



## Original Article



## Faculty Perceptions of Feedback in Objective Structured Clinical Examinations (OSCEs)

Zainab Abdullah<sup>1</sup>, Lubna Kashif<sup>2</sup>, Marina Khan<sup>3</sup>, Syeda Sanaa Fatima<sup>4</sup>, Asya Tauqir<sup>5</sup> and Saima Manzoor<sup>5</sup>

<sup>1</sup>Department of Medical Education, Bashir College of Dentistry, Islamabad, Pakistan

<sup>2</sup>Department of Medical Education, Khyber Medical College, Peshawar, Pakistan

<sup>3</sup>Department of Medical Education, Gandhara University, Peshawar, Pakistan

<sup>4</sup>Department of Medical Education, Pak International Medical College, Peshawar, Pakistan

<sup>5</sup>Department of Community Medicine, Women Medical College, Abbottabad, Pakistan

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#### \*Corresponding Author:

Zainab Abdullah  
Department of Medical Education, Bashir College of Dentistry, Islamabad, Pakistan  
[dr.xainab@gamil.com](mailto:dr.xainab@gamil.com)

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### ABSTRACT

Objective Structured Clinical Examinations (OSCEs) are widely used to assess clinical competence in health professions education. Although OSCEs are considered reliable and objective, their educational impact largely depends on the quality of feedback provided.

**Objective:** To evaluate the faculty perceptions regarding OSCE feedback practices in local institutional settings. **Methods:** This descriptive cross-sectional study was conducted at Bashir Institute of Health Sciences, Islamabad, from January 2025 to June 2025. A total of 110 faculty members involved in OSCE conduction and evaluation were recruited using non-probability consecutive sampling. Data were collected using a structured, self-administered questionnaire developed using expert opinion and feedback from the literature, addressing demographic characteristics, perceptions of OSCE feedback, preferred feedback practices, and perceived barriers. Data were analyzed using SPSS version 26.0 with descriptive statistics and the Pearson Chi-square test. **Results:** The mean age of participants was  $43.37 \pm 8.17$  years, with females comprising 52.7% of the sample. Most faculty agreed that feedback is essential for student learning (60.0%) and improves clinical competence (84.5%). Immediate feedback was preferred by 52.7% of participants, while written (33.6%) and one-to-one (31.8%) methods were most favored. Lack of formal training (57.3%), large student numbers (43.6%), and stressful OSCE environments (42.7%) were identified as key barriers. No significant associations were observed between overall perception of feedback and faculty characteristics. **Conclusions:** Faculty members value feedback in OSCEs but face practical challenges that limit its effective delivery. Focused faculty development and institutional support are needed to enhance feedback quality.

### INTRODUCTION

Assessment is a key feature of health professions education, not only as a method of measuring competence but also as a strong influence on learning behaviors [1]. The Objective Structured Clinical Examination (OSCE) has become widely used for evaluating clinical skills because of its structured format, objectivity, and ability to assess multiple domains of clinical competence. Over time, OSCEs have become an integral part of undergraduate and postgraduate training in medicine and dentistry [2, 3].

Although the reliability and standardization of OSCEs are well recognized, the educational impact of assessment extends beyond scoring and grading [4]. Feedback during and after OSCEs is a crucial tool that enables learners to reflect on their performance, identify areas of weakness, and develop strategies for improvement. It has been demonstrated that effective feedback contributes to improvements in clinical reasoning, reinforcement of appropriate practices, and promotion of self-directed



learning. In contrast, delayed, vague, or inconsistent feedback can diminish the formative value of OSCEs and limit their contribution to learner development [5, 6]. Faculty members play a central role in determining the quality of feedback provided during OSCEs. Their perceptions, training, and workload influence not only how feedback is delivered but also how it is received by students [7].

Although the importance of feedback is widely acknowledged, several studies have identified practical barriers faced by faculty, including time constraints, large student groups, and a lack of formal training in feedback delivery. Such challenges can undermine the consistency and effectiveness of feedback practices, particularly in resource-constrained educational institutions. In Pakistan, research on OSCEs has largely focused on student perceptions and assessment outcomes, with comparatively little attention given to faculty perspectives on feedback practices. Understanding faculty viewpoints is essential for developing targeted interventions to enhance feedback quality and optimize the educational impact of OSCEs. The findings of this study may inform faculty development initiatives and contribute to the optimization of OSCE-based assessment in health professions education. This study aimed to explore faculty perceptions regarding feedback in OSCEs, identify preferred feedback practices, and examine perceived barriers to effective feedback delivery within an institutional context.

