

WSMS 2016 OSCE GUIDE

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WELCOME TO THE WSMS 2016 OSCE GUIDE

This little booklet is here to get you into the OSCE mindset. Inside you won't find specific content to study (there's plenty of that elsewhere), but instead you'll find some OSCE study and preparation tips, references and links to helpful resources, and a little bit (or a lot) of raw advice from the students who have been through it all before.

Note: This booklet is targeted at students in Years 1-3, and the information contained within it was current as of mid-2016. For the most up-to-date and relevant information, ensure you consult vUWS and your student email for OSCE details for your year group.

If you have any questions, please don't hesitate to contact the WSMS Academic Director at academic@wsms.org.au, or ask one of your friendly 4th or 5th year students.

So make a cup of tea or coffee, settle into your couch/chair/bed/foetal position, and read on...

WHAT IS AN OSCE?

WHAT DOES IT

STAND FOR?

DOES ANYBODY

KNOW?



OSCE stands for Objective Structured Clinical Examination. At Western Sydney University, OSCEs are run once a year for Years 1, 2, 3 and 5, and for most specialty rotations in Year 4 (3 OSCEs in total). The basic format is you stand in a long hallway outside a door, read the piece of paper outside the door, enter the station on the bell and run through a clinical scenario with an actor/dummy and an examiner, leave the station on the bell, then repeat.

The OSCEs exist because there needs to be a way for the School of Medicine to demonstrate on record that you are competent in the bread-and-butter practical skills of medicine. You need to show that you're competent enough to progress onto the next year of study, and finally, to graduate as a doctor and use these skills to safely and effectively manage patients. As you progress through your degree, the duration, difficulty and spread of content in each OSCE is increased.

- Year 1: 4 stations with histories and examinations
- Year 2: 6 stations with histories, examinations and a clinical procedural skill
- Year 3: 8 stations with histories, examinations, communication, interpretation and clinical procedural skills stations – some stations combine some elements together
- Year 5: 10 stations with histories, examinations, communication, charting and prescribing, interpretation, clinical procedural skills stations – some stations combine some elements together.

The OSCEs are usually run on a single day for each year group, at the primary locations of Macarthur and Blacktown Clinical Schools, and may also be held additionally at Campbelltown Campus and Liverpool Hospital, depending on Year group and staffing resources.

