Clinician's Commentary on Zhang and Walton¹

Awareness of the rising rates of anxiety among young adults in Canada is increasing. In 2016, 41 Canadian postsecondary institutions participated in the National College Health Assessment.² Approximately 44,000 students responded, and 28.5% indicated that they had experienced overwhelming anxiety in the previous 2 weeks; 64.5% had experienced such anxiety in the previous 12 months. Some students (32.5%) reported that anxiety had negatively affected their academic performance, including their grades. Few individuals sought professional help for their anxiety (18.4%), citing barriers such as access to services, denial, and minimization or associated stigma.

Students in physical therapy professional education programmes experience even more stress than their non-medical peers because of the academic workload, financial burden, and physical factors such as sleep deprivation.³ Zhang and Walton's¹ research is, therefore, an important contribution because it describes students' perspective on the primary triggers of the anxiety associated with participating in Objective Structured Clinical Examinations (OSCEs).

OSCEs are widely used in MScPT programmes and the profession to determine students' ability to apply their knowledge and skills in simulated patient situations and to confirm that they are prepared for the clinical environment. National regulators use the OSCE as an entry-to-practice requirement, making it an extremely high-stakes examination for new graduates; the national examination has the potential to cause elevated levels of anxiety because failing leads to additional expense, loss of income, and at least temporary inability to practise. OSCEs appear to be predictive of clinical performance in some health professions such as medicine, but the published research is insufficient to determine their predictive ability in physical therapy.

Zhang and Walton¹ describe how a consistent primary trigger related to OSCEs for students is social performance anxiety, or fear of failing in front of professors and peers. Physical therapy is a relatively small profession, so failing an OSCE is, by its very nature, a public failure; it does not have the anonymity of multiple-choice examinations. It is, therefore, reasonable that students would develop anxiety about the open nature of this test – on which failure is observed by faculty, clinician evaluators, and simulated patients.

Students also reported anxiety related to fear of blanking, or freezing, during the OSCE. Anxiety is an emotion characterized by feelings of tension and worry and by physical changes, including increased blood pressure, sweating, trembling, dizziness, or rapid heart rate. Students' concerns are reasonable in that high levels of anxiety can become disabling, interfering with their ability to study, process information, and perform optimally in stressful test situations.

Physical therapy students are high achievers, requiring a high grade-point average to gain entry to a physical therapy programme. The time demands, heavy workload, reduced opportunity for interpersonal relationships with family and friends, and uncertainty about the future play into their feelings of stress, which become elevated during OSCEs. Zhang and Walton's¹ participants pointed out their own compulsive studying and perfectionist tendencies, which resulted from their fear of lacking competence.

Zhang and Walton¹ are clear that understanding the triggers of anxiety is only the first step in managing the anxiety related to OSCEs. They do not claim that managing these triggers will result in improved OSCE performance, but they discuss students' lack of resiliency and strategies to manage their anxiety. Interventions to reduce anxiety can improve performance in test situations. A meta-analysis by Regehr and colleagues⁴ indicated that cognitive, behavioural, and mindfulness interventions are effective in reducing stress among university students. These strategies, if embedded in the physical therapy curriculum, could help students manage several of the triggers that Zhang and Walton¹ identified, such as social performance anxiety. Strategies such as mindfulness are also useful for future health professionals in careers known to be associated with burnout.

Zhang and Walton¹ also discuss the operational and logistic aspects of OSCEs associated with student anxiety. Universities could consider changing the OSCE format to mitigate the anxiety triggers identified by students, such as adhering to strict time limits. Schwartz and colleagues⁵ demonstrated that physical therapy students who participated in untimed anatomy OSCEs demonstrated less anxiety on the State-Trait Anxiety Inventory than on timed tests. Removing or increasing the timed element for OSCEs could reduce stress among physical therapy students, but changing the format would not allow students to become familiar with the timed national examination format.

Physical therapy students are trained to care for the health of others, but because of the intense nature of their programmes, they often lack the time to take care of their own health. Educators should recognize the stress that physical therapy students face and provide them with the necessary strategies to pursue long-term successful careers in health care.

Zhang and Walton¹ discuss the need to consider those aspects of OSCEs that increase anxiety and pose a challenge to students' ability to demonstrate their true clinical competence. Educators should consider using these results to introduce strategies into the curriculum that help students build resilience and manage stress, skills that will benefit them not only in their OSCEs but also in their careers.

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