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Mapping the Suitability of Clinical Skills Examinations in the Medical Study Program

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ABSTRAK

Proses pembelajaran bagi mahasiswa fakultas kedokteran memiliki beberapa tujuan sesuai dengan kognitif dan keterampilannya. Khusus untuk keterampilan, beberapa indikator dicantumkan dalam bentuk penilaian keterampilan klinis. Dengan demikian, indikator dalam penilaian keterampilan klinis ditetapkan berdasarkan standar kompetensi yang telah ditetapkan. Ujian keterampilan klinis dirancang dan dilaksanakan oleh program kesehatan termasuk program studi ilmu kedokteran. Program studi ilmu kesehatan hendaknya melaksanakan pembelajaran dengan keseragaman pola dalam kurikulum yang diterapkan. Penelitian ini bertujuan untuk menganalisis permasalahan dalam melakukan pemeriksaan klinis pada fakultas kedokteran. Hasil penelitian ini memperoleh gambaran lengkap tentang kebutuhan pelaksanaan Objective Structured Clinical Skills Examination (OSCE) untuk program studi kedokteran dengan metode deskriptif kualitatif sebagai langkah awal dalam mengembangkan model ujian OSCE yang bertujuan untuk meningkatkan kemampuan kompetensi. keterampilan klinis mahasiswasiswa. Penelitian ini menyajikan data deskriptif kualitatif secara terstruktur dalam menyajikan data yang diperoleh melalui tahapan naratif persiapan, pelaksanaan dan evaluasi pelaksanaan OSCE. Kesimpulan dari penelitian ini adalah tidak adanya kesamaan pola antar program studi kedokteran dikarenakan belum adanya kegiatan review kurikulum sehingga keseragaman dalam pelaksanaan OSCE tidak dapat dilakukan secara maksimal. Penelitian ini memberikan rekomendasi lebih lanjut kepada program studi kedokteran untuk melakukan hubungan associate dalam kajian kurikulum karena dengan mengkaji kompetensi setiap lulusan dari program studi kedokteran universitas yang berbeda akan berada pada kategori setara.

ABSTRACT

The learning process for students in the faculty of medicine has some objectives according to cognitive and skill. Especially for skills, some indicators were listed in a form of clinical skills assessment. Thus, indicators in the assessment of clinical skills were set based on established competency standards. Clinical skills examination was designed and implemented by health programs including medical science study programs. The health sciences study program should carry out learning with uniformity of patterns in the applied curriculum. This study to analyze the problems in conducting clinical examination on faculty of medicine. The results of this studied obtain a complete description of the needs in implementation of the Objective Structured Clinical Skills Examination (OSCE) for medical study programs with a descriptive qualitative method as an initial step in developing the OSCE exam model that aims to improve the competency abilities of clinical skills of students. This research presents descriptive qualitative data in a structured way in presenting data obtained through narrative stages of the preparation, implementation and evaluation of OSCE implementation. As the conclusion of this research, there was no similar pattern between medical study programs due to the absence of curriculum review activities so that uniformity in the implementation of OSCE cannot be carried out optimally. This study provides further recommendations to medical study programs to conduct an associate relationship in curriculum review because by reviewing the competencies of each graduate from a different university medical study program will be in the equivalent category.

