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Role of OSCE in Surgery for third BHMS students as per NCH guidelines related to syllabus of Third BHMS CBDC batch

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Introduction

The NCH BHMS Regulations-2022 emphasize outcome-oriented, competency-based education, with explicit mention of OSCE and related tools (OSPE, DOPS, etc) as integral to assessment across professional years. Third BHMS marks the formal introduction of General Surgery as a major clinical subject, with defined clinical postings, history-taking, examination skills, and basic surgical procedures forming key outcomes. Within the CBDC for Third BHMS, structured clinical assessment is recommended to judge "shows how" and "does" levels of Miller's pyramid, and OSCE is identified as particularly suitable for this purpose.

OSCE was originally developed to provide an objective and reproducible format for evaluating clinical competence through multiple short stations with standardised checklists. In homoeopathic medical education, OSCE is increasingly recognised as a necessary supplement to traditional long-case and viva voce, especially were regulations demand demonstration of specific clinical skills and professional behaviours.

NCH framework and Surgery specific competencies

Under the BHMS Regulations-2022, NCH prescribes that curriculum must clearly define competencies, learning objectives, teaching-learning methods, and assessment strategies including OSCE-type tools. For Third BHMS Surgery, CBDC documents list competencies such as history-taking and physical examination in common surgical conditions, interpretation of basic investigations, and preliminary management of emergencies. Institutional syllabi derived from NCH norms specify that Third BHMS students should acquire skills in examination of swellings,

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

ulcers, abdomen, hernias, and peripheral vascular conditions, as well as performance or observation of procedures like dressings, suturing, incision and drainage, and fracture immobilisation.

The CBDC for Third BHMS also encourages integration of anatomy, pathology, surgery, and medicine in clinical scenarios, with emphasis on recognising clinical signs, forming differential diagnoses, and deciding when to refer for operative care. In a homoeopathic setting, this includes relating surgical pathology to miasmatic background, totality, and scope and limitation of homoeopathic management before or after surgery. OSCE in Surgery thus needs to be mapped to these defined competencies: not only technical skills, but also clinical reasoning, communication, and appropriate referral decisions in alignment with NCH expectations.

Educational rationale for OSCE in Surgery

OSCE offers clear psychometric advantages over traditional clinical examinations by increasing objectivity, standardisation, and sampling breadth across competencies. Traditional long-case formats typically evaluate a narrow set of skills, are vulnerable to case variability, and are heavily influenced by examiner subjectivity, whereas OSCE allows multiple students to encounter the same scenario with structured marking schemes. For Third BHMS Surgery, this means that skills like wound dressing, hernia examination, and counselling for surgical referral can all be tested in a reproducible way within one examination session.

From an educational perspective, OSCE aligns well with competency-based training because it requires explicit definition of learning outcomes, observable behaviours, and performance standards. Stations can be designed to correspond directly to CBDC competencies, such as “performs systematic examination of an ulcer” or “identifies red-flag signs in acute abdomen,” thereby ensuring constructive alignment between teaching, learning, and assessment. Additionally, OSCE supports formative feedback; performance data at individual stations can highlight specific gaps in psychomotor skills or clinical reasoning for targeted remediation during subsequent postings.

Domains assessed through Surgery OSCE

In Third BHMS Surgery, OSCE can be structured to assess multiple domains of competence relevant to conservative management, peri-operative care, and referral decisions. Clinical examination skills: Stations may focus on examination of swellings, ulcers, varicose veins,

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

thyroid, breast lumps, and abdomen, emphasising inspection, palpation, percussion, auscultation, and recognition of key signs (e.g., fluctuation, transillumination, Murphy's sign).

- **Procedural skills**: Manikin-based or skills-lab stations can cover aseptic hand-washing, preparation of a sterile field, simple wound dressing, suture removal, basic suturing techniques, and application of bandages or splints for fractures.
- **Data interpretation**: OSCE stations can require interpretation of X-rays, ultrasound reports, biopsy reports, and routine lab parameters relevant to surgical practice, followed by formulation of provisional diagnosis and plan.
- **Communication and professionalism**: Role-play stations may assess informed consent, explanation of surgical diagnosis, breaking bad news (e.g., malignancy), lifestyle advice, and counselling regarding homoeopathic management in the peri-operative period.
- **Homoeopathic integration**: Scenarios can ask students to outline scope and limitation of homoeopathic treatment in conditions like varicose ulcers or haemorrhoids, to identify indications for surgical referral, and to suggest appropriate homoeopathic medicines as conservative or supportive therapy.

