centre for medical education

THE UNIVERSITY of EDINBURGH

OSCE STATION INSTRUCTIONS

- *GUIDANCE and WORKED EXAMPLES* -

Contents

This resource is designed to offer guidance and a worked example for OSCE station authors to demonstrate the materials to be written for one station and a process that allows all instructions to remain aligned with one another.

The station in the example may not be perfect – it is not presented as such but as an example of the information to include and cross-reference on all the templates.

This Worked Example should be read before completing Blank Templates for new OSCE stations.

There is also a complementary ***Short guide to the OSCE and creating the station mark sheet***

The sheets are offered in a suggested order for completion – the mark sheet often clarifies the content of the test so is first but the process is iterative; others may prefer a different order.

Note that Schools/Courses may have additional guidance: markers may be expected to use specialist computer-read mark sheets and offer written feedback on paper, or enter marks and comments directly online.

All stations should be trialled either as a non-contributing station in an earlier OSCE or with surrogate students e.g. junior doctors, to test the instructions, the scoring and interpretation of the mark scheme and the timing. Once details and instructions are fully clarified all examiners should meet to ensure their marking is standardised: this might be done immediately before the exam starts.

Patients and simulated patients should also have their contributions standardised through careful instructions and discussion and a practice workshop if necessary. The latter is essential if 'patients' are to display complex emotions and responses.

1. MARK SHEET

Guidance to station designers on writing MARK SHEETS

Schools may have additional guidance on how to fit questions to their computer-read sheets or staff may write the questions online if the marking is tablet computer-based.

- **See separate *'Short guide to the OSCE and creating the station mark sheet'* for fuller explanation of how to complete this sheet.**
- Take account of all instructions / guidance from own School/Course for example there is probably a standard total mark for each station.
- List the specific items, which are important in the performance of the task – the form and detail of these will vary across Schools and Courses. Some OSCEs use very detailed items; others allocate 'global' marks on a collection of steps or components such as Introduction and communication; Technical / Skills; Rapport, empathy and respect; Decision making; Professionalism. Usuallly there will be bonus marks available to differentiate the student who carried out all the items in a stilted manner from the one who is clearly polished and also able to focus on the patient's needs during the clinical encounter. Where markers are not content experts, detailed item mark sheets offer more reproducibility.
- Make clear on the mark sheet if the examiner is also to give a global judgement of the student's overall performance – usually for standard-setting (determining the pass score for the station) using one of the borderline methods.
- If prompting or questioning required by the examiner, indicate where this should occur.
- Include item for diagnosis/choosing investigations etc if these are a key part of the test.
- Be realistic about minutiae (is this really necessary?) and the time allowed.
- There is limited space on the OSCE sheets and the introduction or later text may run over several lines. It is very important to allow for gaps between sections for easy reading and to help the examiners complete the forms without errors.
- For complex instructions refer assessors to supplementary advice in the *Examiners Instructions* below which they should receive in good time before the exam begins.

PTO for WORKED EXAMPLE FOR MARK SHEET

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1. EXAMPLE: MARK SHEET

Station title: Assessment of Gait

Examiners should circle the appropriate score box for each item of the task.

Introduces self to patient	0		2		
Explains purpose of test	0		2		
Explains stages of the test: ▪ rise from chair, ▪ walk to wall, ▪ turn round & return, ▪ sit down, ▪ checks for understanding / encourages questions *[if candidate gets 4+ points award 4; if 3 award 2; if 2 award 1]*	0	1	2	3	4
Remind students that time is passing if they do not commence the test after two minutes.					
Conducts test safely (see examiners instructions) ▪ remains near patient, ▪ ready to intervene, ▪ observes closely for signs and unsteadiness, ▪ communicates and reassures [2 points for each criterion, 8 points if achieves all 4 points, ONLY 2 points if does not take precautions to prevent falls – see examiner notes]	0	2	4	6	8
If students do not begin their report by the last minute prompt them by saying 'And what have you found'.					
Reports findings (see examiners instructions) ▪ how patient rises from chair and sits again, steadiness of gait ▪ speed and type of gait, foot drop [2 points for each finding but 4 points for foot drop]	0	2	4	6	10
Discretionary bonus points (see examiners instructions) *- based on the following behaviours:* ▪ structured delivery of explanation ▪ rapport with patient ▪ consideration of patient's concerns ▪ organised performance throughout ▪ structured clear delivery of report [2 points for each criterion but must achieve at least 2 for points]	0	4	6	8	10
Patient / SP marks for explanation (see patient & SP instructions) ▪ empathetic approach ▪ clear instructions ▪ checks for understanding ▪ encourages questions [1 point for each criterion]	0	1	2	3	4
EXAMINER TO AWARD OWN GLOBAL JUDGEMENT OF OVERALL PERFORMANCE REGARDLESS OF TOTAL SCORE:	***F / BF / BP / P / G / Ex***				

2. EXAMINER INSTRUCTIONS

Guidance to station designers on writing instructions for EXAMINERS

- State the construct or purpose of the test
- Give explicit instructions to examiners to enable them to run the station effectively, consistently and equitably. For example you might want to advise them about:
  - reminding the simulated patient about aspects of their role before the outset of the exam – and ensuring the patient / simulated patient is coping and comfortable
  - reminding students to read the instructions if they appear to have forgotten what they should do.
  - greeting students in a similar way and trying not to coach students through facial expression and other non-verbal communication.
  - refraining from letting the student move onto second task in same room or next station until the bell rings.
  - when to prompt and when NOT to prompt students. Usually should not prompt but may want examiners to do so 1 minute before the end to hear the student's differential diagnoses. The prompt reminder should be in the mark sheet also if at all possible.
  - whether students should /should not speak to the mannequin as if it were a patient (should also be in instructions to candidate).
  - whether students should / should not speak to the examiner as if s/he were a patient (should also be in instructions to candidate).
  - specific examiner interventions, explain what he/she should do.
  - what marks the patient / simulated patient will give and how to collect these.
  - how to decide a global mark if using a borderline method of standard setting.
  - giving feedback to students – will the students see the examiners' sheets, is there separate paperwork for the feedback, what type of feedback are examiners expected to write and when, are examiners required to justify marks especially if they are low.
  - how examiners can give feedback about the stations: are there forms or an email address.
  - what examiners need to do with regard to clearing up / setting up equipment between candidates.
- Ensure instructions to examiner matches instructions to candidates, and all other instructions.

PTO for WORKED EXAMPLE FOR EXAMINER INSTRUCTIONS

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2. EXAMPLE: EXAMINER INSTRUCTIONS

Station title: ***Assessment of Gait***

Construct / Purpose of the test: This station tests the candidate's ability to:

- Explain the 'Get Up and Go' test to a patient
- Perform the test safely
- Report findings, including correct recognition & description of abnormalities

Greet the student and say, "Please read the written instructions''.
Once read say ''This is Mr Jones; please go ahead according to the instructions."

Do not prompt or intervene during the student's explanation to the patient unless the student takes more than 2 mins in which case you should simply remind them to watch their time and move on.

It is important to check that the student is performing this test safely i.e. that s/he could catch Mr Jones if he were to stumble or fall. Award only 2 of the available 10 marks for this part of the test if a student does not appear to take care over this. Students may volunteer that they would enlist the help of another practitioner for safety – this would be accepted instead. If the student says this tell them that you will act in this role.

1 minute before the end of the time, if the candidate has not started the report, prompt the candidate by asking, "What have you found?"

Please do not intervene at other times.

To achieve the full 10 marks for the report students should describe how Mr Jones rises up from the chair, comment on his steadiness and speed of gait and describe the abnormality of the left foot (foot drop). Description of the foot drop is worth 4 marks and each of the other aspects gains 2 marks.

For the discretionary bonus marks the student should demonstrate all the 5 listed behaviours throughout the test to gain a bonus of 10. If students demonstrate 4 then award 8 marks.
If 3 or 2 are demonstrated then award 6 or 4 marks respectively. If less than 2 behaviours were demonstrated or none was consistent then the student would achieve no discretionary bonus marks since they would be functioning only at Pass level.

Additional Notes:
Remember to shade a mark box for every item – especially zero if no marks were achieved.
The Patient
Mr Jones is one of the simulated patients. There should be two SPs at the station to allow them to take turns. They will have been fully briefed and trained. Please invite them to tea / lunch which will be served in the adjoining room at the breaks.
The Equipment
Please ensure the chair is set up in a suitable position in the station to give 5 metres clear space for 'Mr Jones' to walk along.
Resuscitation Equipment
The Year 3 team will provide information on this

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3. PATIENT/ SIMULATED PATIENT/ RELATIVE INFORMATION

Guidance to station designers on writing information for PATIENT, SP, RELATIVE etc

1. **Define the construct / purpose of the interview as you did for the examiners – adapt if necessary for a lay reader** e.g. Explaining a treatment or Sharing difficult information or Giving bad news about a test result or Examining the chest & reporting.
2. **Student's task:** Describe what candidates will be asked to do and what the patient will be asked to do. Remind SPs to keep this information confidential if it is for assessment.
3. **Outline the profile for the patient / simulated patient or relative**
   The scenario will be more realistic and controlled if you are able to provide good detail for an accurate portrayal of the issues being tested but not all items will be relevant to the task.
   - Provide sufficient information for a layperson to understand their "condition".
   - Avoid any unnecessary or gender specific details, or physical characteristics. This allows a variety of volunteers or actors to be used, perhaps different people/genders on any day.
   - Selecting the information domains and detail will depend on the purpose of the test.
   - Include relevant negatives.
   - Simulated patients often translate the interview into their own situation or that of someone they know, which makes the interview more realistic however for an assessment the profile needs to be clearly defined and adhered to.
   - **Patient's name and age**
   - **Setting for the interview –** Should give type of ward or outpatient clinic
   - **Patient background –** (who the patient/ relative is):
   - **Social situation, family and lifestyle**
   - **Main Problem (s)**
     - **Current illness history:** Given in chronological order; from the time problem first appeared to now.
     - Include any descriptions of symptoms and signs that a lay person would need to understand and describe their problems.
     - Include relevant negatives.
     - Advise patient that issues not in their instructions are absent or normal
   - **Past history**
   - **Drug history**
   - **Relevant family and social history, if not given above**
   -
   - **If asked –** Give correct patient responses to likely questions from candidate
   - **If specifically asked –** Information that is only to be given if patient is asked directly
   - **Key concerns –** May include specific worries, ideas or expectations
   - **How to behave (**description of physical and/ or emotional behaviour) – e.g. could be a personality type or the level/ timing of an emotion to be displayed)
     (May need to demonstrate and practise this with the SP.)
4. **Opening statement:** Not relevant here.
5. **Patient marks:** Describe if/how the patient/SP is to mark the candidate e.g. global mark of up to say X points for explanation. These are to be given to the examiner after each candidate has completed her/his interview.

3. EXAMPLE: PATIENT/ SIMULATED PATIENT/ RELATIVE INFORMATION

1. Construct / Purpose of the test (adapted for the patient if necessary)

This station tests the candidate's ability to:

- *Explain the 'Get Up and Go' test to a patient*
- *Perform the test safely*
- *Report findings, including correct recognition & description of abnormalities*

2. Summary of task:

This forms part of an examination so please keep all information confidential.

You are Mr Jones a 75-year-old man who has been admitted to an Elderly Care ward, not coping at home because of recurrent unexplained falls.

The candidate will be asked to assess your gait, by performing a "Get-up-and-Go" test.

You should sit on the chair at the beginning. The student will explain the test to you. Please carry out the student's instructions as asked but as you walk along allow your left foot to drop down. (This will be demonstrated by and practised with the SP Coordinator.) Towards the end the student will explain the findings to the examiner.

You are asked to assess the candidate's explanation also – please see 4 below.

3. Profile of Patient / Simulated Patient / Relative

You are Mr James Jones. Aged 75
Retired porter – widowed
Lives alone, ground floor flat, coping well till the last few weeks.

Admitted today to Elderly Care ward.

