



University  
of Glasgow

School of Medicine,  
Dentistry & Nursing

## University of Glasgow Undergraduate Medical School

### Objective Structured Clinical Examination (OSCE)

#### Examiner Instructions



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# STANDARDISED CONDUCT OF OSCE EXAMINERS

## FAIRNESS TO ONE CANDIDATE, FAIRNESS TO ALL CANDIDATES

### **PREPARATION FOR THE STATION:**

As an examiner you have responsibility for the running of your station, everything should have been prepared for you, but you need to check this personally.

1. In history taking and communication skills stations, make sure that you have run over the narrative with the simulated patient.
2. In examination stations make sure that you have examined the simulated patient to ascertain the negative and positive findings.
3. If relevant for the station, make sure the apparatus or components are all present and that PPE, disposal, cleaning and hand washing facilities are adequate.
4. Please speak to the Lead Examiner if there are any problems with the station.

### **EXAMINER CONDUCT DURING THE STATION:**

1. During the 60 second transfer between stations the candidates must be kept outside the station.
2. At the start of the station the whistle will be blown.
3. The candidate will confirm their full name with you.
4. Allow candidates to don their PPE.
5. For almost all stations you are there to observe and not to interact with candidates, although some stations may include questions at the end – please ask them as they are written.
6. You must not provide feedback at any time.
7. If a candidate clearly misunderstands the instructions, simply ask them to “please re-read the instructions”.
8. While examining candidates, indicate your marks for each task by highlighting the appropriate score. If the task is not attempted, incomplete or inadequately performed do not award the mark. Please fill in the mark sheet contemporaneously as the candidate is performing the task.
9. The task’s sequence does not matter if the procedure is not compromised.
10. Additional to the criterion mark sheet, all examiners are asked to make an unrelated and separate global judgment of the candidate.
11. You must not use the total score to validate the global judgement.
12. Marking schedules must be completed while the candidate is in the station.
13. If a candidate finishes the station early, they must remain in the station until the time elapses.

### **COMMUNICATION & COLLUSION:**

1. Station instructions and marking schedules always remain the property of the Undergraduate Medical School.
2. All examination materials are strictly confidential and must not be removed from the station.
3. All students are advised that they must not discuss or share any parts of the station by any means.

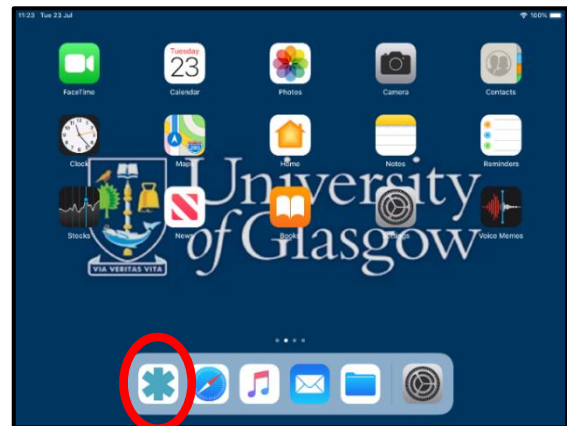
### **ADDITIONAL INFORMATION:**

1. Candidates with approved reasonable adjustments will be identified and discussed beforehand; a note (printed on blue paper) will be available in all relevant stations advising the provisions that should be applied for them.
2. Please switch off all electronic devices.

## Completion of Marking Sheets on iPads

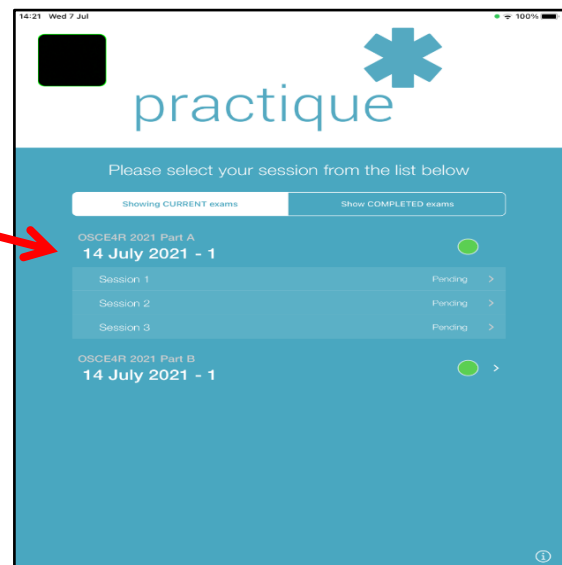
**Note – if the iPad requires a passcode at any stage, the code is: 1234**

