

# An experimental study looking at whether the medical student's non-native English accent affects the examiner's scoring during an objective structured clinical examination (OSCE)

<b>Submission date</b> 14/04/2020	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 15/04/2020	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 06/10/2020	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Assessment of clinical competence is an important aspect of the assessment in medical education. Objective Structured Clinical Examination (OSCE) is an assessment tool commonly used for such purpose. In an OSCE, medical students rotate through a set number of stations. In one station, there is typically one examiner who observes the student. There may be a simulated /real patient, a manikin, relevant equipment or clinical information. Each time a student enters a station, he/she is given a scenario with a task to complete, including practical procedures or patient managements. Students' performance is marked by the examiner using a checklist or rating scale. It is stated OSCEs are superior to other assessment methods such as written examination or long cases due to the high construct validity, the standardised cases and marking schemes.

OSCEs need to produce reliable measurements of the students' competence. It is imperative to monitor the standard and quality of the OSCE examiners. Minimising the examiner bias ensures that the difference in the scores is due to the students' performance. Despite the implementation of the examiner training, a systematic review has described that OSCEs were highly variable in their reliability. There have been anecdotes that students with non-native English accents (NNEAs) were marked lower than those with native English accents (NEAs). No medical education research has investigated the effect of accents in an OSCE. Therefore, it is important to establish whether such bias exists.

Thus, the primary objective of this study was to test a hypothesis that OSCE examiners scored students with NNEAs lower compared to students with NEAs when the performance is constant.

### Who can participate?

OSCE examiners in the UK who have had formal OSCE examiner training.

### What does the study involve?

A professional actor will play a medical student. Two near identical scripts will be prepared. Two videos are made showing the actor speaking with an Indian accent and two videos are made

showing the actor speaking without the accent in either script. UK OSCE examiners will be recruited online and randomly assigned to two groups. They will watch two videos online, each with either script, with and without the Non-Native English Accent. For each video performance, examiners will be asked to give an individual score to each checklist item and a global score.

What are the possible benefits and risks of participating?

None

Where is the study run from?

Queen Mary University of London, Centre for Medical Education, Institute of Health Sciences Education (UK)

When is the study starting and how long is it expected to run for?

March 2019 to April 2019

Who is funding the study?

Queen Mary University of London, Centre for Medical Education, Institute of Health Sciences Education (UK)

Who is the main contact?

An Kozato, a.kozato@smd15.qmul.ac.uk

## Contact information

### Type(s)

Public

### Contact name

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### ORCID ID

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

**Protocol serial number**

Nil known

## **Study information**

**Scientific Title**

A randomised controlled trial of the influence of non-native English accents on examiners' scores in OSCEs

**Study objectives**

OSCE examiners score students with non-native English accents lower compared to students with native English accents when the performance is constant.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 19/02/2019, Queen Mary Ethics of Research Committee (Room W104, Queen's Building, Queen Mary University of London, Mile End Road, London, E1 4NS, UK; +44(0)20 7882 7915; h.covill@qmul.ac.uk), ref: QMERC2018/95

**Study design**

Interventional randomized single-blinded controlled trial

**Primary study design**

Interventional

**Study type(s)**

Other

**Health condition(s) or problem(s) studied**

Undergraduate medical education and clinical skills assessment.

**Interventions**

Four videos of one mock OSCE station will be produced. A professional actor plays a medical student. Two near-identical scripts are prepared. Two videos show the actor speaking with an Indian accent and two videos show the actor speaking without the accent in either script. UK OSCE examiners will be recruited online and randomly assigned to two groups. They will watch two videos online, each with either script, with and without the Non-Native English Accent.

For each video performance, examiners will be asked to give an individual score to each checklist item and a global score.

Randomisation: alternating group number allocated in the order the consent forms are received.

**Intervention Type**

Other

**Primary outcome(s)**

Global scores and individual item scores given by the OSCE examiners at the time of watching the video.

**Key secondary outcome(s)**

None

**Completion date**

30/04/2019

## Eligibility

**Key inclusion criteria**

OSCE examiners in the UK who have had formal OSCE examiner training

**Participant type(s)**

Health professional

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

42

**Key exclusion criteria**

Does not meet inclusion criteria

**Date of first enrolment**

13/03/2019

**Date of final enrolment**

27/03/2019

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Queen Mary University of London**

Centre for Medical Education, Insititute of Health Sciences Education  
Barts and The London School of Medicine & Dentistry  
Garrod Building  
Turner Street  
London  
United Kingdom  
E1 2AD

## Sponsor information

**Organisation**

Queen Mary University of London

**ROR**

<https://ror.org/026zzn846>

## Funder(s)

**Funder type**

University/education

**Funder Name**

Queen Mary University of London, Centre for Medical Education, Insititute of Health Sciences Education

**Alternative Name(s)**

Queen Mary Uni of London, Queen Mary, Queen Mary and Westfield College, The London Hospital Medical College, St Bartholomew's Hospital Medical College, Westfield College, East London College/Queen Mary College, QMUL, QM

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

United Kingdom

## Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request from An Kozato, a.kozato@smd15.qmul.ac.uk , type of data will be the anonymised participants' raw data. The data will become available upon the request. The raw data will only be made available for the purpose of academic research and the request shall be made to the author directly. Consent regarding the use of personal data has been obtained from participants under the condition of any identifiable information to be removed. The participants are assigned a numerical ID and any identifiable information such as personal contact information will be removed from the raw data.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	15/08/2020	06/10/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes