



**APPROVED**  
**minutes of the Senate meeting**  
**of Nicolae Testemitanu University**  
**no. 6/5 of 23.06.2022**

**METHODOLOGY**  
**for the organization and conduct of the Objective Structured Clinical**  
**Examination (OSCE) at Nicolae Testemitanu**  
**State University of Medicine and Pharmacy**

**I. GENERAL PROVISIONS**

1.1. This Methodology is developed based on the Regulation on the organization of bachelor (cycle I) and integrated (Bachelor and Master) studies at Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova approved by the Senate no. 2/2 of 27.02.2020 and the Regulation on the organization and conduct of internships for students at Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova, approved by the Senate no. 3 from 24.03.2022.

1.2. The methodology sets up the principles of organization and conduct of The Objective Structured Clinical Examination (OSCE) in all study programs.

1.3. The OSCE exam is a method of assessing students' professional and transversal competencies based on objective testing of practical skills and clinical problem-solving skills.

1.4. The OSCE can be used in the assessment of students as a component of current assessments, internships, semester and final assessments (Bachelor's / Graduation Examination).

1.5. The OSCE examination can be performed in specialized didactic / clinical laboratories and UCSMT, using mannequins, simulators, standardized patients, instrumentation, medical devices and medical forms.

1.6. The organization of the OSCE will include: preparation and planning, implementation and evaluation of results.

1.7. The method for assessing clinical competencies must be valid, reliable and feasible.

- The validity of the clinical examination ensures that the content of the test makes possible the real assessment of the skills acquired by the student.
- Reliability ensures that the result of the examination depends very little on the examiner in question and provides certainty of compliance with the principle of objectivity of assessment and grading.
- Feasibility expresses the possibility of achievement in terms of technical possibilities, available resources.

1.8. The organization of the OSCE will be carried out in accordance with the schedule prepared by the dean's offices.



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## **II. OSCE IMPLEMENTATION PREPARATION AND PLANNING**

2.1. The teaching subdivision and / or the Dean's Office responsible for organizing and conducting the OSCE examination, as an assessment test, will appoint a Coordinator who will supervise all aspects (content, stages, resources, etc.) of the examination.

2.2. The responsible teaching subdivision, the Coordinator together with the Dean's Office will identify the spaces and educational resources necessary for the realization of the OSCE (standardized patients, simulators, equipment, consumables, etc.).

2.3. The content of the tests, the nominal list of the examiners involved will be established during the meeting of the responsible teaching subdivision. The number of examiners will not be less than the number of stations.

2.4. For a reliable assessment of the clinical competencies acquired in accordance with the Curriculum and the aims of the discipline, all the selected practical maneuvers will be performed in an adequate number of stations of the same duration, taking into account the travel time between stations. The number of stations can vary from 2 to 10. It is necessary to prepare a set of additional / reserve stations in case of difficulties in using the planned stations.

2.5. Within each station, tasks similar to the actual practice and / or diagnostic or therapeutic manipulations will be performed.

2.6. The responsible teaching subdivision together with the Coordinator will develop the methodological and teaching materials needed for the organization of OSCE: list of assessed competencies, list of practical work, scenarios, instructions for student and assessor, clinical cases, solving algorithms, checklists and information necessary for students and examiners.

2.7. Each station will include the following elements: a) a clear student instruction sheet and opening scenario as appropriate b) a checklist for the station c) a detailed standardized patient profile and d) a list of equipment and supplies needed.

2.8. All examiners and standardized patients should receive detailed instructions (contents of stations, scenarios, equipment and supplies required, etc.) one month before the examination.

2.9. The appointed coordinator will develop, verify and monitor:

- List of assessed students
- Schedule (date, time, location and expected OSCE conduct time)
- Number and content of stations included in the assessment
- List of examiners and their distribution by stations
- List of standardized patients as appropriate.

## **III. OSCE CONDUCT**

3.1. In case of OSCE conduct at UCSMT, video and audio monitoring will be ensured and the information will be stored for at least 1 year.

3.2. The stations will be numbered approximately one hour before the start of the exam. The instructions that define the student's task must be well defined with adequate explanations, and the



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station must be equipped with the necessary materials.

3.3. Before starting the exam, the identity of the students is verified according to the list presented by the coordinator.

3.4. Students will be explained the route of the stations, the time allocated for them and the tasks to be performed. Students will be informed that at each sound signal (audio or verbal indication) they will move to the next station, until they rotate through all the stations.

3.5. The most common ways to perform tasks in stations can be:

- Demonstration of practical ability on the standardized patient or simulator
- Clinical examination of the patient
- Interpretation of the results of laboratory or instrumental investigations
- Making the presumptive, clinical and differentiated diagnosis
- Drawing up the therapeutic plan and educating the patient
- Completing the medical documentation, etc.

3.6. Examiners will be present at their pre-allocated posts (in stations or monitoring rooms in the case of UCSMT) and will complete the assessment lists in real time or retrospectively in case of availability of ICT tools, corresponding to the assessment terms.

3.7. The examiner will assess the degree of performance of the tasks by the student in the station for which he is responsible and will calculate the grade per station based on the score in the assessment list (checklist).

3.8. The coordinator will collect the checklists and / or the answer sheets / completed medical documentation after completion of the exam.

3.9. In the case of prolonged examinations, standardized patients should be replaced at appropriate intervals with similar patients or the use of spare stations.

3.10. In the case of current assessments by the OSCE method at the end of the test, the debriefing procedure and the provision of feedback to students will be performed.

#### **IV. OSCE ASSESSMENT**

4.1. The final grade will be determined by calculating the arithmetic mean of the grades given by the examiners at each station.

4.2. The grade from each test will be standardized assessed for the application of the checklist.

4.3. The decision on the grade from the OSCE will be taken at the closed meeting of the examiners.

4.4. At the end of the exam the Coordinator will hold a meeting with examiners and people involved in organizing and conducting the assessment (standardized patients, technicians, operators, engineers, etc.) to analyze the examination and identify problems and failures, and make recommendations for improving stations and logistics.



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**V. FINAL PROVISIONS**

5.1. This Methodology enters into force on the date of approval by *Nicolae Testemitanu* University Senate.

5.2. The Deans of the Faculties will make public the Methodology for the organization and conduct of the Objective Structured Clinical Examination by placing on the web page of the faculty.

Coordinated:

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