Letters to the Editor

OSCEs for house officers

Sir,

Objective Structured Clinical Examinations (OSCEs) have been used increasingly in recent years to assess competence in practical skills. In 1996 we adapted the system for pre-registration house officers at Frenchay Hospital, Bristol, UK, and found them extremely valuable as a learning tool and for increasing confidence and competence in practical skills. The first year after qualification is often very stressful, with young doctors being expected to undertake procedures for which they have had little training. The introduction of our clinical skills laboratory has helped enormously to bridge the gap between undergraduate and postgraduate practice.

OSCEs are arranged for the house officers mid-way through their post and all are invited to participate. Although attendance is not compulsory, in fact there has been 80% participation each time, the other 20% being on either annual leave, night duty or on-take. Using the Clinical Skills Laboratory, work stations are set up where doctors can demonstrate particular skills, for example, male catheterisation, insertion of a chest drain, interpretation of electrocardiograms, etc. The examiners are selected from appropriate consultant medical staff or specialist registrars who prepare a list of criteria against which the house officer can be marked. For instance, when examining on the preparation and administration of intravenous drugs, the house officer is expected to demonstrate ability to write a clear and concise prescription, use and knowledge of information services, good aseptic techniques and correct labelling. A possible maximum number of marks is identified and house officers are scored against this number. Ten minutes is allocated at each of the seven work stations.

The doctors' ability to break bad news is assessed using the Communication Skills Laboratory which is equipped with video cameras and recorders. An actress is employed for whom a scenario is written and the doctors are assessed on their sensitive handling of this difficult situation. The Communication Skills Laboratory is designed to enable the OSCE to be observed from an adjoining room which allows the house officer to behave in a less inhibited way. The Macmillan Nurse participates in this and gives feedback to the doctors.

Feedback on performance is given to each doctor by the Postgraduate Clinical Tutor and a certificate issued stating that the individual has been examined in the Clinical Skills Laboratory and found to be competent in the listed areas. The certificates are signed by the Director of Postgraduate Medical Education and the Director of the Clinical Skills Laboratory and become part of the doctor's CV. The house officers are not in a pass or fail situation – they are assessed purely on their competence and, where this is found to be lacking, extra tuition is given to improve the level of competence.

Feedback from the housemen is also sought and, without exception, this has been found to be extremely positive. Whilst admitting to initial nervousness, all participants thoroughly enjoyed the OSCEs and found them a valuable learning experience. They particularly valued the opportunity to spend a few minutes with a consultant having tuition on specific topics and receiving verbal feedback at the time of examination.

The introduction of OSCEs for this group of doctors has been a very successful development in postgraduate medical education and is highly recommended to other centres. We envisage compulsory assessment of competence will spread throughout medicine. In today's culture of clinical governance and litigation, it is essential that some form of assessment is developed to protect patients, medical staff and hospital trusts.

We thank our colleagues who have been so enthusiastic and helped this to happen.

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Treatment of recurrent oral ulcers with mometasone furoate lotion

Sir,

Recurrent aphthous stomatitis appears rather suddenly and causes much discomfort for several days. The condition seems to be due to a cytokine cascade that leads to an enhanced cell-mediated immune response to an antigenic stimulus within the oral epithelium.[1] To modulate this abnormal response, corticosteroids are used, and topical agents are preferred, as they have fewer side-effects. The problem with these agents resides in their being presented in an adherent paste or gel vehicle, which requires the affected area of the mucosa to be dried first, and then a thin layer of the medicine to be quickly applied, before saliva covers the ulcer again. Patients find this painful and cumbersome, although pain relief and accelerated healing is promoted.

To see whether a liquid vehicle, which is easy to apply, would also be effective in the treatment of this condition, we studied 35 patients with recurrent minor aphthae with a maximum time of evolution of 5 days. Patients were instructed to use 0.1% mometasone furoate lotion after each meal and after oral hygiene. Three drops were applied to the ulcer and massaged in with the tongue, for some seconds, and then the solution was expectorated. Another group of 35 patients was treated as controls, and used a 5% aqueous solution of sodium bicarbonate as a mouthwash after oral hygiene. The median age of the patients in the mometasone and bicarbonate group was, respectively, 27 and 34 years, and the proportion of females was, respectively, 40 and 60%. The patients who received the steroid complained of stinging for some seconds after application; this was probably due to the alcoholic vehicle of the solution. However, the symptom disappeared after two or three days of treatment. We believe that the alcoholic vehicle removes the exudate and the saliva on the ulcer and facilitates the penetration of the steroid. Spontaneous pain and discomfort during feeding and speech disappeared after 2–5 days in the mometasone group (mean 3.4 days), and these patients discontinued the use of the steroid when the ulcers healed, which happened between the third and seventh days (mean 5.7 days). In the control group, spontaneous pain was present for 7 to 12 days (mean 8.9 days; $t_{68} = 17.63$, $p<0.001$), and the ulcers healed in 9–14 days (mean 11.8 days; $t_{68} = 17.02$, $p<0.001$). No other undesirable effects were observed in the group treated with mometasone, except in one girl, aged 11 years, who regularly moistened the upper lip with the solution during treatment, and had a local recurrence of herpes simplex.

We propose the use of a 0.1% solution of mometasone furoate as a practical strategy for the treatment of recurrent minor ulcers.

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1 Buno IJ, Huff JC, Weston WL, Cook DT, Brice SL. Elevated levels of interferon gamma, tumor necrosis factor alpha, interleukins 2, 4 and 5 but not interleukin 10, are present in recurrent aphthous stomatitis. *Arch Dermatol* 1998; **134**:827–31.