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1. INTRODUCTION

Learning in the medical field is education that refers to the objectives of learning science and skills (Bullen, 2020; Loffredo et al., 2019). The skills referred to in medical science learning are cognitive, affective and psychomotor learning in carrying out one specific type of clinical skill (Meaidi et al., 2020; Qi et al., 2020). Assessment indicators in clinical skills exams are measurable in the skills assessment list. Indicators in clinical skills assessment are set based on predetermined competency standards. Clinical skills exams are designed and implemented by medical science study programs to measure the skills of medical students in performing specific clinical actions (Novick et al., 2011; Ovesjö & Böttiger, 2013). The increasing public need for superior health services makes improving the curriculum implementation of the medical science study program crucial. One of the important materials in the curriculum is the ability to master clinical skills of students (Knauth, 2020; Reddy et al., 2020). The ability of students to complete clinical skills through a clinical skills exam known as the Objective Structure Clinical Skill Evaluation (OSCE). Medical science study programs should carry out learning with uniform patterns in the applied curriculum. This is possible because the government has set standards in medical learning even though each medical study program has specific insights into certain medical fields as advantages in the profile of its graduates (Rasi'in, 2020; Susanti & Riskiyah, 2022). Referring to the importance of uniformity of graduate profiles according to the competency standards of doctors in Indonesia, it is considered important that the uniformity of each medical study program with the same regional region of the province holds an understanding in the implementation of their learning (Fadila et al., 2020; Kamila et al., 2021).

The province of Bali currently has three medical faculties with three medical study programs. These three medical study programs have the same advantages, namely tourism medicine. The results of observations, interviews and the implementation of Focus Group Discussions, obtained several problems, namely the absence of meetings that were sharing about the curriculum, cognate study programs with different universities still think about competition, not collaboration activities. Thinking of competition, graduates from every medical study program in Bali will move independently to strengthen their curriculum and apply the curriculum separately without any desire to be known by other medical study programs in the Bali region. The implementation of clinical skills testing has not been based on an understanding of mutual agreement in elaborating the Competency Standards of Indonesian doctors into a list of skills that were jointly understood by three medical study programs from Udayana University, Warmadewa University and Ganesha University of Education. The results of the national clinical skills test from the Warmadewa medical study program, for the first taker of the OSCE exam, the graduation rate of students of the Warmadewa University medical study program was 81%, 82% and 88%. These results were confidential data of the medical study program that can only be accessed by the medical study program concerned. This was focus of attention for each medical study program to be open and share about its successes and failures which should be an improvement effort to achieve excellence with other medical study programs. Thinking about the importance of collaboration to produce graduates of medical study programs in Bali with clinical skills of national and international standards, motivated researchers to analyze the success of clinical skills exams obtained by each medical study program, the factors that determine its success and what efforts can increase the form of competition be a great collaboration.

Skills require training, as well as basic skills in order to have clinical skills (Sethi et al., 2022; Singhal et al., 2022). Competence is an essential characteristic of individuals who have causal relationships or causal relationships with criteria that are used as references or standards, are effective, or appear superior in the workplace in certain situations (Falloon, 2020; Garad et al., 2021; Jayadiputra & Karim, 2020). In the attitude of critical professionalism skills include assessing the ability of participants to practice aspects of professionalism, namely, taking every action carefully and carefully in order not to harm the patient, taking action based on priorities, being aware of limitations, paying attention to patient comfort, and showing respect and asking for approval (Bashir & McTaggart, 2022; Merz et al., 2022; Poola et al., 2021). Important clinical skills are one of the important foundations for building physician competence (Hussain et al., 2021; Shaw et al., 2018). In the clinical phase, students' perceptions of learning clinical skills are influenced by two factors, namely student factors and external factors. Clinical skills are important for students to learn basic clinical skills in a doctor-patient setting but are performed in an exercise setting (Ahmed et al., 2020; Shaw et al., 2018). This phase provides a safe environment for students to repeat and continue practicing the procedures taught until they become skilled. This study aims to analyze the problems in conducting clinical examinations at the medical faculty.

2. METHOD

This research was descriptive, to developed concepts and collect facts by describing, describing the state of the object or research subject to gain in-depth knowledge about the object of research through

disclosure of what was and what was seen in the field. This study uses qualitative analysis, namely analyzing several variables studied by referring to several requirements or theories put forward in the literature review, study variables, supporting data both primary and secondary obtained from studies on the implementation of clinical skills exams in medical study programs in Bali Province.

The location of this research was province of Bali. The existence of three medical study programs in Bali with different location was an urgency of research in an effort to formulate a uniform model for the implementation of clinical skills exams in medical study programs. The population of lecturers and students of medical study programs in Bali Province in this study were selected as research subjects. Subject size was estimated using Sampsize software (http://sampsize.sourceforge.net). This study used informants until the research objectives were solved. The sampling method used the snow ball method. The initial stage of the research was carried out by collecting data from various sources including: from library sources and field studies. For some aspects, an in-depth study in the field of medicine was required by reviewing it through the study of the latest literature. The phenomenon to be revealed was based on knowledge about OSCE, needs and procedures for implementing OSCE, support for infrastructure, human resources and students, and possibly other phenomena obtained through observation, questionnaire data, and in-depth interviews in the field. This study uses a qualitative descriptive analysis technique according to the characteristics of the data needed to describe each research problem (Sugiyono., 2012). Data analysis was carried out in a descriptive-qualitative manner, with methods and frameworks of a comprehensive study that included planning, implementing, and observing/monitoring activities in the implementation of clinical skills exams in medical study programs.

3. RESULT AND DISCUSSION

Result

The data shows that the graduation rate for UKMPPD from two medical faculties in Bali is > 85 %. This was very good achievement where the test crackers are very low compared to other medical faculties outside the Bali area. The newly established Faculty of Medicine in Bali, namely the Faculty of Medicine, Ganesha University of Education, was required to be able to achieve the same graduation as the two more senior medical faculties. This research was then designed in order to obtain various matters related to the successful completion of the administration and also the passing of the OSCE exam or national clinical skills. The research was conducted by conducting observations, in-depth interviews, document studies and giving open questionnaires to OSCE administrators in 3 (three) Medical Faculties in Bali, namely the Medical Faculty of Udayana University, Warmadewa University and Ganesha University of Education. Some documentation in the form of pictures during observations, interview quotes and narrative guidance forms (open questionnaires) were described in the following research results. The results of the guide form will be used as a supplement for the preparation of the OSCE manual draft as the later output of this research.

The OSCE exam was a final exam that aims to measure students' skills in performing clinical skills. The performance of the skills exhibited by students was assessed by examiners in a room that is specially set up according to the rules set by the provisions of the OSCE exam committee. The OSCE exam was carried out in 2 implementation scales, namely the internal OSCE exam for medical education institutions and the national OSCE exam. The implementation of the two OSCE exams refers to the same OSCE exam rules, namely the National OSCE exam rules. The national OSCE exam rules contain provisions on the place of implementation, standard patient competencies, standard patient trainer competencies, examiner competencies, and exam facilities. The results of the observations show that there were variations in the implementation of the two OSCE exams. The thing that gave rise to the picture of variation was the place where the implementation varies in size. The size of the variation in room area can be related to the experience of an institution having administered the national OSCE exam. Medical education institutions that have graduated doctors have shown more area sizes and more ideal room settings according to the provisions given by the national OSCE examination committee. On the other hand, medical education institutions that have just been established and do not have graduates show conditions that still cannot be matched with the standard size and room settings set by the national OSCE examination committee. The size of the OSCE room which currently being built and will be used in 2020 by the Faculty of Medicine, Udayana University was the ideal room size stated in the provisions of the national OSCE examination committee. Meanwhile, the Faculty of Medicine, Warmadewa University, was being designed to comply with the provisions of the National OSCE examination committee. However, the national OSCE exam has been permitted by the national OSCE exam center committee to be held at the Medical Faculty of Warmadewa University considering the setting and readiness of other components that have been declared feasible. As a newly established faculty of Medicine, the OSCE room of the Ganesha University of Education study

program has been declared eligible for the institutional internal OSCE exam, but it still requires more mature preparation to hold the national OSCE exam until graduating students in the next 3 (three) years.