By systematically sampling these domains, OSCE operationalises the NCH mandate that students must not only "know" but also "demonstrate" competence in core surgical areas before progressing to internship.

Mapping OSCE to Third BHMS CBDC

CBDC documents for Third BHMS describe detailed learning objectives, often tagged as knowledge (K), skill (S), or attitude (A) and mapped to teaching–learning methods and suggested assessment tools such as OSCE, DOPS, and case-based discussion. For example, competencies related to acute abdomen include taking focused history, performing thorough abdominal examination, recognising key signs, and formulating differential diagnoses—each of which can be converted into discrete OSCE stations. Similarly, competencies regarding wound management and fracture emergencies lend themselves readily to skills-based stations with checklists.

Institutions implementing Third BHMS Surgery OSCE should prepare a blueprint linking each station to specific CBDC competencies, ensuring adequate sampling of knowledge application, skills, and attitudes. The blueprint may specify, for example, that a 12-station OSCE includes four examination stations (ulcer, hernia, thyroid, abdomen), three procedural stations (dressing, suturing, POP slab), two interpretation stations (X-ray fracture, ultrasound gall-stones),

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

two communication stations (consent, lifestyle counselling), and one station on homoeopathic integration and referral criteria. Such explicit mapping enhances validity and helps satisfy regulatory expectations about competency-based assessment.

Design and structure of Surgery OSCE stations

NCH-aligned curricula emphasise structured clinical encounters using tools like OSCE, OSPE, and DOPS, with adequate time allocation within the teaching schedule. For Third BHMS Surgery, an OSCE circuit can be designed with 8–15 stations, each of 5–7 minutes, depending on institutional resources and intake. Stations can be divided into "observed" (examiner present, checklist-based rating) and "unobserved" (response recorded on answer sheet or rating form), with clear instructions posted at each station.

Key design elements include:

- **Station scenarios**: Brief, standardised clinical illustration / potrait focusing on common surgical conditions as listed in the NCH Surgery syllabus (e.g., inguinal hernia, varicose veins, breast lump, chronic ulcer, trauma, acute abdomen).
- **Checklists and rating scales**: Objective checklists with critical steps and global rating scales ensure consistency between examiners and across batches.
- **Standardised patients and models**: Use of trained simulated patients, manikins, or models for procedures (suturing, dressings, catheter care) where real patient use is impractical or unethical.
- **Time management and flow**: Clear instructions on movement between stations and bell signals minimise confusion and stress for students while maintaining exam reliability.

Implementation process in BHMS colleges

Incorporating OSCE into Third BHMS Surgery requires planned integration into the academic calendar as guided by the BHMS Regulations-2022 and CBDC documents. Departments need to orient faculty, train examiners in checklist use, and develop a shared bank of validated stations covering the breadth of the NCH Surgery syllabus.

Practical steps for implementation include:

- **Faculty development**: Workshops on OSCE design, blueprinting, checklist preparation, station standardisation, and examiner calibration, possibly in collaboration with medical education units or regional training centres.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

- **Pilot testing**: Conducting formative or mock OSCEs during clinical postings to familiarise students and faculty with the format and to refine station content before summative use.
- **Resource planning**: Ensuring availability of skills-lab space, basic surgical instruments, models, and privacy-compliant areas for communication stations, aligned with NCH minimum standard requirements for attached hospitals and OT facilities.
- **Documentation**: Maintaining OSCE score sheets, station checklists, and feedback summaries as part of student portfolios and departmental records, demonstrating compliance with competency-based assessment norms.

Advantages over traditional assessment in Surgery

OSCE provides several advantages particularly relevant to Third BHMS Surgery in a homoeopathic college context.

