



OSCE

By

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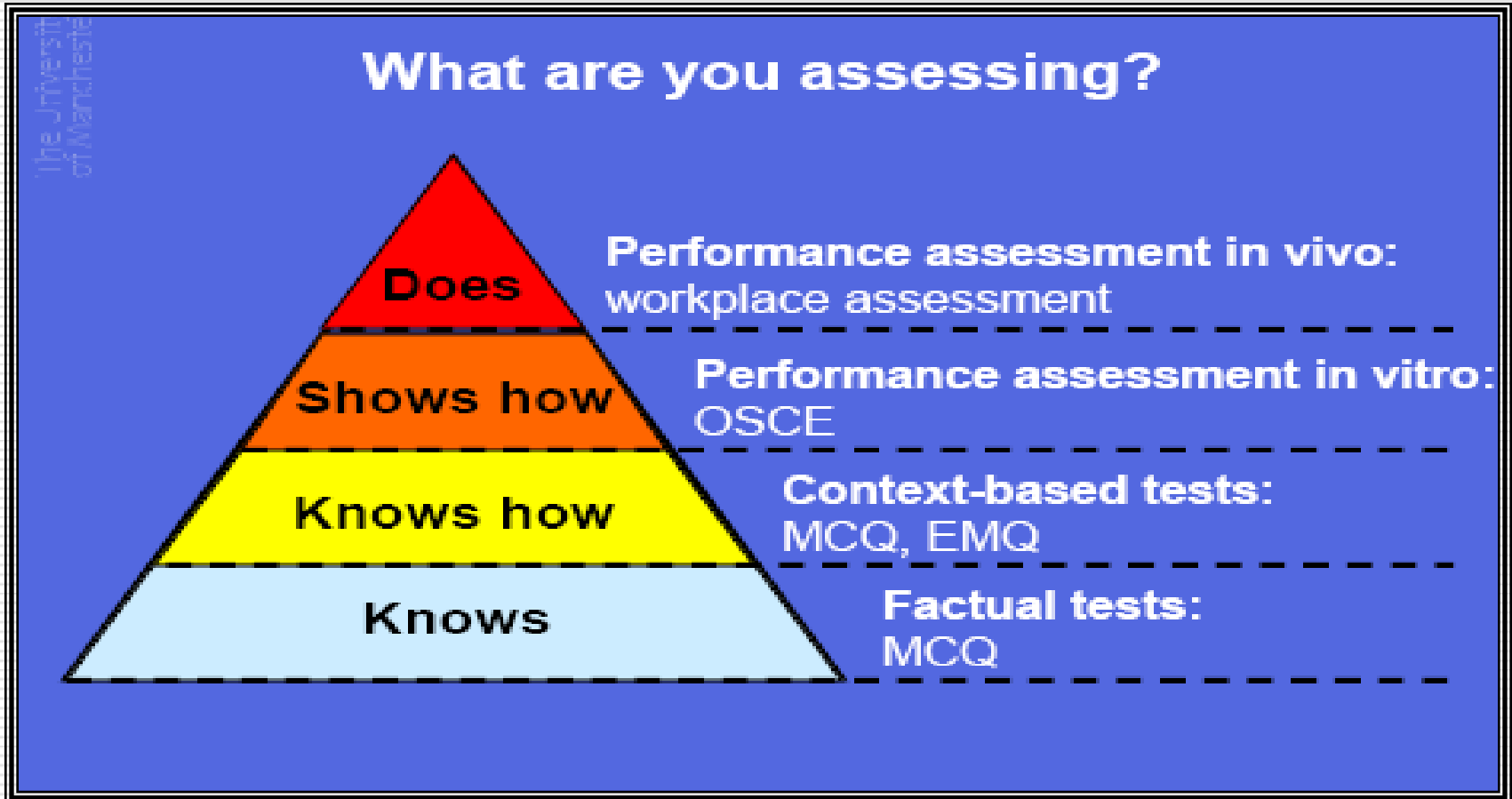
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Assessment



OSCE

Objective Structured Clinical Examination

- ❑ **objective** - all candidates are assessed using exactly the same stations with the same marking scheme.
 - ❑ **structured** - stations in OSCEs have a very specific task include parts from all elements of the curriculum as well as a wide range of skills
 - ❑ **clinical examination** - the OSCE is designed to applied clinical and theoretical knowledge
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What skills do they test?