The concentration of students as the tested candidates was a priority in the implementation of the OSCE exam. Therefore, a room with a closed circular design was the best design that can accommodate these needs. Passing through the sterilized corridor only for candidates to change stations with certain instructions was an elaboration of this closed circular design. The OSCE exam components in terms of rooms are student quarantine rooms, lecturer quarantine rooms and standard patient rooms. The room was used to provide pre-exam briefing, isolate each cycle change and deliver implementation feedback. Student concentration as the candidate being tested was a priority in the implementation of the OSCE exam. Therefore, a room with a closed circular design was the best design that can accommodate these needs. Passing through the sterilized corridor only for candidates to change stations with certain instructions was an elaboration of this closed circular design. The OSCE exam components in terms of rooms were student quarantine rooms, lecturer quarantine rooms and standard patient rooms. The room was used to provide pre-exam briefing, isolate each cycle change and deliver implementation feedback.

The results of the observation of the implementation of the national OSCE exam were displayed through pictures as documentation of observation activities. In-depth interviews and the results of the Focus Group Discussion were described through quotations obtained through research audio recordings. The OSCE exam was an exam that requires various supporting components from the preparation, implementation and evaluation stages of implementation. Components at each stage consist of components related to room readiness, standard patients, examiners, standard patient trainers and facilities. The preparation stage for various supporting components and their readiness was a stage that requires an allocation of 3-6 months. Several things related to the exam preparation process are stated based on the results of the interviews presented in Table 1.

Tabel 1. Interview Result

No	Respondent	Interview Result
1	Respondent Warmadewa University	The OSCE exam requires several stages before its implementation. The preparation was started by the assessment team. The assessment team was a team working to produce an assessment assessment format that was in accordance with the needs of learning outcomes in the curriculum. This assessment team works at the earliest to prepare a test assessment plan that will be carried out at the end of the even semester to test clinical skills in 2 (two) semesters.
2	Respondent Warmadewa University	This OSCE preparation really takes a long time because while the assessment team is compiling questions, the OSCE committee was also formed and works to prepare the readiness of all components of examiners, standard patients and their trainers. The OSCE committee also ensures that the space and consumables and mannequins needed were adequate
3	Respondent Udayana University	Preparing for the OSCE exam was like preparing for a big event. It's so long and has so many components that it drains commitment, so the OSCE committee was a person who was able to manage time and people for a long time
4	Warmadewa University	OSCE preparation, implementation up to implementation evaluation were fully regulated by the OSCE exam committee. The committee was chaired by a committee coordinator, namely KOC and assisted by the coordinator of the OSCE exam location. Other components in the committee work according to the direction of the KOC. Koc coordinates with other components and ensures that all stages were well organized. Candidates tested, namely students who become clients of this committee, cannot be separated from the responsibility of KOC. KOC provides briefings for examiners and candidates as well as standard patient trainers
5	Warmadewa University	Standard patient readiness in patient training and examinations will be collected in the form of a willingness form collected by the KOC. This form was then submitted to Korlok for later submission to the standard patient trainer. Standard patient recruitment was carried out through social media. yes, it looks like a job vacancy and then posted on social media. The standard patient trainer provides briefing in accordance with the scenarios that have been prepared by the assessment team. The

No	Respondent	Interview Result
		examiner's briefing was carried out in different places 1 day before and 1 hour before the OSCE exam. While the candidate briefing was held 1 week before and then an hour before the OSCE exam. Examiner briefing by KOC and student briefing conducted by korlok

Based on the results of interviews with respondents from Ganesha University of Education, it was found that in carrying out the direction, they still wanted to find a suitable model for effective OSCE implementation in our institution. Our condition as a newly established faculty caused a pattern that was not standardized so we tried with a pattern that we adapted to our conditions during the OSCE implementation last year. The difficulty in recruiting standard patients and examiners was due to the limited number. The results of interviews with respondents from Warmadewa University also stated that willingness forms could often be collected more than needed, but during confirmation on the previous day, someone stated that they had canceled their willingness. This has often happened to us in the last 2 years. Another busyness was the reason put forward by the examiner. Our next step as an evaluation to recruit backup testers. Standard patients were also like that, often suddenly those whose body conditions were not healthy so they can't play the role of standard patients. The number of standard patients recruited must indeed be more than the number of test stations so that in the event of a cancellation, they can be quickly replaced as standard standby patients.