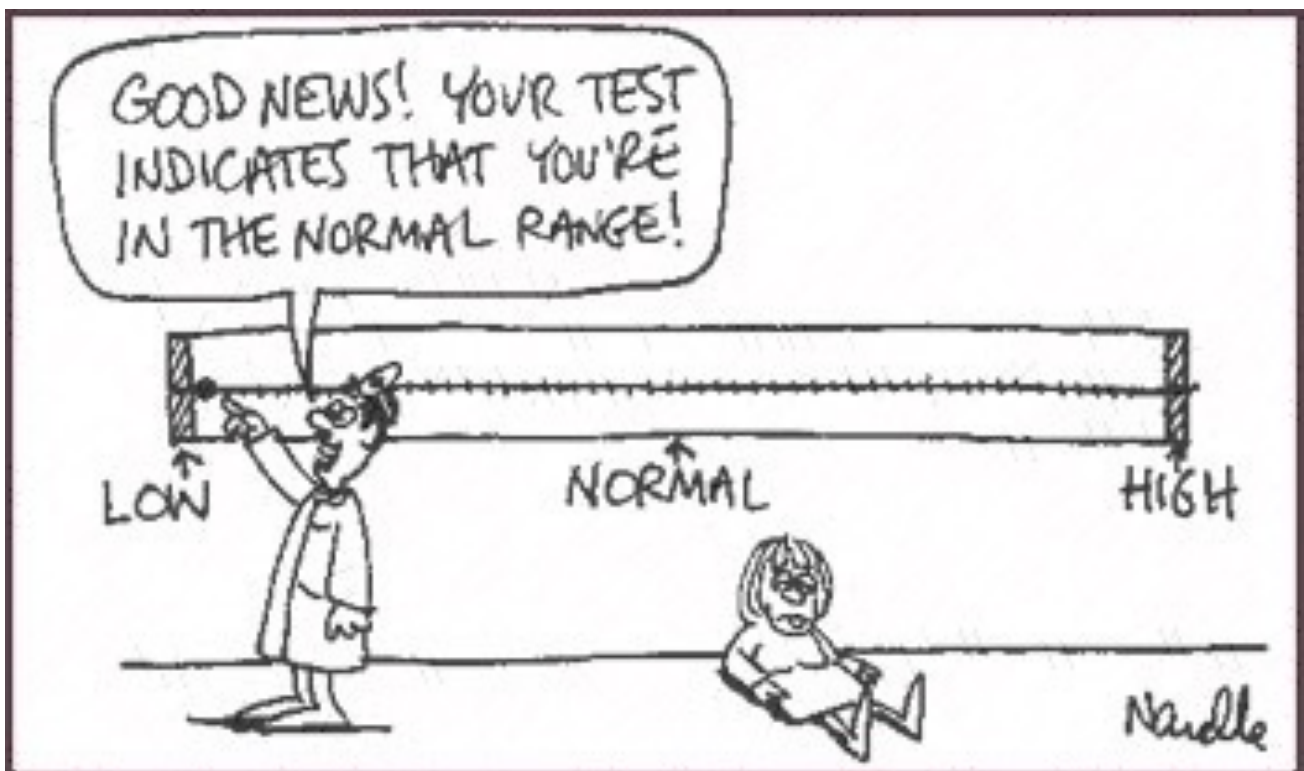
WHAT'S ASSESSED IN THE OSCEs, AND WHY?

In preclinical years, the OSCEs directly assess the ICM and CPS components of the course, and in clinical years the OSCEs assess how much you've learnt from your time in the hospitals, studying the resources and what you've covered in tutorials.

Taking a history from and examining a patient will form the basis of every interaction you will have with your patients for the majority of your career. That is why these are usually the most heavily assessed OSCE components throughout all year groups, and make up the entire Year 1 OSCE.

From Year 2 onwards, the introduction of Clinical Procedural Skills (So. Much. Fun!) means the ability of students to perform and explain their understanding of clinical skills becomes an assessment component. Assessment of Clinical Skills not only involves your ability to physically do the procedure, but also to explain your rationale for doing it, the importance of the steps involved, instructions you would provide to the patient, and important complications and contraindications.

Once students are in clinical years, content assessed in the OSCEs becomes much broader on the assumption that at some point in your clinical immersion, you will have seen various scenarios or received teaching on a wider range of clinical skills. Stations may have a primary focus only or a primary focus and secondary focus, requiring you to work quickly and be prepared to jump between skills. History-taking, examinations, communication, interpretation of investigations, and clinical procedural skills are all commonly assessed either in isolation or combined. Communication stations usually cover topics such as consenting the patient for a surgical procedure or maintaining patient confidentiality. Investigation interpretation may cover ECGs, imaging studies, blood test results, urine culture results, ABGs, and more. Clinical procedural skills are usually drawn from the pool of medical and surgical tutorials delivered in Year 3, such as Advanced Life Support or Nasogastric tube insertion.



HOW CAN YOU PREPARE?

The key here is to **START EARLY**. Start weeks and weeks ahead of the date. You can start off slowly, using maybe 2 nights a week to run through some exams and histories with your peers or family members. Then increase it to 3 nights, then 4, then eventually in the weeks immediately before the exam, be working on some preparation every day.

For example, a good starting point for the Year 2 OSCE is 10 weeks out – students who do start that early usually look back and say it was a good amount of time to allow and helped them feel more comfortable in the stations.