- History taking/presenting
 - Examination of different body systems
 - Communication
 - Practical procedures
 - Attitude
 - Interpretation of images (e.g. X-Rays)
 - Interpretation of data
 - Dealing with ethical dilemmas
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What is an OSCE?

- ❑ It consists of several (4-42) stations
 - ❑ Each station has a preset time
 - ❑ +/- Short (max 1 min) rest between stations
 - ❑ Some of the stations are double. Awarded two sets of marks
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What is an OSCE?













Material “subject” for OSCE

- ❑ Real patient
 - ❑ Simulated patient
 - ❑ Manikin / doll
 - ❑ Instrument
 - ❑ Parent
 - ❑ Role player
 - ❑ Data
 - ❑ Photo
 - ❑ Combined
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How to write an OSCE station

- ❑ Consider the relevant objectives
 - ❑ Write them down
 - ❑ Is the OSCE a suitable format to evaluate the objectives?
 - ❑ Consider each station for only one objective
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OSCE Competence

COMPETENCES						
Subject Area	History taking	Physical examination	Interpret. & prob. solving skills	Patient management	Procedural skills	Communication skills
Cardiovasc	 					
Resp		X				
CNS						
GIS					X	
ENDOCRIN/M etab			X			
Haem						
Locomot				X		
Dermat.						X
Opthal						

How to write an OSCE station

- ❑ Write a scenario for each station
 - ❑ Develop a suitable marking system for each station
 - ❑ Write an instruction sheet for
 - Student
 - Simulated Patient
 - Examiner
 - Exam host
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How to write an OSCE station

- ❑ Try to simulate an environment close to the real situation
 - ❑ Rehearsal
 - ❑ Run OSCE
 - ❑ Feedback
 - ❑ **ALWAYS HAVE A PLAN B**
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Instruction to the student

- ❑ Time
 - ❑ Role
 - ❑ Setting
 - ❑ Task: link task to
 - Objective
 - Time
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Instruction for Role Player

□ General instructions

- Behave in a normal way
- Do not volunteer information
- When asked give a full answer
- Be serious all the time
- Be consistent

□ Specific instructions

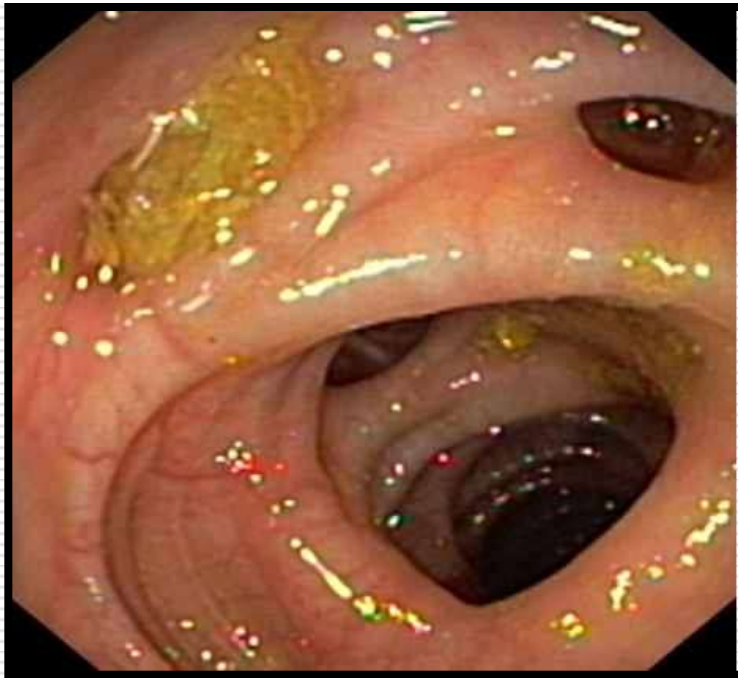
Instruction for the examiner

- ❑ Mainly the marking sheet and standards:
 - link to task and objective
 - ❑ Specific instructions
 - Not to prompt students
 - To give question answers when appropriate
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Instruction for the host

- ❑ Logistics required
 - SP
 - Examiner
 - Bed, chair, laptop
 - Instruments for the station
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OSCI: Instruction to student:



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- These pictures were taken during colonoscopic evaluation of a 66 years old woman who presented to the out patient clinic complaining of a 6-days history of increasing left iliac fossa pain. She usually suffers from constipation. The patient is feverish and vomited once. She had one previous episode 6 months before which was treated with antibiotics.
-

OSCI: Instruction to student:

- 1. Describe the pathogenesis of the presented problem?**
 - 2. What are the possible complications?**
 - 3. What are the other investigations you may need to confirm the diagnosis?**
 - 4. What treatment would you initiate?**
 - 5. How can the patient prevent further episodes?**
-

OSCI: Instruction to examiner:

The student has already given the following instruction:

These pictures were taken during colonoscopic evaluation of a 66 years old woman who presented to the out patient clinic complaining of a 6-days history of increasing left iliac fossa pain. She usually suffers from constipation. The patient is feverish and vomited once. She had one previous episode 6 months before which was treated with antibiotics.

Questions:

- Describe the pathogenesis of the presented problem?
- What are the possible complications?
- What are the other investigations you may need to confirm the diagnosis?
- What treatment would you initiate?
- How can the patient prevent further episodes?

Please let the student start immediately. You don't need to repeat the instruction unless the student completely freezes.

OSCI: Put a mark in the box of each section and a global mark at the bottom

Pathogenesis: / 4

- Low fiber diet.
- Low bulk stool.
- Constipation.
- Increased intraluminal pressure.
- Pulsion diverticulae alongside the taenia coli, at the entry point of the supplying blood vessels.

Complications: / 5

- Diverticulitis.
- Pericolic abscess
- Colonic stricture.
- Fistulation: bladder, vagina, skin.
- Bacterial peritonitis: secondary to rupture of an abscess.
- Fecal peritonitis: secondary to perforation of a _____

Total: / 20

OSCI: Put a mark in the box of each section and a global mark at the bottom

Pathogenesis: / 4

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Total: / 20

OSCI: Instruction to site organizers:

Resources needed:

- **Examiner.**
- **PC with a monitor of adequate resolution.**
- **Reduced illumination.**

Setting up the station:

- **Examiner's chair should be positioned so that he/she can observe student's face clearly.**
 - **Student's chair should be positioned facing the PC.**
 - ~~**No desk or table is necessary.**~~
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You still have something to do

Prior to the start of the OSCE exam

- ❑ Check that all the necessary material is available at the station
 - ❑ Attend the “Examiner Briefing”
 - ❑ Familiarise yourself with the content of the station
 - ❑ Familiarise yourself with the marking sheet
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During the OSCE exam

- ❑ Follow the procedure set out in the station description
 - ❑ Mark the students at the end of the time
 - ❑ DO NOT show the candidate his/her mark
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After the OSCE

- ❑ Review OSCE process
 - ❑ Review OSCE content
 - ❑ Feedback
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Issues to Consider 1/3

- Examining in your own specialism?
 - Should examiners prompt?
 - Should there be a killer station where a student fails the whole OSCE?
 - Marking the first candidate too highly
 - Familiarity with students – objectivity
 - Appropriate student attire?
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Issues to Consider 2/3

- ❑ Can stress for students in OSCEs be alleviated?
 - ❑ Use of global marking as opposed to a tick box [√] system
 - ❑ Objectivity – not deviating from examiner instructions
 - ❑ Confidentiality – not showing a student his/her mark at a station/including examiner face/body language
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Issues to Consider 3/3

- ❑ Arrive 30 minutes before the OSCE starts
 - ❑ Ground rules – e.g. no mobile phones
 - ❑ If student finishes the station early what do you do?
 - ❑ Double stations: communication skills/history taking
 - ❑ Keeping to time at a station
 - ❑ Keeping your own time record
 - ❑ Do not write down student mark until end of OSCE station time
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OSCE weakness

- ❑ Considerable resources
 - ❑ There is a large time commitment to develop and run OSCE
 - ❑ Both individual and committee work is needed
 - ❑ Problem with large numbers
 - ❑ Low test security
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OSCE Strengths

- ❑ Useful method to evaluate clinical skills
 - ❑ Can point out flaws in the curriculum and lead to change in teaching
 - ❑ High reliability
 - ❑ Less halo effect.
 - ❑ Overcome the uncontrolled variable
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R a m a d a n K a r e e m