



COMMUNICATION SKILLS ASSESSMENT IN MBBS INTERNS USING OBJECTIVE STRUCTURED VIDEO EXAMINATION

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ABSTRACT Communication skills are essential for effective clinical practice, yet their assessment in undergraduate medical education remains largely subjective. Traditional viva examinations lack structure and objectivity. The Objective Structured Video Examination (OSVE) provides a standardized and feasible method to assess communication competence among medical interns. **Objectives:** To compare interns' self-perceived communication skills before and after OSVE, and to evaluate the effectiveness of OSVE as an assessment tool. **Methods:** An interventional study was conducted among 52 MBBS interns (Indian and foreign medical graduates) at Government Medical College, Mahabubnagar. A pre-validated structured questionnaire assessed interns' communication confidence before and after exposure to OSVE. The examination used standardized video scenarios to evaluate communication performance. Data were analysed using descriptive statistics. **Results:** Interns demonstrated improved self-rated communication confidence following OSVE exposure. The structured format ensured uniform assessment and minimized examiner bias. Participants reported that OSVE was fair, objective, and enhanced learning. **Conclusion:** OSVE is a reliable, standardized, and cost-effective assessment tool that improves evaluation of communication skills among medical interns. It can complement traditional assessment methods to strengthen competency-based medical education.

KEYWORDS : OSVE, Communication Skills, Interns, Medical Education, Assessment**INTRODUCTION**

- Medical graduates often possess strong theoretical knowledge but show limited preparedness in real-world communication scenarios.^[1]
- In India, communication skills training has historically received less emphasis in the undergraduate medical curriculum.^[2]
- Traditional viva examinations are largely unstructured, subjective, and lack standardization, leading to variability in evaluation.^[3]
- Assessing communication skills is challenging, as it involves not only knowledge but also its application in patient interactions.^[4]
- The Objective Structured Clinical Examination (OSCE) is widely accepted for assessing competence but is resource-intensive and logistically demanding.^[5]
- Effective communication is a fundamental skill for physicians, essential for patient satisfaction, adherence, and improved health outcomes.^[6]
- OSVE offers a scalable method to evaluate communication competence in larger groups of medical students and interns.^[7]
- OSVE uses standardized stations and well-defined objectives, ensuring fairness, objectivity, and reproducibility in assessment.^[8]
- The Objective Structured Viva Examination (OSVE) provides a structured, reliable, and cost-effective alternative to traditional oral examinations.^[9]
- This study aims to assess the communication skills of MBBS interns using OSVE, contributing to improved training and evaluation.^[10]

Objectives

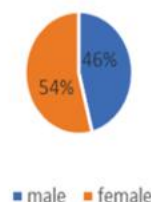
- To compare interns self-perception of communication skills before and after OSVE.
- To evaluate the effectiveness of OSVE in assessing interns communication skills.

Rationale

Communication skills are essential for effective patient care and professional competence, yet their assessment in medical training often lacks structure and objectivity. Traditional viva examinations do not adequately evaluate real-world communication abilities. With the introduction of the CBME and AETCOM modules by the NMC, there is a growing need for reliable, standardized tools to assess communication competence among interns. The Objective Structured Video Examination (OSVE) provides a feasible and fair method to objectively assess and improve interns' communication skills, ensuring better preparedness for clinical practice.

METHODOLOGY**Study Design:** Interventional study.**Study Population:** Interns of 2K20 batch of GMC MBNR.**Study Tool :** Pre-opted structured questionnaire.**Study Setting :** Conducted in UPHC, PHC & CHC.**Sample Size :** N= 52(interns took part in the study)**Sample Technique:** Convenience sampling technique.**Inclusion Criteria:** Among the interns those who will give consent to take video will be included in the study.**Exclusion Criteria:** Among the interns those who will not give consent to take video will be excluded.

Ethical Clearance Was Obtained From The Institutional Ethics Committee Of Government Medical College , Mahabubnagar.

RESULTS**gender distribution****Fig.1 Gender Distribution**

The Majority Of Responses 28 Members (53.8%) Are From Females, Showing Equal Representation In Both Pre And Post Suyeys

**Fig-2 Self - rated Communication Confidence Wise Distribution**

Pre - A total of 21(40.4%) respondents rated their communication confidence as 7 out of 10

Post - A total of 18(34.6%) respondents rated their communication confidence as 9 out of 10

Table-1 Comparison of Pre-and Post-osve Scores

Category	Self-assessment	OSVE rater	Pt feedback	overall
Mean (pre)	47.34	80.78	50.00	59.37
Mean (post)	61.92	95.80	64.24	73.99
Median	46.2	84.6	50.0	-
Mode	46.2	-	50.0	-
SD (pre)	7.17	9.08	4.60	-
SD (post)	6.48	3.09	4.29	-
P value	0.040	0.034	0.002	0.006
Interpretation	Significant	Significant	Significant	Statistically significant

The mean post-OSVE scores were higher than the mean pre-OSVE scores across all assessment domains. The differences were statistically significant for self-assessment ($p = 0.040$), OSVE rater assessment ($p = 0.034$), patient feedback ($p = 0.002$), and overall score ($p = 0.006$).

These findings suggest that the OSVE intervention significantly improved participants' performance and communication skills.

CONCLUSION

1. OSVE improves fairness and standardization in assessing students' clinical knowledge and decision-making skills.
2. It provides a secure, standardized, and cost-effective alternative to bedside clinical exams-especially helpful during pandemics or in remote areas.
3. One major limitation is that OSVE cannot assess real-time communication or hands-on clinical skills.
4. Its effectiveness relies heavily on available technology and infrastructure, which can be challenging in primary health centre (PHC) settings.
5. OSVE should complement, not replace, traditional practical exams (like OSCE) that test interpersonal and hands-on competencies essential for real-world care.

LIMITATIONS

- Recording suitable patient scenarios takes time and staff cooperation.
- Filming real patients requires informed consent and privacy protection.

Strengths

- OSVE provides a standardized format using pre-recorded or simulated scenarios, ensuring that each intern is assessed on the same communication tasks, reducing examiner bias.

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