

Teaching and Testing OSCE

Examiner Orientation

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Teaching and Testing OSCE

- Third year medical students
- 1/2 finished their core clerkship rotation year
 - NOTE: not all their rotations completed
- Formative Exam
 - Tests their progress
 - Receive feedback at the end of each station by examiner
 - Preparation for the “high stakes” Comprehensive OSCE

Types of Stations

- History taking
- Physical examination
 - Students must explain what they are doing, demonstrate the skills and state their findings
 - “Talk the talk” and “walk the walk”
 - No sensitive examinations – if attempted, indicate “MOVE ON”
- Management
 - Checklist includes items for history-taking, physical exam and management
- Counselling and Communication

Prompting

- You are allowed to redirect the student **once**
 - e.g., history station and student starts doing a physical exam
 - Examiner should state “**please read the instructions again**”
 - *This is the only acceptable prompt*
- Please **do not offer any other prompts** even if the student is struggling
 - e.g., do not redirect them if they start doing vital signs, unless it is specifically mentioned on your checklist

Feedback

- Give **feedback** only **after buzzer and post-encounter question**
- Provide give feedback on anything you feel appropriate
 - Physical exam technique, important items they missed, patient interaction, organization skills, etc.
 - Balance positive with negative
 - Ask the standardized patient their opinion (especially in communication stations)

Checklists and Rating Scales

What to do if you think there is an error in the checklist or case ?

- Alert exam staff (in red t-shirts) if you have a question relating to checklist or case
 - We can often answer **before** exam starts
- Do not change the case or checklist during the exam– needs to be standardized throughout exam
- Use the comment sheet in each station to alert us to the error
 - We can adjust scoring for all candidates, in a standardized way
 - We will revise the case for the next time it is used
- Write us a new (and better) case for next year!

Checklist

- Fill in bubble for item done correctly
 - Leave blank if not attempted
 - Leave blank if attempted but done incorrectly
- If you are not sure – commit and write a comment on sheet explaining your choice
 - Helpful when reviewing examinations for candidates that are unsuccessful

All Scales and Checklists are on Scanned Sheets

Item / Skill	Done/Asked Satisfactorily
Introduces self	0
Onset of chest pain	0
Location of pain	0
Radiation	0
Fever	0
Weight loss	0

How to fill in scanned checklists

- This is correct way:



- Wrong way



Rating Scales

- **DO NOT FORGET TO TURN SCORING SHEETS OVER**
- In addition to the checklists, there are *three* rating scales for examiners to complete
 - Station specific skills set (history-taking, physical examination, communication)
 - Professionalism
 - Global rating of candidate performance relative to a third year medical student

History-Taking Skills

Listening Skills

0

Interrupts inappropriately, ignores patient's answers

1

Impatient

2

Borderline unsatisfactory
Somewhat attentive

3

Borderline satisfactory
Somewhat attentive

4

Attentive to patient's answers

5

Consistently attentive to answers and concerns

Questioning Skills

0

Awkward, exclusive use of leading or closed ended questions, jargon

1

Somewhat awkward, inappropriate terms, minimal use of open-ended questions

2

Borderline unsatisfactory, moderately at ease, appropriate language, uses different types of questions

3

Borderline satisfactory, moderately at ease, appropriate language, uses different types of questions

4

At ease, clear questions, appropriate use of open and closed ended questions

5

Confident and skillful questioning

Organization of interview

0

Scattered, shotgun approach

1

Minimally organized

2

Borderline unsatisfactory
Flow is somewhat logical

3

Borderline satisfactory
Logical flow

4

Logical flow with sense of purpose

5

Purposeful, integrated handling of encounter

Information giving

0

No attempt or inappropriate attempt to give information; e.g., not truthful

1

Awkward and/or incomplete attempts to give information

2

Borderline unsatisfactory
Somewhat at ease, attempts to give information

3

Borderline satisfactory
Somewhat at ease, attempts to give information

4

Gives information easily, somewhat attentive to patient's understanding

5

Confident and skillful at giving information, attentive to patient's understanding, truthful

