Teaching and Testing OSCE

Examiner Orientation
Chief Examiner - Anglophone: Dr. Karima Khamisa
Chief Examiner - Francophone: Dr. Samantha Halman
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

<table>
<thead>
<tr>
<th>Item / Skill</th>
<th>Done/Asked Satisfactorily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduces self</td>
<td>0</td>
</tr>
<tr>
<td>Onset of chest pain</td>
<td>0</td>
</tr>
<tr>
<td>Location of pain</td>
<td>0</td>
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<tr>
<td>Radiation</td>
<td>0</td>
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<tr>
<td>Fever</td>
<td>0</td>
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<tr>
<td>Weight loss</td>
<td>0</td>
</tr>
</tbody>
</table>
How to fill in scanned checklists

• This is correct way:

  •

• Wrong way

  x
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

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<tr>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Interrupts inappropriately, ignores patient’s answers</strong></td>
<td><strong>Impatient</strong></td>
<td><strong>Borderline unsatisfactory</strong></td>
<td><strong>Borderline satisfactory</strong></td>
<td><strong>Attentive to patient’s answers</strong></td>
<td><strong>Consistently attentive to answers and concerns</strong></td>
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#### Questioning Skills

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<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Awkward, exclusive use of leading or closed ended questions, jargon</strong></td>
<td><strong>Somewhat awkward, inappropriate terms, minimal use of open-ended questions</strong></td>
<td><strong>Borderline unsatisfactory, moderately at ease, appropriate language, uses different types of questions</strong></td>
<td><strong>Borderline satisfactory, moderately at ease, appropriate language, uses different types of questions</strong></td>
<td><strong>At ease, clear questions, appropriate use of open and closed ended questions</strong></td>
<td><strong>Confident and skillful questioning</strong></td>
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#### Organization of interview

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<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Scattered, shotgun approach</strong></td>
<td><strong>Minimally organized</strong></td>
<td><strong>Borderline unsatisfactory, flow is somewhat logical</strong></td>
<td><strong>Borderline satisfactory, logical flow</strong></td>
<td><strong>Logical flow with sense of purpose</strong></td>
<td><strong>Purposeful, integrated handling of encounter</strong></td>
</tr>
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#### Information giving

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<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>No attempt or inappropriate attempt to give information: e.g., not truthful</strong></td>
<td><strong>Awkward and/or incomplete attempts to give information</strong></td>
<td><strong>Borderline unsatisfactory, somewhat at ease, attempts to give information</strong></td>
<td><strong>Borderline satisfactory, somewhat at ease, attempts to give information</strong></td>
<td><strong>Gives information easily, somewhat attentive to patient’s understanding</strong></td>
<td><strong>Confident and skillful at giving information, attentive to patient’s understanding, truthful</strong></td>
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## Professionalism and Ethics

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Empathy</th>
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<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>Condescending, not empathetic</td>
<td>Minimal courtesies only</td>
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<table>
<thead>
<tr>
<th>Respect</th>
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<tr>
<td>0</td>
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<tr>
<td>Offensive or aggressive; frank exhibition of “unprofessional conduct”</td>
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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

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
</tr>
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<tbody>
<tr>
<td>Inferior</td>
<td>Borderline</td>
</tr>
<tr>
<td>Poor</td>
<td>Borderline</td>
</tr>
<tr>
<td>Borderline</td>
<td>Good</td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
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</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:15 PM</td>
<td>Examiner Orientation</td>
</tr>
<tr>
<td>5:50 PM</td>
<td><strong>Dry Run with SPs</strong></td>
</tr>
<tr>
<td>5:55 PM</td>
<td>Handbell (SPs and Examiners in rooms)</td>
</tr>
<tr>
<td>6:00 PM</td>
<td><strong>Exam 1 Starts</strong></td>
</tr>
<tr>
<td>7:40 PM</td>
<td><strong>Exam 1 Ends</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BREAK - REMAIN IN EXAM AREA (Cookie &amp; Coffee)</strong></td>
</tr>
<tr>
<td>7:55 PM</td>
<td>Handbell (Back in rooms)</td>
</tr>
<tr>
<td>8:00 PM</td>
<td><strong>Exam 2 Starts</strong></td>
</tr>
<tr>
<td>9:50 PM</td>
<td><strong>Exam 2 Ends</strong></td>
</tr>
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</table>
Timing

START= 0 Minute
Enter the room, begin the encounter
Long Buzzer

7 MINUTES
Stop, ask oral question (if there is one)
Intermittent buzzer and provide feedback

9 MINUTES
Leave the room
Long Buzzer Move to the next station
Read instructions

10 Min → start again
Enter the room, begin the encounter
Long Buzzer
Comments or new cases

Please contact:

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  • dpugh@toh.ca
Questions?