How to tackle the issue of medical students cheating in Objective Structured Clinical Examinations (OSCEs)

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We want to thank Ghouri et al. (2018) for their article in Medical Teacher highlighting the issue of students gaining an unfair advantage by sitting OSCEs after their peers through student collusion, namely in the form of sharing key examination details of OSCE station scenarios. A literature review report found the prevalence of cheating among medical students during OSCEs to be up to 39% (Fargen, Drolet and Philibert, 2016). As final year medical students, we wanted to further discuss the reasons for why students may cheat in OSCEs and methods to reduce this.

Another medical school recognised the issue of cheating and hence adjusted examination procedures so all OSCE assessments are sat on the same day (Parks et al., 2006). Though this is a good strategy, they recognise that this merely reduces the risk of student collusion as those undertaking the exam earlier in the day can still share exam content with peers yet to sit the exam. Ghouri et al., 2018 proposed a method of ‘quarantining’ students to prevent this from occurring which although extremely effective, may not be the sole strategy to eliminate this for reasons discussed below.

An interesting anecdotal argument we have heard in medical school for the reason students feel they need to cheat, in the form of information sharing, is that it is mostly due to OSCEs not reflecting today's medical practice; hence making these examinations an unfair form of assessment. It is rare for a doctor to consult a patient ‘blind’ and completely unaware of their presenting complaint. Even in the Emergency Department, patients are triaged, meaning doctors are briefly informed of the patient. Likewise, general practitioners familiarise themselves on the patient before seeing them.

Therefore, we propose that alongside quarantining, medical schools should provide some details regarding the OSCE stations at a predetermined time prior to the examination as a form of equality and standardisation. This also ensures
the OSCE essentially simulate real-life consultations so that assessments more accurately reflect students’ performances in today’s healthcare system. Some institutions, such as Imperial College London, have already adopted this approach.

Furthermore, the alternate approach of quarantining may not be possible for all medical schools due to logistical fall-backs, such as the cohort being too large to manage simultaneously or insufficient space and staff. In this case, we propose the use of new scenarios for each cycle to ensure that candidates remain unaware of what to expect.

The OSCE examinations are a crucial determinant of the futures of medical students, and most importantly the nation’s future healthcare. Cheating in examinations could increase the risk of incompetent medical students becoming qualified doctors. Medical schools need to assess the risk of cheating at their institutions and revise their OSCE structure accordingly. They should ensure that examinations are fair and reflect today’s medical practice as accurately as possible so that students do not feel like they need to collude in such demanding examinations.

**Keywords:** Objective Structured Clinical Examinations; OSCE; OSCEs; student; medical; medical student; cheating; colluding

**Notes On Contributors**

Rabia Warraich and Lisa Amani are both current final year medical students at St George’s, University of London.

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**Declarations**

*The author has declared that there are no conflicts of interest.*

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