Another thing was the exam room which the location for the OSCE exam. The following quotes state that was differences in room conditions, which depend on the ability of the Faculty of Medicine concerned. The ability to provide a building was certainly related to financial conditions as a source of funding in the procurement of a room or building. OSCE room was a room with a certain design and a room in a fairly large area. The size proposed by the central committee apart from the circular design was also very crucial. The results of interviews with respondents from Udayana University stated that the room was suitable for the implementation of the national OSCE exam in 2005. However, we have only been able to realize the size of the room in 2018. Requires a fairly large area and was not an easy thing. Different conditions were conveyed by the Warmadewa University Medical Faculty. There was a fairly fast time so that when they graduated the second batch, Warmadewa University Medical Faculty was able to have an OSCE room that was close to the rules determined by the central committee. The problem that the university land was not wide enough so that building developments always have to reorganize other buildings first. However, for the implementation of the OSCE, it was declared eligible to run the OSCE exam for two years since the Warmadewa University Medical Faculty was inaugurated.

The statement regarding the location of the OSCE exam at the Faculty of Medicine, Ganesha University of Education was described in the following quote. The results of Ganesha University of Education respondents stated that the OSCE exam had been held 2 times, namely at the end of semester one and two for first batch students. The interview excerpt about the location mentioned above shows that there was a relationship between the deadline for the establishment of a medical education institution and its ability to carried out OSCE in an ideal space according to the rules of the national OSCE Exam central committee. This was closely related to the various supporting components that exist in the internal institutions concerned. Another important thing obtained from this research was the availability of facilities in the implementation of the OSCE exam. The room as an adequate infrastructure must be supported by the facilities component. The means for the internal OSCE exam were adjusted to the curriculum of each study program. However, for the national OSCE, there were standard suggestions that included in the list of facilities that must be met by the national OSCE exam administering institution.

The results of interviews with respondents from Udayana University found that a number of mannequins and consumables were needed in administering the OSCE exam. We already have a system in administering the OSCE exam where the facilities were managed by the team in charge of the facilities. Already have all the facilities, namely 18 mannequins that on the mannequin list of the national OSCE examination committee. In addition, it already has consumables that were suitable both for exams and for patient moulage. The results of respondents from Warmadewa University, namely suggestions in the form of consumables and mannequins for learning were different from those for the OSCE exam. The difference in question was in terms of storage and use. For routine learning, even though the mannequins were of the same type and specifications, we do not use learning mannequins for exams. This was because for the exam we have to make sure the condition of the facilities was standardized. For OSCE exam mannequins we have separate storage space as well as for consumables. In contrast to the two quotes above, the following quote was conveyed by the Ganesha University of Education Faculty of Medicine Team, namely the mannequin facilities and consumables used for OSCE we still store and used as they were used for everyday life. Therefore, a little worried if the mannequin gets damaged. In addition, they have not been skilled in

preparing plans for shopping for tools and other consumables, so there was a shortage during the past OSCE exams. The distribution of mannequins and tools has also not been well coordinated, especially during implementation. This may have been an exam arena without previous simulations or rehearsals so that it could not predict the problems that would arise.