Recent difficulties with activities of daily living because of unpredictable falls. You become unsteady on your feet and then fall if you can't hold onto something. You have never used a walking stick. No other symptoms.
Appendicectomy at age 24. Now slightly deaf. No other medical history of note.
No immediate family and no pets.
You are a non-smoker. You drink a couple of glasses of beer at the weekend.
You are a fairly stoical man but irritable if you doesn't hear or understand instructions.

If the student does not follow you when walking then you should become unsteady as if you might fall backwards.

4. Assessment by the patient / simulated patient / relative

Please consider the following when deciding the mark and award 1 points for each :
Tone & speed of explanation – did the student appear empathetic to you?
Were the instructions clear?
Did the student check that you understood?
Did the student encourage you to ask questions?

4. RESOURCES and other REQUIREMENTS
Patients/Simulated Patients, Beds, Room set-up, Equipment etc

Guidance to station designers on defining **RESOURCES** (**Patients/SPs, Beds, Room set-up, Equipment etc**)
• List the number of patients / SPs required for this station. The School may run a Simulated Patient programme or a partnership with real patients to get local people and patients involved in educating medical students while their needs are also taken care of. Be sure to contact the relevant coordinators *in good time for help*. • List all equipment required e.g. stethoscope, ophthalmoscope, IV cannulae, etc • Should the equipment be obvious or hidden from view? • Should the patient be sitting/on a bed? • For stations without an examiner e.g. video or computer-based stations what equipment is required – is access to the internet required. • For stations without an examiner Is an invigilator required – what are they expected to do e.g. ensure students leave behind the completed answer sheet. • Is a runner / helper required e.g. to clear up equipment and set up afresh between candidates.

SEE BELOW for WORKED EXAMPLE FOR RESOURCES LIST

4. EXAMPLE: RESOURCES LIST

Station title: ***Assessment of Gait***
3 out-patients (or SPs) for each exam site i.e. 3 runs of the exam – to be swapped around to give each rest periods during the day. *= 9 required for each day* *= 18 required for the two days of exams.* *These are being arranged with clinic patients and the help of the SP coordinator.* *Standard chair with no armrests.* *Patient should be sitting on the chair.* *Second chair should be available for second patient who may sit in the station.* *Five metres clear walking space.*

5. CANDIDATE INSTRUCTIONS

Guidance to station designers on writing instructions for CANDIDATES

- Give the station a title but **ensure it does not give away too much information since students will see this at the top of their instructions.**
- **IF STUDENTS WITH LEARNING DISABILITIES SUCH AS DYSLEXIA ARE NOT GIVEN EXTRA TIME THE INTSTRUCTIONS NEED TO BE SHORT (ideally 4-5 sentences without complex clauses) AND THE TIME ALLOWED FOR READING MUST BE GENEROUS – APPROXIMATELY DOUBLE THE TIME AN AVERAGE STUDENT MIGHT TAKE.**
- Students should be expected to perform the task at their current level of expertise. Therefore they should not be 'the SHO on-call'. For example could have been asked by the Consultant in a clinic to take a history from or examine a patient before being seen by the doctor; or patient may have offered to speak to the medical student about their symptoms or receive advice or be examined before speaking to the GP.
- Specify venue and other circumstances for the 'task'.
- Give explicit instruction about the task to be performed e.g. 'Your task is to … take history / examine system / explain / report findings or differential diagnoses to examiner ……'
- Give explicit instruction about whether to speak or not to a mannequin or examiner as if a patient, and whether or not to give a running commentary for example during examination of a patient.
- Give any other information required (e.g. data)

SEE BELOW for WORKED EXAMPLE FOR CANDIDATE INSTRUCTIONS

5. EXAMPLE: CANDIDATE INSTRUCTIONS

Station title *(ensure this does not give away too much)*

Assessment of Gait

You are a medical student on Care of the Elderly Ward.

Mr Jones, a 75-year-old man, has been admitted, because of recurrent unexplained falls.

Your task at this station is to perform a "Get-up-and-Go" test as part of your assessment of the patient's gait.

Explain the test to the patient, observe the patient performing it and report your findings to the examiner at the end.

You have 5 minutes for this station.