



Rethinking the Objective Structured Clinical Examination (OSCE): Reconsidering Its Role in Clinical Education

*Manoochehr Karjoo¹

¹Professor of Pediatric Gastroenterology, Department of Pediatrics, Upstate University Hospital, Syracuse, NY, USA.

Abstract

The Objective Structured Clinical Examination (OSCE) is a widely used tool for assessing clinical competence in medical education. Despite its strengths in standardization and structured assessment, concerns remain regarding its validity, authenticity, and feasibility as a standalone high-stakes examination. Competency-based education increasingly emphasizes longitudinal and multi-source assessment approaches. We argue that the OSCE should be repositioned within a programmatic assessment framework, where it complements other methods such as workplace-based assessment and narrative feedback. This approach may enhance the overall validity and alignment of clinical assessment with real-world practice.

Key Words: Clinical Education, Clinical assessment, Medical Education, OSCE.

*Please cite this article as: Karjoo M. Rethinking the Objective Structured Clinical Examination (OSCE): Reconsidering Its Role in Clinical Education. Med Edu Bull 2026; 7(1): 1217-19. DOI: **10.22034/meb.2026.592019.1136**

*Corresponding Author:

Manoochehr Karjoo, MD, Upstate University Hospital, Syracuse, NY, USA.

Email: karjoom@upstate.edu

Received date: May. 19, 2026; Accepted date: Jun.12, 2026

Dear Editor,

For decades, the Objective Structured Clinical Examination (OSCE) has held a central role in clinical assessment due to its capacity for structured, standardized, and directly observable evaluation of learner performance across multiple domains (1, 2). These features have facilitated its widespread adoption in both undergraduate and postgraduate medical curricula. However, the growing emphasis on competency-based medical education and programmatic assessment has prompted renewed debate over whether the OSCE should continue to function as a standalone high-stakes examination or be repositioned as one component within a broader, multi-source assessment system (1, 3).

The OSCE offers clear strengths. It provides a controlled environment for assessing focused clinical tasks, communication skills, procedural competencies, and clinical reasoning. When rigorously designed, it can enhance objectivity and reduce variability compared with unstructured clinical examinations. Nonetheless, these strengths must be interpreted alongside important limitations. Concerns persist regarding the extent to which OSCE performance reflects authentic clinical competence, particularly when realism is constrained by station design, checklist-driven scoring, and time-limited encounters (4, 5). Questions also remain about validity, reliability, and standard setting, especially when high-stakes decisions rely on a single administration (4, 6).

Emerging evidence further suggests that the justification for using the OSCE as a decisive standalone assessment may be less robust than traditionally assumed. While the OSCE can generate valuable data on discrete aspects of performance, its validity is highly contingent on factors such as blueprinting, station quality, examiner training, and contextual implementation (5, 6). Additionally, the substantial logistical and financial demands associated with large-scale OSCEs raise concerns about sustainability, particularly when their assessment yield does not justify exclusive reliance on this format (6, 7). These considerations do not undermine the OSCE itself but challenge the practice of assigning it disproportionate weight in progression and certification decisions.

A more constructive approach is to reposition, rather than discard, the OSCE. Within a programmatic assessment model, no single instrument is expected to provide a definitive judgment of competence (3). Instead, decisions are informed by multiple data points collected longitudinally across diverse settings and methods. In this context, the OSCE can serve as a targeted tool for assessing competencies that benefit from structured observation, while workplace-based assessments, longitudinal supervisor evaluations, portfolios, and narrative feedback offer complementary insights into authentic clinical performance (3, 8).

This shift is particularly important in contemporary clinical education, where the goal extends beyond ranking learners at a single point in time to supporting meaningful learning, development, and defensible decision-making. When embedded within a comprehensive assessment system, the OSCE retains its educational value without being overextended beyond its strengths. Reframing its role in this way may enhance alignment with competency-based principles while improving the fairness, validity, and utility of clinical assessment.

In conclusion, the question is not whether the OSCE should remain part of medical education, but how it should be used. We argue that it should move away from functioning as a dominant standalone high-stakes examination and instead be integrated into a programmatic assessment framework, where its contribution is purposeful, proportionate, and complementary (3, 9). Such repositioning may preserve its strengths while addressing longstanding concerns regarding authenticity, validity, and overinterpretation.

CONFLICT OF INTEREST: None.

REFERENCES

1. Malau-Aduli BS, Jones K, Saad S, Richmond C. Has the OSCE Met Its Final Demise? Rebalancing Clinical Assessment Approaches in the Peri-Pandemic World. *Front*

Med (Lausanne). 2022 Feb 21;9:825502. doi: 10.3389/fmed.2022.825502. PMID: 35265639; PMCID: PMC8899088.

2. Harden RM, Gleeson FA. Assessment of clinical competence using an objective structured clinical examination (OSCE). *Med Educ*. 1979 Jan;13(1):41-54. PMID: 763183.

3. Heeneman S, de Jong LH, Dawson LJ, Wilkinson TJ, Ryan A, Tait GR, Rice N, Torre D, Freeman A, van der Vleuten CPM. Ottawa 2020 consensus statement for programmatic assessment - 1. Agreement on the principles. *Med Teach*. 2021 Oct;43(10):1139-1148. doi: 10.1080/0142159X.2021.1957088. Epub 2021 Aug 3. PMID: 34344274.
4. Peng Q, Luo J, Wang C, Chen L, Tan S. Impact of station number and duration time per station on the reliability of Objective Structured Clinical Examination (OSCE) scores: a systematic review and meta-analysis. *BMC Med Educ*. 2025 Jan 17;25(1):84. doi: 10.1186/s12909-025-06691-0. PMID: 39825303; PMCID: PMC11742219.
5. Chang O, Holbrook AM, Lohit S, Deng J, Xu J, Lee M, Cheng A. Comparability of Objective Structured Clinical Examinations (OSCEs) and Written Tests for Assessing Medical School Students' Competencies: A Scoping Review. *Eval Health Prof*. 2023 Sep;46(3):213-224. doi: 10.1177/01632787231165797. Epub 2023 Mar 23. PMID: 36959750; PMCID: PMC10443966.
6. Dewan, P., Khalil, S. and Gupta, P. Objective Structured Clinical Examination for Teaching and Assessment: Evidence-Based Critique. *Clinical Epidemiology and Global Health*, 2024;25:101477. <https://doi.org/10.1016/j.cegh.2023.101477>.
7. McGrath H, Brennan E, Harmon D. The assessment of clinical competence in medical students during the COVID-19 pandemic: a scoping review. *Ir J Med Sci*. 2026 May 4. doi: 10.1007/s11845-026-04431-x. Epub ahead of print. PMID: 42081038.
8. Charron BP, Norkum C, Rasoulinejad P, Singh S, Beveridge T, Morash K, Deweyert A. The Surgical Objective Structured Clinical Examination: A Literature Review. *J Surg Educ*. 2026 Apr;83(4):103856. doi: 10.1016/j.jsurg.2025.103856. Epub 2026 Jan 27. PMID: 41604812.
9. Van Der Vleuten CPM, Schuwirth LWT, Driessen EW, Govaerts MJB, Heeneman S. Twelve Tips for programmatic assessment. *Med Teach*. 2015 Jul;37(7):641-646. doi: 10.3109/0142159X.2014.973388. Epub 2014 Nov 20. PMID: 25410481.