## METHODS

This descriptive cross-sectional study was conducted at Bashir Institute of Health Sciences, Islamabad, and its affiliated Dr. Bashir General and Dental Teaching Hospital from January 2025 to June 2025 to explore faculty perceptions regarding feedback in Objective Structured Clinical Examinations (OSCEs). Ethical approval was obtained from the Ethical Review Committee of Bashir Institute of Health Sciences, Islamabad (Ref: BIHS/ERC/2025-01). The study was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained from all participants. Confidentiality was maintained through coded identifiers and restricted access to the collected data. The study population comprised faculty members involved in undergraduate clinical teaching and OSCE assessment across various academic designations. A total of 110 faculty members were included using a non-probability consecutive sampling technique. Faculty members with a minimum of one year of teaching experience and active involvement in OSCE conduction or evaluation were included. Those not engaged in assessment activities, on extended leave during the study period, or unwilling to

participate were excluded. The sample size was initially calculated using the standard formula for estimation of a single population proportion,  $n = (Z^2 \times p \times (1 - p)) / d^2$ . Where  $n$  represents the initial sample size,  $Z$  is the standard normal deviate at a 95% confidence level (1.96),  $p$  is the anticipated proportion (assumed as 0.5 due to the absence of prior local data), and  $d$  is the margin of error (0.05). Substituting these values into the formula:  $n = (1.96^2 \times 0.5 \times 0.5) / (0.05^2)$   $n = 384$ . As this value assumes an infinite population, adjustment was required because the total number of faculty members involved in OSCE assessment at the study institution was limited ( $n=155$ ). Therefore, finite population correction was applied using the following formula:  $n^f = n / [1 + (n - 1) / n]$ . Substituting the values:  $n^f = 384 / [1 + (383 / 155)]$ ,  $n^f = 384 / 3.47$ ,  $n^f = 110$ . Accordingly, the final calculated sample size for the study was 110 faculty members, which represented a substantial proportion of the eligible study population. Data were collected using a structured, self-administered questionnaire developed using expert opinion and feedback from the literature. The questionnaire consisted of three sections: demographic characteristics, perceptions of the usefulness and quality of feedback in OSCEs, and preferences and perceived barriers to feedback delivery [8]. Perception items were measured using a Likert-scale format ranging from "disagree" to "agree." [9]. Content validity was assessed by senior faculty members experienced in medical education and assessment, and minor modifications were made to enhance clarity and relevance. A pilot test was conducted on a small group of faculty members who were not included in the final analysis. Internal consistency reliability of the perception scale was established using Cronbach's alpha. Faculty members were contacted individually after obtaining ethical approval, and the purpose of the study was explained. Questionnaires were administered face-to-face, and participants were given adequate time to complete them to minimize response bias. Completed questionnaires were collected on the same day or at a scheduled time to ensure a high response rate. Data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Continuous variables such as age and years of experience were expressed as mean  $\pm$  standard deviation, while categorical variables were presented as frequencies and percentages. Frequency distributions were used to describe faculty perceptions. The Pearson Chi-square test was applied to assess associations between the overall perception of feedback and selected faculty characteristics. Cramér's  $V$  was calculated to report the effect size where applicable. A  $p$ -value of  $<0.05$  was considered statistically significant.

## RESULTS

A total of 110 faculty members participated in the study, with a mean age of 43.37 ± 8.17 years (range: 29–58 years). More than half of the participants were female (52.7%). Professors constituted the largest academic group (29.1%). Nearly half of the faculty (49.1%) had more than ten years of teaching experience, and 54.5% had served as OSCE examiners for over seven years. Slightly more than half of the participants (51.8%) had received formal OSCE training (Table 1).

