## **Clinical Evaluation Policy**

The clinical evaluation policy for MBBS students typically focuses on assessing the skills, knowledge, and attitudes necessary for competent medical practice.

## 1. OBJECTIVES

- To evaluate clinical skills, including history-taking, physical examination, diagnostic skills, and patient management.
- To assess communication skills, professionalism, and ethical practices.
- To evaluate the understanding of medical knowledge and its application in clinical settings.

#### 2. COMPONENTS OF CLINICAL EVALUATION

# Clinical Skills Assessment

## **History Taking:**

- o Ability to take a comprehensive and systematic patient history.
- o Clarity, relevance, and detail in gathering information.
- Demonstrates empathy and appropriate communication with the patient.

# Physical Examination:

- Competency in performing a physical examination relevant to the patient's complaints.
- o Proper technique and systematic approach.
- o Identifying clinical signs and findings accurately.

# Diagnostic Skills:

- Ability to generate a differential diagnosis based on the history and physical examination.
- o Appropriate use of diagnostic tests and investigations.
- Interpreting laboratory and imaging results accurately.

# Management Plan:

- Developing a suitable and evidence-based treatment plan.
- Knowledge of pharmacological and non-pharmacological interventions.
- Ability to communicate the plan clearly to patients and the healthcare team.

#### Communication and Professionalism

- Communication Skills:
  - Ability to communicate effectively with patients, families, and the healthcare team
  - o Clarity, empathy, and professionalism in interactions.
  - o Demonstrates respect and maintains patient confidentiality.
- Professionalism and Ethical Behavior:
  - o Exhibits professional conduct in clinical settings.
  - Adheres to ethical principles in patient care and shows respect for cultural and social differences.

## Procedural Skills Assessment

- Skill Competency:
  - Demonstrates competence in basic clinical procedures (e.g venipuncture, catheter insertion, wound dressing) under supervision
- Technical Ability:
  - o Proper use of instruments and techniques
  - o Observes aseptic precautions and patient safety
- Time Management and Efficiency:
  - o Completes procedures in a timely and organized manner

#### Knowledge Assessment

- Case Presentation:
  - Organization and structure of the presentation
  - Ability to integrate clinical findings, diagnosis, and management plans
  - Response to questions and depth of understanding
- Theoretical Knowledge:
  - Understanding of relevant medical knowledge applicable to the case
  - Application of evidence-based guidelines and principles
  - o Awareness of current clinical practices and developments

#### 3. METHODS FOR EVALUATION OF CLINICAL SKILLS

- Long case examination
- Short case examination
- Objective Structured Clinical Examination (OSCE)
- Direct Observation of Procedural Skills (DOPS)
- Mini-Clinical Evaluation Exercise (Mini-CEX)
- Log book/Portfolio- Maintaining a logbook of clinical activities, procedures, and case studies handled by the student.
- Theory Examinations: Written tests based on clinical scenarios and medical knowledge.
- Viva Voce: Oral examinations that include case discussions, interpretation of diagnostic findings, and treatment plans.

#### 4. EVALUATION FORMS FOR THE CLINICAL ASSESSMENT

Evaluation forms for the clinical assessment typically cover several key areas, focusing on clinical skills, professionalism, and knowledge. Many forms use a rating scale (e.g., 1-5 or 1-10) or descriptive grades (e.g., Excellent, Good, Satisfactory, Needs Improvement) for each of the above categories. An overall performance rating or grade may also be given.

#### **Example Structure:**

Criteria	Excellent	Good	Satisfactory	<b>Needs Improvement</b>
History Taking				
Physical Examination				
Diagnostic Skills				
Management Plan				
Communication Skills				
Professionalism				

#### **OSCE**

The Objective Structured Clinical Examination (OSCE) is a structured, practical method used to evaluate the clinical skills of MBBS students. It involves multiple stations where students demonstrate various competencies under observation.

## STRUCTURE OF THE OSCE

- The OSCE typically consists of a series of stations, each designed to test a specific clinical skill or competency.
- Stations are usually timed (e.g., 5-10 minutes per station) and may include interactions with standardized patients or use of mannequins for procedural skills.
- Each station has a clear objective (e.g., taking a patient history, performing a physical examination, or interpreting lab results)

## TYPES OF STATIONS

	Performance stations:	Here the	candidate	has to	perform	a task	such	as
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- History taking
- Communication and counselling stations:
- Clinical examination of a patient (e.g., cardiovascular, respiratory, abdominal).
- Performing clinical procedures such as venipuncture, catheter insertion, or wound dressing.

☐ **Response stations-**Students may be asked to interpret clinical scenarios, Lab results, X-rays, ECGs, or other diagnostic tests.

## OSCE Checklist Template

#### **Station Title:**

Objective: Clearly state what the candidate is expected to do (e.g., "Perform a respiratory examination").

Time Limit: Specify the time limit (e.g., 3 minutes).

Instructions: Provide instructions for the candidate (e.g., "Please examine the patient's respiratory system and report your findings.").

#### **Checklist Notes**

- **Scoring:** Each task can be scored as "Yes" (completed) or "No" (not completed). Alternatively, use a scale (e.g., 0-2 points) for each task based on performance quality.
- **Criteria:** Specify the criteria or standard expected for each task (e.g., "Performs inspection systematically").
- **Flexibility:** Customize each section based on the clinical skill being tested (e.g., cardiovascular examination, communication skills, procedural skills).

## **DOPS (Direct Observation of Procedural Skills)**

DOPS is a method used to assess a healthcare students practical skills in performing clinical procedures. The evaluator observes the trainee performing a specific procedure and then provides structured feedback based on their performance. The evaluation typically covers areas such as preparation, technique, communication, and post-procedure care.

#### 5. FEEDBACK

- 1. **Formative Feedback-**Provided after each assessment to guide improvement.
  - A comprehensive review discussing strengths, areas for improvement, and strategies for development is needed.
- 2. **Feedback from Students:**Students can provide feedback on the evaluation process and suggest improvements.

#### **6.**APPROVAL AND EFFECTIVE DATE

This policy is approved by the principal, Government Medical College, Thrissur and will come into effect immediately.