

# 1

## Generic information

### Types of station

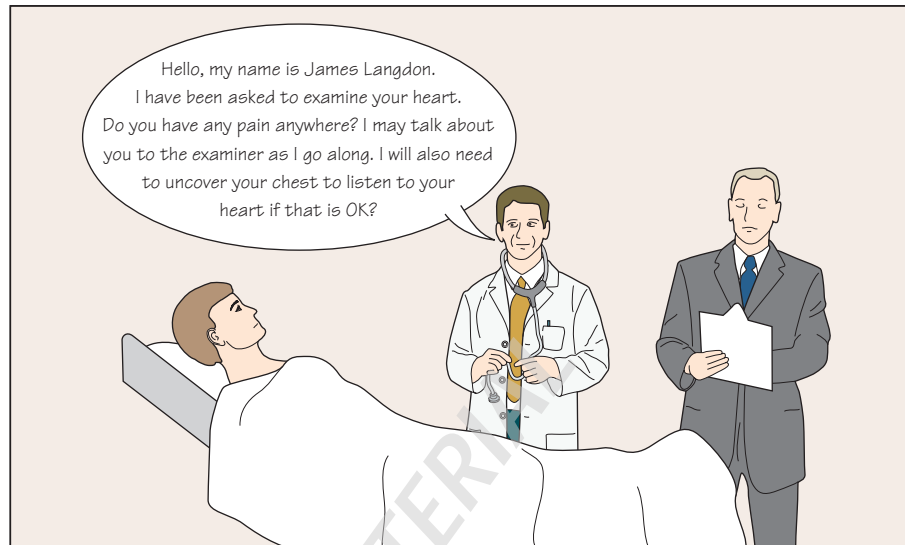
History taking  
Communication skills  
Patient examination  
Practical skills/procedures  
Data interpretation

### ESSENTIALS CHECKLIST

- Dress appropriately (local hospital policy)
- Wear name badge (+ white coat if expected)
- Be polite and considerate
- Read/listen to instructions carefully
- Use alcohol hand rub/wash hands
- Introduce yourself to examiners and patients
- Explain intentions and gain consent
- Treat simulated patients as if they were actual patients
- Obtain correct positioning and exposure of patient
- Maintain dignity of patient
- Ask about the presence of pain/ensure patient comfort
- Develop a rapport/treat patient with respect
- Explain your actions to the patient while examining
- Look at the examiners when presenting
- Speak clearly and confidently
- Maintain a logical approach when answering questions
- Thank the patient and examiner on completion

Essentials checklist mnemonic  
– WINCER

**W** - Wash hands  
**I** - Introduce  
**N** - Notice (i.e. be observant)  
**C** - Consent  
**E** - Expose  
**R** - Reposition



### POTENTIAL PITFALLS

Forgetting elements of the ESSENTIALS CHECKLIST but in particular:

- Arriving late/dressing inappropriately
- Displaying inappropriate habits (e.g. sniffing, chewing gum, yawning)
- Forgetting about introductions and consent
- Forgetting about the importance of hand hygiene and (where appropriate) adequate sharps safety
- Not listening to or reading the instructions carefully and hence needing correction from the examiners
- Being rude, heavy handed or inconsiderate to the patient (or examiner!)
- Examining the patient from the left hand side of the bed
- Examining the patient in the wrong position
- Inadequately exposing the patient
- Looking at the patient while presenting rather than the examiner
- Fidgeting or fiddling with your hands while presenting
- Stating answers to questions without thinking adequately, and therefore not presenting answers in a logical order
- Looking like you have never performed a blood pressure measurement before (or other practical skill)
- Perfecting slick examination routines on 'normal' patients, but having seen few 'real' patients to then be able to pick up the abnormal signs
- Looking for clinical signs but not registering them
- Adequately covering 'textbook' revision but not examining enough patients or practising clinical skills

The OSCE has been increasingly used over the last 15 years, although one of the first descriptions was way back in 1979 by Harden and Gleeson [1]. This form of examination is now used extensively in medical schools in the UK. The main advantage is that it can be used to examine many different clinical skills with all students performing the same tasks, marked against explicit criteria by the same examiners.