The implementation of the OSCE exam leads to the passing of the OSCE exam. The test data analysis system taken from the assessment rubric that has been filled in by the examiner was also an important factor in the implementation up to the evaluation of the implementation process. Here were some quotes relating to the examination assessment process. The results of the Ganesha University of Education respondents were that the rubric filling was carried out by the examiner manually. The examiner fills the scoring rubric checklist with a pen on the sheet of rubric distributed by KOC. The results of the filling were then collected and tabulated by the admin after 3 days and then the results were analyzed by the KOC. Feedback was not given after the implementation because the exam has been going on for a long time, which more than 3 hours, so the examiner has immediately decided to leave the exam place. New feedback was submitted 1 week after the exam. Another statement was made by a team from Udayana University Medical Faculty. In providing feedback after the exam, the team had difficulty gathering the examiners back in the same room with students and patients due to the long exam time. Not all examiners can attend so we felt that feedback was often not conveyed by all components in the implementation of the OSCE exam. The implementation of the OSCE exam at the Faculty of Medicine, University of Warmadewa already used a scoring system that was also inputted online. However, a hardcopy was still needed for backing up in the event of a network connection error. Another component that was conveyed during the focus group discussion was the need to share experiences between the three medical study programs, especially in the preparation of the curriculum. The curriculum was believed to be the soul of the entire learning process.

Discussion

The technical component that drives the initial motor for preparation was the assessment team. The assessment team works to develop assessment items based on the blueprint that has been made and ensure that the number of items was reliable for assessing competence in the targeted domain (Goh et al., 2022; Jutant et al., 2022). The assessment instrument was structured using actor-specific items and global ranking items in the form of OSCE rankings. In striking a balance in terms of helping raters reflect important elements of their subjective responses and to increase their objectivity in representing what was done while in station and providing more holistic feedback (Gröne et al., 2022; Sales et al., 2021). Referring to the theory, the rubric that has been developed by the three medical study programs can be said to be standardized because there has been no attempt to compile the rubric in a joint forum. The consideration for not compiling together was because medical education institutions in Bali consider the adequacy of the understanding that has been obtained from training by the OSCE national examination committee. This studied shows that the standard was not the same because there has not been a joint curriculum review activity in these three medical studied institutions. Learning assessment was born from the curriculum that gave rise to these courses in learning. If there were differences in the mapping of Indonesian Doctor Competency Standards in the curriculum, it will cause differences in the assessment both in time and in the test items. Rubrics were required to have standards so that the OSCE assessment rubric was the same in all medical studied programs. As the end, it will be a standardized output since graduating from internal and national OSCE in all medical studied programs in Indonesia.

The standard patient component is someone who prepared to become an actor patient (Ismail & Mohammad, 2017; Miller et al., 2021). Standard patient recruitment steps are as follows. Seeking standard patients through word-of-mouth strategies (by contacting other standard clients, contacting standard clients with coaches) (Agampodi et al., 2022; Mendiola et al., 2022). Assign the role to the right person in each case (both appearance, psychological, availability and no contraindications). Gave high rewards for standard clients who able to act from several cases. Incorporate standard clients into the learning process through role played to increase their understanding of the case (interactive and emotional impact of standard clients) and to increase empathy in students. Practice all aspects of each stage (physical exam, feedback). Assess the standard client's psychological and physiological impact to avoid side effects (depression due to repetitive being a depressed person, muscle spasms due to acting as a patient who has difficulty walking). Train all standard clients on the same case (simultaneously or consecutively) at the same time to improve consistency in terms of standard client roles (Borno et al., 2021; Graaf et al., 2020). This research data describes the existence of a recruitment method that uses digital methods, namely using social media. This recruitment was considered to have a high effective value because the recruitment will be more open. The downside, however, that there will be a tedious selection process for both standard patient trainers. The advantage was that the child has a standard patient community group that was beneficial for the medical study program concerned. The difference in the pattern of recruitment in the

medical study program shows that there was a non-uniform pattern that should be the same pattern and can create a sharing method. The sharing model intended was for new study programs, the number of standard patients was very minimal, so sharing needed from established medical studies to provide clients as standard patients for the adequacy of standard OSCE exam implementation in new study programs (Blakely et al., 2020; García-Seoane et al., 2021).