**Table 1:** Demographic Characteristics of Faculty Participants (n=110)

Variables	Categories	n (%) / Mean ± SD
Age (Years)	Mean ± SD	43.37 ± 8.17
	Range	29–58
Age Group	≤35 Years	24 (21.8%)
	36–45 Years	40 (36.4%)
	>45 Years	46 (41.8%)
Gender	Male	52 (47.3%)
	Female	58 (52.7%)
Academic Designation	Lecturer	27 (24.5%)
	Assistant Professor	25 (22.7%)
	Associate Professor	26 (23.6%)
	Professor	32 (29.1%)
Teaching Experience	<5 Years	22 (20.0%)
	5–10 Years	34 (30.9%)
	>10 Years	54 (49.1%)
OSCE Examiner Experience	≤3 Years	15 (13.6%)
	4–7 Years	35 (31.8%)
	>7 Years	60 (54.5%)
OSCE Training	Yes	57 (51.8%)
	No	53 (48.2%)

A total of 66 faculty members (60.0%) agreed that feedback is essential for student learning, while 76 (69.1%) reported that feedback enhances the overall effectiveness of OSCEs. A large majority (84.5%) believed that feedback improves clinical competence. However, 40.0% of respondents remained neutral regarding the constructiveness of feedback, and 29.1% were neutral about the clarity of feedback provided (Table 2).

**Table 2:** Faculty Perceptions Regarding Importance and Quality of Feedback in OSCEs (n=110)

Variables	Agree, n (%)	Neutral, n (%)	Disagree, n (%)
Feedback Is Essential for Student Learning	66 (60.0%)	37 (33.6%)	7 (6.4%)
Feedback Improves Clinical Competence	93 (84.5%)	14 (12.7%)	3 (2.7%)
Feedback Enhances OSCE Effectiveness	76 (69.1%)	32 (29.1%)	2 (1.8%)
Feedback Provided Is Clear	75 (68.2%)	32 (29.1%)	3 (2.7%)
Feedback Provided Is Constructive	64 (58.2%)	44 (40.0%)	2 (1.8%)

Immediate feedback following OSCEs was preferred by 58 faculty members (52.7%), whereas 52 (47.3%) favored delayed feedback. The most preferred modes of feedback were written feedback (33.6%) and one-to-one feedback (31.8%), followed by verbal feedback (18.2%) and checklist-based feedback (16.4%). The most frequently reported barriers to effective feedback delivery were lack of formal training (57.3%), large student numbers (43.6%), stressful OSCE environments (42.7%), and time constraints (41.8%) (Table 3).

**Table 3:** Preferred Timing, Mode, and Perceived Barriers to Feedback in OSCEs (n=110)

Variables	Categories	n (%)
Preferred Timing of Feedback	Immediate	58 (52.7%)
	Delayed	52 (47.3%)
Preferred Mode of Feedback	Written	37 (33.6%)
	One-To-One	35 (31.8%)
	Verbal	20 (18.2%)
	Checklist-Based	18 (16.4%)
Perceived Barriers	Lack of Formal Training	63 (57.3%)
	Large Student Numbers	48 (43.6%)
	Stressful OSCE Environment	47 (42.7%)
	Time Constraints	46 (41.8%)

No statistically significant association was observed between overall faculty perception of feedback and gender ( $\chi^2 = 0.62$ ,  $p=0.432$ , Cramér's  $V = 0.075$ ) or academic designation ( $\chi^2 = 3.56$ ,  $p=0.313$ , Cramér's  $V = 0.180$ ). Similarly, perceptions did not differ significantly according to years of OSCE examiner experience ( $\chi^2 = 1.55$ ,  $p=0.460$ , Cramér's  $V = 0.119$ ). Faculty members who had received formal OSCE training tended to report a more positive perception of feedback; however, this association was not statistically significant ( $\chi^2 = 1.75$ ,  $p=0.186$ , Cramér's  $V = 0.126$ ). The study presents the association between faculty characteristics and overall perception of feedback in OSCEs (Table 4).

**Table 4:** Association Between Faculty Characteristics and Overall Perception of Feedback in OSCEs (n=110)

Variables	Positive, n (%)	Neutral, n (%)	$\chi^2$ (df)	p-value	Cramér's V
<b>Gender</b>					
Male	29 (55.8%)	23 (44.2%)	0.62 (1)	0.432	0.075
Female	28 (48.3%)	30 (51.7%)			
<b>Academic Designation</b>					
Lecturer	12 (44.4%)	15 (55.6%)	3.56 (3)	0.313	0.180
Assistant Professor	17 (68.0%)	8 (32.0%)			
Associate Professor	13 (50.0%)	13 (50.0%)			
Professor	15 (46.9%)	17 (53.1%)			
<b>OSCE Examiner Experience</b>					
≤3 Years	10 (66.7%)	5 (33.3%)	1.55 (2)	0.460	0.119
4–7 Years	17 (48.6%)	18 (51.4%)			
>7 Years	30 (50.0%)	30 (50.0%)			