- **Objectivity and fairness**: Standardised stations and checklists reduce examiner bias, a common limitation of traditional long-case and viva examinations.
- **Wider sampling of competencies**: Multiple short stations allow assessment of diverse clinical skills, including rare but important scenarios that may not appear in routine ward postings.
- **Alignment with CBDC**: OSCE inherently matches the CBDC requirement that assessment be competency-linked and focused on demonstrable performance rather than recall alone.
- **Educational feedback**: OSCE scores and station-wise analysis can directly inform remedial teaching, particularly for psychomotor skills like suturing or communication competencies.

For Surgery, these advantages translate into better assurance that graduates can safely examine patients, recognise emergencies, perform basic procedures, and make appropriate referrals, which is central to the NCH vision of BHMS practitioners functioning effectively in primary and secondary care.

Challenges and limitations in homoeopathic institutions

Despite its strengths, implementation of OSCE in Surgery within BHMS colleges faces several challenges. Many institutions have limited infrastructure for skills labs, constrained faculty numbers, and high student–teacher ratios, all of which can affect the quality and feasibility

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

of large OSCE circuits. Additionally, designing valid stations that integrate surgical pathology with homoeopathic principles requires considerable faculty expertise and time.

Logistical concerns include the need for adequate case load in attached hospitals, availability of simulated patients, and scheduling OSCEs alongside theory examinations and other clinical postings. There may also be resistance from students and faculty accustomed to traditional practical examinations, requiring sensitisation and orientation. Nevertheless, these challenges can be reduced through phased introduction, inter-departmental collaboration, sharing of station banks between institutions, and use of digital tools for station instructions and scoring.

Integrating homoeopathic philosophy into Surgery OSCE

NCH regulations stress that homoeopathy should be taught as a complete system with its own philosophy while ensuring adequate knowledge of modern biomedical sciences and clinical skills. In Surgery, this translates into a dual focus: competence in recognising and managing surgical conditions and clarity about the scope, limitation, and role of homoeopathic therapeutics. OSCE stations can be deliberately designed to include such integrative elements; for instance, after examining a varicose ulcer, students may be asked to comment on miasmatic background, homoeopathic remedy indications, and criteria for surgical referral.

Communication stations can assess how students explain to patients the role of homoeopathic medicines in pre- and post-operative care, pain relief, wound healing, and general constitutional management. Data-interpretation stations might ask candidates to link laboratory or imaging findings with prognosis, homoeopathic susceptibility assessment, and necessary modifications in regimen. This integrated approach ensures that OSCE in Surgery supports the broader CBDC objective of producing reflective practitioners who are both surgically literate and philosophically grounded in homoeopathy.

Research opportunities and quality assurance

The introduction of OSCE in Third BHMS Surgery also opens avenues for educational research and continuous quality improvement. Institutions can study reliability indices, item difficulty, and discrimination values for OSCE stations, and compare student performance patterns across cohorts or between OSCE and traditional examinations. Feedback from students and examiners can inform iterative refinement of station design, checklist wording, and time allocation, leading to more valid and authentic assessment.

THE HOMOEOPATHIC QUILL

ISSN: 3108-1215 Page no: 01- 07

At a regulatory level, periodic review of OSCE blueprints and outcomes can help colleges demonstrate alignment with NCH expectations on competency-based assessments and minimum standards. Collaborative networks among homoeopathic colleges could share validated Surgery OSCE stations and faculty-development resources, further enhancing standardisation and benchmarking across the country. Such efforts would contribute to strengthening surgical training within homoeopathy and improving public confidence in BHMS graduates' clinical competence.

Conclusion

OSCE occupies a central role in operationalising the competency-based vision of the NCH BHMS Regulations-2022, especially in practical, procedure-oriented subjects like Surgery in the Third BHMS professional year. When carefully mapped to the CBDC competencies and thoughtfully integrated with homoeopathic philosophy, Surgery OSCE can provide a robust, objective, and educationally sound method of assessing clinical skills, professional behaviour, and decision-making in homoeopathic undergraduates. Addressing implementation challenges through phased adoption, faculty development, and institutional collaboration will be crucial to realising the full potential of OSCE as a transformative tool in BHMS surgical education.