Letter to Editor

Misunderstood OSCE Variants in Physical Therapy Education: A Call for Standardization

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Respected Editor,

The Objective Structured Clinical Examination (OSCE) is widely regarded as one of the most reliable methods to assess clinical competence in health professions education, including physical therapy. Its structured, station-based design ensures that students demonstrate applied knowledge, psychomotor skills, reasoning, and professional behaviors in a standardized environment. When implemented correctly, OSCE bridges the gap between theory and practice and plays an indispensable role in preparing competent graduates.

However, I am concerned about certain **"variants"** currently being conducted in the name of OSCE in physical therapy institutions, which compromise its intended purpose. For instance: Static paper-based stations – In some institutions, students are placed at a single "station" with a written case study to solve and pen down responses. This design essentially reduces OSCE to a written exam, eliminating the essential elements of real-time clinical reasoning, interaction, and performance-based assessment.

Queue-based static circuits – Another common practice involves students seated in rows of chairs, moving in sequence on a bell ring. Most "stations" consist of written case questions, with only one or two viva or minimal performance-based interactions. Worse still, students can often observe the activities of those ahead of them, particularly at viva stations, leading to bias and compromised validity.

Such practices not only dilute the assessment but also erode the credibility of OSCE as an evaluative tool. Instead of assessing clinical competence in a structured, standardized, and performance-driven way, these methods reduce the exam to a hybrid of written tests and oral questioning. This is far from the original design of OSCE and cannot be considered a fair or reliable measure of a student's readiness for clinical practice.

- To uphold the integrity of OSCE in physical therapy education, I strongly recommend:
- Strict adherence to evidence-based OSCE design, ensuring multiple interactive stations mapped to curricular outcomes.
- Examiner training and calibration to minimize subjectivity.
- Safeguards against observational bias and station "leakage."
- Avoidance of "static" written formats mislabeled as OSCE.

In conclusion, OSCE remains a cornerstone of competency-based assessment, but only if its core principles are respected. Misinterpreted variants may give an illusion of objectivity, yet fail to test the very skills they are designed for. I urge physical therapy institutions to critically reflect on their practices and align their assessments with validated OSCE frameworks.

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