OSCE Training					
Yes	33 (57.9%)	24 (42.1%)	1.75 (1)	0.186	0.126
No	24 (45.3%)	29 (54.7%)			

## DISCUSSION

In this study, our study explored faculty perceptions of feedback during Objective Structured Clinical Examinations (OSCEs) to identify preferences and barriers that influence effective feedback practices. Current findings indicate that most faculty members recognize the importance of feedback and its role in improving students' clinical competence. At the same time, several challenges were identified that hinder the optimal delivery of feedback. These results highlight both the educational value of feedback in OSCEs and the practical constraints affecting its implementation. Globally, faculty attitudes toward OSCEs are generally favorable, particularly regarding fairness, structure, and educational value. A multicenter survey of dental faculty in Saudi Arabia reported that most faculty perceived OSCEs as fair and effective tools for assessing clinical competence, although concerns regarding student stress and examination difficulty were noted [10]. Similar findings have been reported from other regions, where faculty valued OSCEs for their reliability and objectivity [11]. Our results are consistent with John *et al.* who found that 82.2% of nursing faculty in Jordan viewed OSCEs positively [12], supporting the universal relevance of OSCEs as an assessment modality. Despite positive perceptions, feedback practices in OSCEs remain constrained. Structured feedback, particularly written or detailed performance reports, has been shown to enhance learning and performance in OSCE settings [13, 14]. A recent international study emphasized the importance of OSCE feedback while identifying inconsistencies in feedback quality and delivery [15]. In our study, a considerable proportion of faculty reported neutral views regarding feedback clarity and constructiveness, reflecting ongoing challenges in feedback quality. Barriers such as limited time, lack of formal training, and large student numbers were commonly reported. Faculty training and examiner standardization are critical for OSCE validity and reliability, and formally trained faculty are more likely to provide meaningful feedback [16, 17]. Consistent with our findings, international research highlights the importance of examiner preparation not only for scoring reliability but also for delivering constructive feedback [10]. Institutional factors, including large cohort sizes and limited resources, further dilute feedback quality due to examiner workload and time constraints [18]. Feedback can evoke both positive and negative emotional responses in students, influencing subsequent learning and performance [19]. These findings underscore the need for constructive,

supportive feedback that emphasizes improvement and self-directed learning. In Pakistan, limited research has examined faculty perceptions of OSCE feedback. A study by Khan *et al.* reported generally positive attitudes toward OSCEs among nursing faculty in Peshawar, but few studies have addressed feedback quality and barriers [11]. A recent Pakistani study on academic feedback highlighted the importance of systematic feedback in enhancing instructional practices [20]. Collectively, this study contributes to both international and national literature by demonstrating that faculty value feedback in OSCEs while identifying persistent challenges requiring targeted interventions.

The research has limitations due to the single-institution design and use of self-reported perceptions, which can limit the level of generalizability and contribute to bias in responses. The cross-sectional method also does not allow the feedback effectiveness to be causally interpreted. Multi-institutional longitudinal designs should be used in the future, and students' views should be incorporated in order to capture more perspectives of the feedback dynamics. It might be beneficial to create faculty training regarding structured feedback and incorporate the use of digital feedback to enhance consistency and efficiency.

## CONCLUSIONS

Faculty members broadly acknowledge the importance of feedback in OSCEs and its role in improving student learning and competence. However, persistent challenges such as limited formal training, time constraints, and large student numbers inhibit the delivery of high-quality, constructive feedback. Addressing these barriers through structured faculty development programs, clear feedback protocols, and institutional support can enhance the effectiveness of feedback practices and further strengthen OSCEs as a cornerstone of clinical education.

## Authors' Contribution

Conceptualization: ZA

Methodology: ZA, MK, SM

Formal analysis: LK, SSF, SM

Writing and Drafting: ZA, LK, MK, SSF, SM

Review and Editing: ZA, LK, MK, SSF, SM

All authors approved the final manuscript and take responsibility for the integrity of the work.

## Conflicts of Interest

All the authors declare no conflict of interest.

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