### Set up

An OSCE consists of a series of timed stations that each student rotates through. Each station involves a candidate carrying out a well-defined task. The time allocated for each station will vary with the required task, but in general each station lasts 5–10 minutes. The majority of stations have an examiner (or pair of examiners) who will assess the candidate's

performance using a structured marking sheet. If the station is purely data interpretation, then it is not always necessary to have an examiner present and the candidate will be required to complete a written task. Each station will have an accompanying instruction for the candidate to follow. The instructions can be presented in different ways:

- The examiner may ask the student to carry out a task
- The instructions may be posted at the station (e.g. on a poster near the patient)
- The candidate may receive the instructions prior to entering the station
- A rest station could be used to read through material relevant to the next station

OSCEs can be used at any stage during medical school. The exams in the earlier years concentrate on assessing the basic clinical skills and the emphasis is on the demonstration of correct technique, rather than interpreting the signs. This usually involves simulation-based cases rather than 'real' patient contact.

## Types of station

The possibilities for individual OSCE stations are huge but generally they are divided into clinical, practical and data interpretation:

**1 Clinical stations:** These involve various aspects of communication or examination:

- Obtaining and presenting medical histories
- Performing a physical examination
- Communication skills

These usually involve interaction with a patient who may be real or simulated (e.g. a student/actor/the examiner). The simulated patients rarely have abnormal clinical signs.

**2 Practical stations:**

- Clinical skills (e.g. resuscitation, blood pressure measurement)
- Procedural skills (e.g. cannula insertion, urethral catheterisation)

Mannequins or anatomical models are often substituted for the patient. The student may be required to explain and perform the procedure, gain consent or act on a result.

**3 Data interpretation stations:** These involve written or verbal discussion of a variety of results:

- Examiner-led structured viva (e.g. discussion of laboratory results, interpretation of radiographs or electrocardiograms (ECGs))
- Written station (e.g. 'Please interpret the following full blood count and answer the attached questions')

With the advent of improved information technology facilities, this type of knowledge can be adequately assessed during written exams, although some medical schools still include them in OSCEs.

## The instructions

- Written or verbal instructions will be given to each candidate at the beginning of the station
- The patient, where necessary, will have had a chance to study written instructions summarising their condition (this is essential for simulated patients but real patients may just give their own history)
- Examiners will have instructions outlining the purpose of the station and the task to be carried out
- The examiners will also have read the student and patient instructions

## The marks

Marking sheets will vary depending on the type of station and skill being assessed, but each task will be marked against explicit criteria. This will be in the format of a checklist of actions the student needs to perform. Patients may be asked their opinion of the candidate and it would be taken very seriously if the patient felt the student was rude or rough. Students may be examined by an individual or pair of examiners (who should mark independently). Once the station is completed an individual mark can be scored following agreement by the examiners and a statement as to the student's global performance is often included.

## Preparation

There is increasing emphasis from the General Medical Council (GMC) that the clinical competence of medical students needs to be assessed and recorded. OSCE-type stations, using either 'real' or simulated patients, are ideal for this purpose. Clinical competence is a combination of three domains – knowledge, skills and attitudes. The GMC's document *Tomorrow's Doctors* clearly states that the attitudes and behaviour expected of future doctors needs to be developed during university along with clinical competence [2]. Students often underestimate the need to practise their clinical skills and bury their heads in the books until nearing the practical assessment, when there is a mad rush to the clinical skills laboratory to run through examination routines and a mad dash to the wards to see as many patients as possible. This behaviour remains common despite repeatedly reminding students of the practical nature of being a doctor and one of the main recommendations of *Tomorrow's Doctors* stating 'factual information must be kept to the essential minimum that students need at this stage of medical education' [2]. Start practising your clinical skills as early as possible, preferably with an 'OSCE buddy' or even 'OSCE group'. The skills tested in the OSCE and also 'real' life skills are best learnt in the clinical environment and not the library.

## Technique

Technique does play a part in passing an OSCE. It is obvious which candidates have not practised their clinical skills sufficiently or who may have rehearsed routines on friends but have seen few abnormal physical signs. Emphasis is also on appropriate communication skills, which are necessary in all OSCE stations, not just the history and communication ones. This can be especially difficult if English is not a candidate's first language. The key to improving your presentation skills is practice. Once the presentation is perfected, the next skill is to become proficient at presenting discussion in a logical manner. The next few chapters cover in detail how best to use this book and deal with the skills of presenting in a logical order.

<sup>1</sup> Harden RM, Gleeson FA. *Assessment of Medical Competence. Using an objective structured clinical examination (OSCE)*. ASME Medical Education Booklet No. 8. Association for the Study of Medical Education (ASME), Edinburgh, 1979.

<sup>2</sup> General Medical Council. *Tomorrow's Doctors*. General Medical Council, London, 2003. Available at [www.gmc-uk.org](http://www.gmc-uk.org).