

OSCE for Common Achievement Test in Japan for preclinical year medical students

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Common Achievement Test is one of the major medical education reforms in Japan. In 1996, Advisory Board Meeting for 21st century in Ministry of Education reported that education for skill and attitude was insufficient. In 1999, the same board pointed out the needs in the final report: (1) improvement of education for humanistic aspect and communication skills, (2) improvement of clinical clerkship, and (3) appropriate promotion system.

In 2001, the investigative and developmental committee on the medical education curriculum, Board of Collaborative Survey for Future Medical and Dental Education, Ministry of Education, Culture, Sports, Science, and Technology issued the core curriculum for undergraduate education. At the same time, adoption of Common Achievement Test (CAT) was also determined to certify that medical students preparing for clinical clerkship have acquired sufficient clinical examination skills. Since assessment drives learning, the committee regarded implementation of CAT as the key to improve preclinical education.

CAT consists of two parts, computer-based test (CBT) and objective structured clinical examination (OSCE). CBT consists of 320 multiple-choice questions. OSCE currently has 8 stations of (1) medical interview, (2) head, eye, ear, nose and throat, (3) vital signs, (4) chest, (5) abdomen, (6) neurology, (7) surgery, and (8) emergency medicine. Each medical school is required to prepare for six stations; one from either chest or vital signs and another from either surgery or emergency medicine can be selected. Although clinical skill training in preclinical years was insufficient in some medical schools until 2000, decision of CAT-OSCE has driven marked increase in teaching hours for clinical skill.

Common Achievement Test Organization (CATO) is a non-profit organization for all the administrative tasks of CAT. Eighty medical schools collect 28,000 yen from every student for both CBT and OSCE and send it to CATO. CATO covers quality control of CBT and OSCE, storing and determining of CBT questions and OSCE contents, and evaluation of these examinations. For each station of OSCE, CATO chooses a case used in CAT-OSCE out of the case pool. Task force members nominated from all over the country have developed and brushed up such case pool. Cases are not disclosed to avoid inappropriate students' learning, such as performing without understanding. CATO also plays an important role to train certified examiners, who may assess students outside of their own institutions. CATO sends 3 to 6 external certified examiners for each medical school and pays for travel expenses and modest honorarium. One CAT-OSCE monitor is also sent to each school to supervise the whole examination for quality assurance purpose.

CAT-OSCE has a function of summative assessment. However, each medical school has an initiative to use CAT-OSCE as a barrier to promote to 5th-year or as only a reference for the school's own examination. CATO has also developed a copyright-free movie to disseminate normative

clinical examination performed by experts in each station. While CATO originally operates within assessment part, gradually influences the course contents of introduction to clinical medicine. There are still little voices spoken out from each medical school, partly because many faculty members are more interested in research than in autonomy of education in their own medical school.