]

Table No. 1

Competencies	1	2	3	4
	Homoeopathic Orientation	Interpretation	Repertorization	Professionalism
Clinical skill	GI	PBL	Repertory selection	CBL
	5 marks	5 marks	10 marks	5 marks

**III. INTERVENTION**

Stations with Check-list [1,2]

Station 1: Case Taking (5 Marks)

Task: Take a detailed homoeopathic case from the patient

Table No. 2

Check-list / Roll No.	1	2	3
Pain characteristics [1]			
Modalities [1]			
Associated symptoms [1]			

Mental and physical symptoms [1]			
Past medical and family history [1]			

Station 2: Case Processing (5 Marks)

Task: Make Conceptual Image

Table No. 3

Check-list / Roll No.	1	2	3
Totality of Symptoms [1]			
Analysis of Symptoms [2]			
Evaluation of Symptoms [2]			

Station 3: Repertorisation (10 Marks)

Task: Repertorize the case and select a homoeopathic remedy

Table No. 4

Check-list / Roll No.	1	2	3
Selection of Repertory [2]			
Repertorial Totality [4]			
Repertorization [4]			

Station 4: Final Selection of Remedy (5 Marks)

Task: Selection of Similimum

Table No. 5

Check-list / Roll No.	1	2	3
Probable Remedies [1]			
Indicated Remedy [2]			
Indications of Final Remedy [2]			

**IV. RESULTS & DISCUSSION**

This report evaluates student feedback regarding two clinical assessment methods: Traditional Practical Examinations (TPE) and Objective Structured Clinical Examinations (OSCE). While both methods achieve universal subject coverage, results indicate a clear preference for the OSCE format due to higher engagement and overall satisfaction, despite its significantly higher stress profile.

Table No. 6- Outcomes

Outcomes	Agree %		Dis-Agree %	
	TPE	OSCE	TPE	OSCE
Student Relaxation	25	75	75	25
Stress Reduction	75	25	25	75
Boring	25	75	75	25
Subject Coverage	100	100	00	00
Satisfaction	25	100	75	00

Traditional Practical Examinations (TPE) and Objective Structured Clinical Examinations (OSCE).

- Student Wellbeing: OSCEs are perceived as significantly more stressful (75% vs 25%) and less relaxing than TPEs [1].
- Engagement: Students find TPEs much more boring (75%) compared to the OSCE format (25%) [1].
- Academic Quality: Both methods are rated perfectly (100%) for subject coverage, showing they, both hit the mark academically.
- The Bottom Line: Despite the higher stress levels, OSCE enjoys 100% student satisfaction, whereas TPE sits at only 25%.

#### Benefits of OSCE –

- OSCE in Repertory helps BHMS students build strong foundations for Repertorial Totality
- Station based skills assessment
- Standardization- Eliminates examiner bias by using pre-defined checklists
- Comprehensive assessment- Evaluates cognitive, psychomotor, and affective skills.
- Higher Scores: Often results in better performance and higher scores compared to Traditional Practical Examinations (TPE).
- Objective- reduces subjectivity, all students face the same, standardized questions and tasks, reducing variability in scoring.
- Content: Covers Clinical competencies
- Feedback: Provides clear, actionable feedback on specific strengths and weaknesses.
- Transparent, fair, structured – same task in the same time frame.
- Reduces stress, boosts confidence, enhances learning.
- High feasibility
- Uniformity- same skills
- Practical- real life situations, applied
- Focused on course outcomes

#### V. CONCLUSION

OSCE (Objective Structured Clinical Examination) has benefits over traditional clinical examination. 100% students strongly agree with subject coverage and relaxation from viva examination. 75% students felt boring and monotonous examination. 25% students were not satisfied with this method.

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