The next component was the examiner or examiner. An examiner is someone who was willing to adopt consistent program values and has no sense of dropping (Constantinou et al., 2019; Kobayashi et al., 2022). Examiners should be from people who were experts in the competencies to be tested and make assessments of the competencies in their fields, so that the assessments carried out were objective in accordance with the student's abilities (Ellis et al., 2021; Links et al., 2019). Research data shows that there were difficulties in recruiting examiners in established medical studied programs, which have increasingly complex examiner recruitment problems. Meanwhile, the newly established medical study program has a problem of recruiting examiners that has not been raised because it's still carrying out for 1 batch of students. Another component was training for standard examiners and patients. Standard clients can perform their roles according to the optimally determined case and time, and provide rest sessions for standard clients (Wesiak et al., 2014; Wood & Gupta, 2021). The data shows that the timing was not the same between giving examiners and patients briefings as well as candidates in the three medical education institutions. This was a form of the same pattern of non-uniformity in the implementation of the OSCE exam in medical education institutions.

After a series of implementations, data analysis was very important because this targeted outcome of the OSCE exam. Harden's theory mentions the principles of data analysis in OSCE assessments, namely planning and monitoring the quality of data entry and management, using special identifiers to maintain confidentiality and making copies of data securely. Assessing the quality of the data from reliability (Cronbach alpha) before calculating the final score, as well as calculating the OSCE score based on performance in the domain of each stage, the data is well presented, and the average item scale, can use nonparametric methods. Provide calculation results to students in an easy-to-understand and constructive way (Blakely et al., 2020; García-Seoane et al., 2021). In addition, there was an assessment in the form of each station determined by the assessment criteria and time. In the results of this research, field observations found that there were assessment criteria called global performance criteria. The global performance criteria were stated in the assessment rubric of the national examination committee. This global performance assessment does not determine graduation but can be a general assessment of the candidate's appearance in general. This assessment is a subjective assessment that becomes an additional assessment in the rubric (Richard et al., 2019; Vij & Prashar, 2015).

This global assessment of performance can be a consideration of the subjective attitude and skills of the candidate being assessed. A doctor does have a global performance that appears smart, responsive, alert and professional (Jutant et al., 2022; Wattana et al., 2021). This research gave birth to a draft book containing a guidance form. This guidance form will be refined after expert validation in the continuation of this research. The guidance form was based on several theories and research on the implementation of the OSCE. Filling in the guidance form still allows the OSCE implementation team to openly record their needs in addition to putting a tick (✓) on the columns and rows that are deemed complete. The implementation of the OSCE exam in two semesters was carried out at the end of the even semester. Meanwhile, there were also those who carried out the OSCE exam every semester. If you look at it ideally, an assessment should be carried out at the end of each learning phase. Therefore, a practical manual in implementation and resource sharing will be needed to support each other from the three main medical study programs in one area of the province of Bali. This study recommends uniformity in the curriculum which the soul of learning. Some standard tutor, instructor and trainer trainings were felt to be insufficient if they were not equipped with joint curriculum review activities. The joint curriculum review was very important because if the learning outcomes per semester can be uniformed, it will be easy to determine the steps to realize these learning outcomes for graduates. It also only an effort because of the complexity of the factors that affect the learning outcomes of students.

4. CONCLUSION

The success rate of the Clinical Skills Examination of the Medical Study Program in Bali was very good. This success rate is supported by various components in the preparation to the evaluation stage of the implementation of the OSCE in the first semester to the end of the doctor's education stage. The pattern of mapping the factors related to the success of the Clinical Skills Examination of the Medical Study Program in Bali has been very good among the internal institutions. The pattern of mapping of supporting factors has been prepared by each medical study program. However, this pattern still does not have uniformity, so this study recommends a practical manual that can be used for the implementation of the OSCE exam.

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