For Year 3, you can never start preparing too early by learning to interpret ECGs and imaging studies, especially if you consider this preparation as tri-purpose – interpretation questions are frequently used in written exams too, and most importantly you're developing important skills you'll **NEED** as a doctor. The wide range of content across medical and surgical curriculums and a greater focus on communication and global competency mean it is imperative that you allow plenty of time for the Year 3 OSCE.

WHAT ARE THE BEST MATERIALS TO STUDY?

Talley and O'Connor's Clinical Examination

- This is the Number 1 resource to use. This textbook is revered and worshipped across medicine, and has become the standard to which all histories and examinations are measured. It covers all the major examinations and smaller more specialised examinations in great detail, provides shorter summaries at the end, and has OSCE stem examples to give you practice scenarios to run through. Read carefully through Talley's and make your own summary notes, then practice running through these until you're confident.

The ICM guides

- The notes issued with tutorials each week are short and easy to follow, and provide a good guide for the breadth of content you might expect in the Year 1 and 2 OSCEs. Safe to use as a guide, but combining them with Talley's will really up your game.

YouTube videos

- These are especially useful for looking up examination techniques and tests that you've heard about but aren't sure how to perform. There's always videos out there demonstrating the correct way to perform certain tests, and often you can see examples of specific signs too.

Lecture notes

- In the past, certain Year 3 stations have had specialty examinations that are not commonly performed nor prepared for by students e.g. the neurovascular assessment of the hand, or rheumatological examination of the upper limb. Whilst the legend of these stations is passed down in hushed whispers from year to year, it is important to consider that often these specialty examinations have coincided with lectures given during conference weeks where the examinations were explained, and therefore were assessable. Pay close attention to lectures or workshop teaching that you receive, and if specialty examination walkthroughs are included, then it may be worth reviewing these.

Resource Hub notes

- There's plenty of student-written notes combining all of the above available on the WSMS Resource Hub. As well as walkthroughs of many different histories, examinations and other station topics, you'll also find the materials used in WSMS mOSCEs, marker feedback and marking criteria to browse. For the Year 3 OSCE, be sure to browse through the Clinical Skills Mentoring folder, where there are presentations on interpretation of investigations, which give you a helpful framework to follow.

Head to this link <https://wsms.org.au/resource-hub> and sign in with your student account to access the Resource Hub (Note: If your logon is not working, contact it@wsms.org.au)

How should we balance the content we cover beforehand?

- It's never advisable to rely on predictions of the stations as your study guide. Station topics may be repeated for the same level OSCE in consecutive years, or even for the same cohort as they progress through. A huge variety of topics and presentations can be tested, so the best bet is to just make sure you devote equal time to each one.
- If you're in Year 3, the format becomes a little more flexible and expanded, so whilst practicing the examinations is important, remember to dedicate some time to talking through your interpretation of chest x-rays, ECGs or bloods, practice consenting people for colonoscopies or laparoscopic cholecystectomies, and run through the trauma and ALS scenarios you're taught in CPS.
- Finally, remember that everything you're tested on in the OSCE may also come up in the written examinations, so try to retain the knowledge and flow onto your preparation for the end of the year!

**IS IT BETTER TO
PRACTICE WITH
EACH OTHER OR
PATIENTS?**

You'll get different benefits out of practicing for OSCEs with both. Practicing with your peers and family members can be done at any time of day in any setting, is useful for drumming in the routine, and for developing a clear idea of how to present your findings verbally and coherently. However, this requires you to think of history scenarios to take from each other, which can be a good learning opportunity but is more time-consuming and likely to be less complex than the histories you'll take from real patients in the hospital. Additionally, you almost certainly won't find many signs by examining your peers. If you want to hear crepitations or murmurs, see tremors or nystagmus, and feel enlarged livers or lymphadenopathy, then head up to the wards and ask around for patients who have interesting pathology and are happy to chat to students. Just be careful as you navigate your way around their bedside and ask them to perform certain movements during the examination – if you accidentally disconnect their catheter from the bag, the memories of urine flooding the floor around you will never, ever fade....

Ideally, practice with your peers with the aim of achieving peak OSCE performance, but talk to and examine patients with the aim of preparing yourself for day 1 as an intern, and every day after that in your medical career.

WHAT ARE

MOSCES?

WHO RUNS

MOSCES?

HOW DO I GET

INVOLVED?

Closer to the date of your OSCE, WSMS will be holding mock OSCEs for you to have a practice run-through! The mOSCEs simulate the real exam situation with time constraints, equipment, patient actors and examiners. Clinical students and sometimes even junior doctors volunteer their time to help us run these exams, so you get instant feedback about your performance and advice about the key points to cover in that station. The station topics are carefully selected to expose you to a varied range of scenarios, helping you consolidate your learning, identify areas of improvement and fine-tune any last issues or concerns. The mOSCEs aren't meant to be intimidating but they're not meant to be the starting point for your study either, so use the opportunity wisely to get the most benefit out of them. Following the mOSCEs, all materials used in the stations are uploaded to the WSMS Resource Hub for students to view.

Sign-up sheets will be released prior to the mOSCE with preferences available for date and session times, and you will be allocated into groups to rotate through the stations. The dates for mOSCEs are located below, and times and locations will be announced through the WSMS Website and Facebook events.

- Year 5 mOSCE: 23rd and 24th August 2016
- Year 3 mOSCE: 30th and 31st August 2016
- Year 2 mOSCE: 27th and 29th September 2016
- Year 1 mOSCE: 5th October 2016

If you're interested in signing up as a volunteer patient or examiner for other year groups' mOSCEs, we'd love to have your help! Look out for the sign up links on the WSMS website and social media notices.

SOME ADVICE FOR THE DAY

- Get a good night's sleep the night before, eat a proper breakfast, etc.
- If you have to drive across Sydney for the exam, leave early! Super early. CAN CONFIRM being stuck on the M7 due to an accident the morning of your 8:30am exam is not a fun time, despite the quality carpool company.
- Can also confirm that refusing to walk towards the first door and exclaiming that you 'don't wanna' will elicit laughter rather than sympathy from the staff, and only delays the inevitable. Strut down that hallway like you own it.
- Outside the door, read the clinical scenario and instructions carefully, and be sure you know exactly what task is required of you in the station. Use the time to write down a history framework, the key steps in an exam, or the concept you'll be talking about in the station – even if you don't refer back to this piece of paper, it will jog your memory before you walk in.
- Greet the examiner, calmly hand over a sticker (can confirm they are bemused if you throw the whole sheet), greet the patient and introduce yourself and explain what you'll be doing. Then WASH YOUR HANDS. Or wash your hands when you first walk in. Or do both.

- Be careful of what you state for your findings or diagnosis. Don't state that you've found something unless you're 100% sure, because they'll quiz you further about it, and if you're wrong you'll eventually have to admit that you didn't actually find that sign (the same goes for vitals). The safest route after using the correct technique is to state that you've been unable to elicit a certain finding on this examination but that you would re-examine the patient another time, or consult a more senior colleague. Remember also that other students may have come through before you and asked different questions or found different signs... and panic-lying is equivalent to turning a spotlight on over your head.
- When you finish the station, take the stickers with you and move onto the next station. Repeat.
- Try not to dwell on mistakes. It's more important to take a deep breath and mentally move on, to make sure the rest of your performance isn't affected.
- You've earned a little time to relax once the exam is finished. Spend the afternoon doing something you enjoy!

The OSCE is a pretty important exam... but don't forget to enjoy the lighter moments. Sometimes the best thing to do is just laugh at yourself after you walk out! Some of the later clinical years have shared their most embarrassing moments or silliest OSCE mistakes for your enjoyment and reassurance.

