

## Instruction to the OSCE exam

We are glad to welcome you in the Center for Objective structural clinical exam, abbreviated as OSCE.

### **OSCE is designed to be:**

- *objective* – all examinees are assessed using exactly the same stations (although if real patients are used, their signs may vary slightly) with the same marking scheme. In an OSCE, examinees get marks for each step on the mark scheme that they perform correctly, which therefore makes the assessment of clinical skills more objective, rather than subjective;
- *structured* – stations in OSCEs have a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all examinees, including the emotions that the patient should use during the consultation. Instructions are carefully written to ensure that the examinee is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.
- *clinical* – the OSCE is designed to apply clinical and theoretical knowledge. Where theoretical knowledge is required, for example, answering questions from the examiner at the end of the station, then the questions are standardized and the candidate is only asked questions that are on the mark sheet and if the candidate is asked any others then there will be no marks for them.

**This exam consists** from the following clinical disciplines, such as internal medicine, surgery, pediatrics, Obstetrics and Gynecology, hygiene and social medicine.

The OSCE is a versatile multipurpose evaluative tool that helps to evaluate health care professionals in a clinical setting. It assesses competency, based on objective testing through direct observation. It is comprised of several "stations" in which examinees are expected to perform a variety of clinical tasks within a

specified time period against criteria formulated to the clinical skill, thus demonstrating competency of skills and attitudes.

The station is a separate room, which simulates working area of the clinics, intensive care and emergency room, hospital room and so on.

OSCE's basic structure is a series of assessment stations, where examiners, using previously determined criteria assess range of practical clinical skills on an objective-marking scheme.

Time for each station is 6 min, 1 min of which is given for reading the task and 5 minutes – for its completing.

Time for changing the station is 1 minute. The examinee moves from station to station on the individual road, which he or she receives at check-in.

Each examinee starts the exam from the station, which number in his or her road sheet is mentioned as the first. The examinee furthermore moves only in accordance with his road sheet. For example, if the first station in the road sheet is Station 4, the examinee starts from this station, then he moves to station 5, 6 and so on until Station 13. Then, after passing Station 13, he or she has to move to Station 1 and to continue the exam. After passing all 13 stations the examinees have 1 min to move to the debriefing room at the second floor.

During the exam each examinee has the opportunity to rest in accordance with his or her road sheet. It is mentioned as the REST ZONE. There are 4 zones. The examinee has to move to the Rest zone in the ordering, which is defined in his road sheet.

One examination group takes the exam at the same time. One examinee is for one station. Thus, **we have 13 stations**, and the group consists from 13 examinees. 7 stations are located at the 2<sup>nd</sup> floor:

1. Therapy. Standardized patient
2. Pediatrics and neonatology. Written station
3. Pediatrics and neonatology. Medical emergency (practical skills)
4. Obstetrics and gynecology. Standardized patient
5. Pediatric surgery (combined station - Written one and practical skills)

6. Surgery. Acute abdomen. Standardized patient

7. Therapy (practical skills)

**6 stations are located at the 1<sup>st</sup> floor:**

8. Surgery. (practical skills)

9. Medical emergency (practical skills)

10. Hygiene and social medicine (combined station - Written one and practical skills)

11. Infectious diseases. Written station

12. Obstetrics and gynecology (practical skills)

13. Tuberculosis and professional diseases. Written station

We have the next types of the stations

1. Written station. You receive the task, answering which you have to fill the special answer form. Each answer you have to say aloud.

2. Station Practical skills. You have to fulfill a certain task in accordance with the algorithm. For example, to determine the blood type. Each step you have to voice.

3. Standardized patient. You have to determine the complaints from the patient, collect the anamnesis, provide percussion or auscultation of lungs and heart.

4. Rest zone. You can rest here between the stations.

**Passing the station.** During the exam the examinee is prohibited from talking, using any training material, mobile phones and other technical means. The results of exam will be cancelled in the violation of above said.

**Methodology of exam:**

Bell, rang out after briefing, is a signal for the exam starting. It is accompanied by the words “Beginning of the exam”.

The examinee has 1 minute to move to a certain station. On the door of the station there is a short task, which the examinee has to fulfill at this station. Also there you could see disposal gloves, which you have to put on before entering station.

A signal to enter the station is a one-signal bell, which is accompanied by the words “Enter the station”.

At the station on the table you can see the full task with all questions. You have 1 min to learn the task.

In 1 min it is going to sound “Begin to complete the task”. You have to make all the necessary actions for fulfilling your task in accordance with standardized algorithm of clinical case. You have 5 min for this. If the examinee has not made it fully during 5 min, he or she has to finish your work. And after two-signal bell, you have to leave the room and move to the next station. If you have fulfilled the task faster, you stay at the room and wait for two-signal bell.

In one minute before the time ends you will hear the words “1 min left”.

Two-signal bell is a signal to the end of the task and the words “Finish the task and move to the next station”.

The examiner fulfills a standardized mark sheet for each examinee, in which the name, surname and other personal data is not mentioned, only his IDI- CODE. The examiner can vary the marks depending on how well the examinee performed the step.

The examiner does not intervene to the process of fulfilling the task by examinee. He or she only evaluates his actions for standard set of questions by fulfilling standard check-list.

The examiner can appeal to the examinee only in case of violation of safety, discipline or in very exceptional circumstances of force majeure.

The examinee can appeal to the examiner, if he or she feels bad or in very exceptional circumstances of force majeure.

**Marks.** The examinees move to the debriefing room after passing all stations.

The sum of the pass marks of all the stations determines the overall pass mark for the OSCE. Maximum 5 scores the examinee can get at the station. Thus the maximum overall pass mark can be 65.

The exam is passed, if the examinee gets no less, than 39 scored, that is 60 % from the maximum overall pass score.

Final marks are put by the examination board on a 4-point and 200-point scales.

The examinee gets 5 marks on the disciplines: internal medicine, surgery, pediatrics, Obstetrics and Gynecology, hygiene and social medicine.

Final mark is an average score for all stations, which are the components of a certain discipline.

**The examinee should be dismissed from the exam in the following cases:**

- He / she uses mobile phone and other technical tools in or between the stations.
- The examinees talk to each other during the exam.
- The examinee talks to the examiner during passing the exam, unless the task requires such a dialogue or in very exceptional circumstances of force majeure.
- The examinee tries to copy or make a photo of the task.
- In cases of violation of ethical norms of Odessa national medical university.

**Wish you success on the exam!**