

guidance on treating patients who lack capacity towards the end of their lives.

Summary of results: 400 students took the OSCE station. The mean score was 14.4 out of 20 (SD = 3.58). The range was 3-20, with peaks in performance noted at scores of 14.0, 17.0 and 20.0, indicating that students generally performed well. Conclusions: An integrated station like this provides a good

clinical practice.

Take-home messages: Integrated OSCE stations, covering clinical, legal and ethical competencies, offer a viable and effective means of assessing medical student preparedness for practice.

7E/2 (12844)

Mini-OSCE in the evaluation of Taiwanese clerks' surgical clinical skills

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Background: OSCE (objective structured clinical examination) has many strengths as a summative and formative assessment instrument, but it has a high demand on time, manpower, and cost. The surgery department at China Medical University Hospital in Taiwan developed a simplified version of OSCE, called mini-OSCE, for use as a clinical examination and medical education approach.

Summary of work: 253 first-year clerks were evaluated in surgical medicine by 4-6 mini-OSCE stations followed by immediate feedback provided by the clinical teacher. The Revisit and Revise meeting after the examination was held to help the clerks understand how to improve their clinical skills. Summary of results: A survey was conducted immediately after the examination to understand their responses to mini-OSCE, and the return rate of the survey was 100%. Results of the survey revealed that, on a scale from 0 to 5 where 0 means strongly disagree/dissatisfied and 5 means strongly

immediate feedback from clinical teacher (mean=4.14), the whole test (mean=4.12), performance of standardized patient (mean=4.11), test tools and equipment (mean=4.08), and test time (mean=3.88).

Conclusions: Mini-OSCE can be used to evaluate clinical skills and provide immediate suggestions for improvement.

Take-home messages: It is suggested that mini-OSCE be applied in other departments of medical training.

7E/3 (11535)

A study of integrating virtual patient and standardized patient OSCE

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Background: There are advantages and deficiencies in virtual patients and standardized patients. We designed a novel iOSCE integrating these two simulations to achieve a comprehensive competency education and assessment.

Summary of work: The iOSCE is composed of 5 stations. Station 1 is planned to assess the competencies of history taking and physical examination by using a SP; Station 2 is designed to assess the ability of differential diagnosis from the information gained from the previous station by using a virtual patient system; Station 3 aims to assess the ability of laboratory and imaging tests, decision making and interpretation by using a virtual patient system; Station 4 is intended to assess the ability of diagnosis and clinical reasoning by virtual patient; and Station 5 is a session for giving feedback to the examinees by the tutor.

Summary of results: 30 medical students have experienced two scenarios of iOSCE. The average satisfaction score of the iOSCE is 4.6 out of 5.0. In addition, most participants stated that they are willing to attend and would recommend this assessment to their classmates.

Conclusions: The results revealed that iOSCE is a satisfactory formative assessment; it is worthy of further development and enrichment.

Take-home messages: The benefit of integrating virtual patients and standardized patients and how to perform it.

7E/4 (12330)

The performance of undergraduate medical students with a disability in structured clinical examinations

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