"Called a Transient Ischaemic Attack a 'temporary stroke'. The examiner just stared at me and asked if I was serious. Had the same examiner in the same room as the first station the following year!"

"Forgot to wash my hands at the start of the trauma station, spent the rest of the station about to cry because I thought I'd failed it. The CPS instructor later told me hand washing wasn't in the marking criteria."

“Awkwardly squeezed the patient’s chest area for like 20 seconds then declared he had gynaecomastia... it was just fat.”

“Made it to fourth year, and I still forgot to take the resp rate in the resp exam.”

“Third year OSCE, staff repeated over and over how important it was to remember to take your ID stickers out of each station as re-entering a station could constitute an instant failure. Nodded and thought it would be the dumbest thing to walk off without your stickers. After the first station – walked off without my stickers.”

“Got flagged as being inappropriate for asking when a patient was last sexually active in a social history and had to have an interview with the Clinical Dean. Didn’t fail, and didn’t get killed by the Dean.”

“Made it to fourth year and forgot to bring my steth into the OSCE.”

“Consultant was sitting in on the station as an assistant/pretending to be a patient. Got so caught up in sassily calling him by his first name that I forgot to write some fairly important details on the chart.”

“Second year – in the door, went to grab some alcohol, got moisturiser on instead. Pumped some alcohol on top, thinking it would get the moisturiser off (life pro-tip: it doesn’t). Spent a solid minute of the allocated time trying to get the paste off my hands while the examiner (probably) cried about my future. Happened again in third year. Fourth year remains to be seen.”

“Forgot which side the appendix was on when giving abdominal pain differentials.”

“Finished the station on testicular torsion. As I walked out the young male actor wished me luck for the next station. I wished him luck for his scrotum.”

FINAL WORDS OF ENCOURAGEMENT

The good thing about OSCEs: They're fast. Very fast. Super fast! Before you know it, each station is finished and in what feels like no time at all, you're walking out with your friends and planning where to eat that night in celebration (or commiseration).

OSCEs also have a strange phenomenon around them. The further you get into your studies, the more you piece together knowledge and clinical immersion, and the more natural they become. Sure, the expected level of detail and performance is higher, but you'll find that once you're seeing patients all day, every day, the OSCE becomes more of an exercise in demonstrating what you've learnt through regular practice and observation of the doctors you're working with. This is far more comfortable than in preclinical years where the nature of your timetable means practical opportunities are limited, and the volume of the other course components mean these often take precedence instead.

Finally, remember that OSCEs have an element of theatre about them. From the first year of medical school right through to the highest fellowship exams, clinical examinations are traditionally formal occasions where you stand a little taller, speak a little more eloquently and demonstrate both the checklist of important marking criteria in your head and your ability to correctly and systematically translate that checklist to your interactions with a living, breathing human being.

The reality of examining patients during normal hospital ward rounds and in the Emergency Department is that a general multi-system examination is usually performed by a senior doctor who is capable of discerning which details are important and rapidly identifying any relevant signs, inclusive of a general inspection, check of the vital signs, shortened neurological assessment, auscultation of the heart and lungs, and palpation of the abdomen (or if it's a general surgical term – often a brief abdominal palpation and wound site inspection is the daily post-operative examination on well patients). This of course doesn't apply if you have determined that the patient needs a thorough yet focussed examination of a specific body system based on the history you have obtained from them. For example, performing a gastrointestinal examination on a chronic alcoholic with abdominal pain, or conducting neurological and peripheral vascular examinations on a patient who reports feeling tingling and numbness in their lower limbs.

Is it worth going through the relatively artificial but in no way less-stressful OSCEs to get out into the real world of medicine, working side-by-side with skilled and experienced doctors in the hospitals and General Practices, being able to make a positive impact on the lives of patients from all walks of life?

The answer is a resounding yes.

Good luck for your OSCEs. If you remember ^ that, then you won't need it.