Professionalism and Ethics

Professionalism Empathy

0	1	2	3	4	5
Condescending, not empathetic	Minimal courtesies only	Borderline unsatisfactory	Borderline satisfactory	Polite and interested; some compassion	Warm, engaged with patient; empathetic, and compassionate

Respect

0	1	2	3	4	5
Offensive or aggressive; frank exhibition of “unprofessional conduct”	Minimal courtesies only; not attentive to patient comfort or concerns	Borderline unsatisfactory	Borderline satisfactory	Attentive to patient’s concerns and comfort; some acknowledgment of patient autonomy	Fully addresses patient’s concerns and comfort; fully acknowledges patient autonomy

During the exam

- Completed exam sheets will be collected periodically by exam staff
- Staff will inform you if there are any errors or omissions in your scoring

Professionalism Question

- You will be asked if the candidate demonstrated a lapse in professional behaviour:
 - If you answered yes, please provide a brief explanation in space provided

Global Rating Scale

- Use your judgment to rate each candidate's overall performance (*remember, they are 3rd year students*)
 - not dependent on checklist items
- **Your judgments define the borderline candidate and are used to set the pass mark for each station**
- If you rate a candidate as unsatisfactory, briefly indicate your reasons on the comment sheet (this helps when we review with students)
- An unsatisfactory rating is not equivalent to a fail

Global Rating Scale – Unsatisfactory Performance

- Ordered dangerous or inappropriate drug (specify drug)
- Insensitive manner (examples and quotes especially helpful)
- Would not / could not interact with patient
- Rote performance - did not demonstrate comprehension of patient problem (“shotgun approach”)

Global rating of candidate performance relative to a third year medical student

Unsatisfactory

Satisfactory

Inferior

Poor

Borderline

Borderline

Good

Excellent

Comments:

Conflict of Interest

If you perceive a potential conflict of interest with a candidate, please **terminate the encounter** and notify staff immediately

- The student will then be permitted to complete the station with a different examiner at the end of the exam

Conflict of Interest

Examples of conflict of interest

- Candidate is a family member
- Candidate is (or has been) a patient of yours
- You are (or have been) in a romantic relationship with the candidate
- You have a financial/business relationship with the candidate

Conflict of Interest

Not a conflict of interest

- You know the candidate
- You have worked with the candidate (e.g., during a core rotation or elective)

Housekeeping

Exam location

- Clinic “modules”
 - K, L, M, O tracks
- Medical school CBL/PSD rooms
 - H and U tracks
- If you don't know where you're going:
 - Exam center staff (in red t-shirt) will escort examiners to medical school – please meet at desk outside auditorium

During exam

- Please do a dry run with the standardized patient prior to the exam
- Please have your pager, iPad and phone turned off or on quiet
- Only answer calls during break
- Keep voices quiet between candidates
- Standardized patients may change during exam – don't be surprised if new patient enters room half way through

Examiner Remuneration

Spare Examiners

Exam Schedule

5:15 PM	Examiner Orientation
5:50 PM	Dry Run with SPs
5:55 PM	Handbell (SPs and Examiners in rooms)
6:00 PM	Exam 1 Starts
7:40 PM	Exam 1 Ends

BREAK - REMAIN IN EXAM AREA (Cookie & Coffee)

7:55 PM	Handbell (Back in rooms)
8:00 PM	Exam 2 Starts
9:50 PM	Exam 2 Ends

Timing

START= 0 Minute

Long Buzzer

Enter the room, begin the encounter

7 MINUTES

Intermittent buzzer

Stop, ask oral question (if there is one)
and provide feedback

9 MINUTES

Long Buzzer

Leave the room
Move to the next station
Read instructions

10 Min → start again

Long Buzzer

Enter the room, begin the encounter

Comments or new cases

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Questions?