On the Home page of the iPad select the Practique icon:

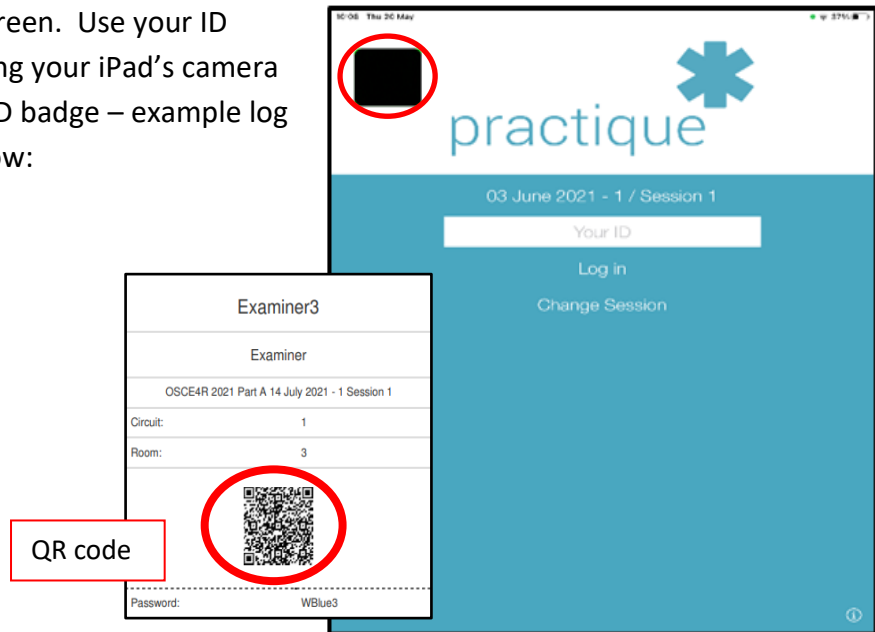


Allow a few seconds for the iPad to locate the wi-fi signal and initialise and then the screen will display the title of the OSCE 4 Resit exam. Click on the relevant exam session -

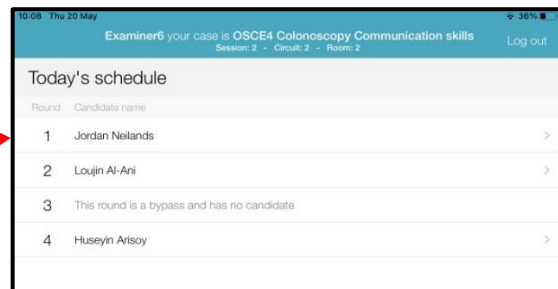
EITHER Part A OR Part B. Then select either session 1, session 2 or session 3.



You'll then see a login screen. Use your ID Badge to log in by pointing your iPad's camera at the QR code on your ID badge – example log in screen and badge below:



When logged in you will see today's exam schedule, listing the candidates you are to examine. Click on the first candidate to access the mark sheet for this station.

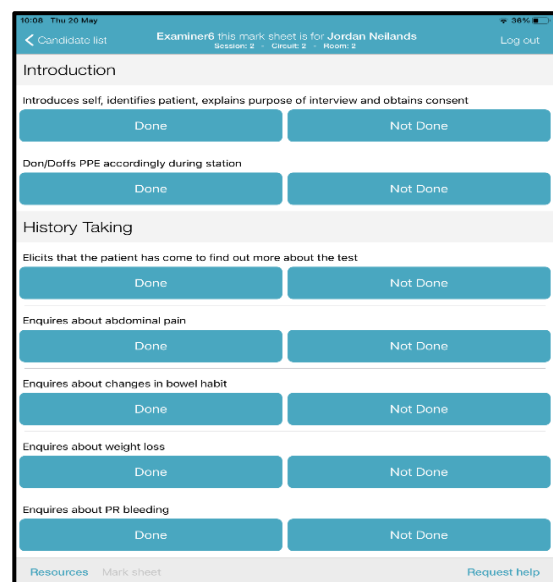


Once the exam begins you will examine the candidates in the order they appear on your iPad. **Please confirm each candidate's name as they enter the station as a double-check of their details.**

Indicate your marks for each question by highlighting the appropriate score:

Be sure you enter a mark for each question – any missing marks must be completed before you can submit a marksheet.

If you miss out a mark you will receive a **Marksheet validation error** when you try to submit – just go back and complete the missing mark section (which will be highlighted in red).



At the end, please indicate your overall global assessment of each candidate on the mark sheet as Fail, Borderline, Pass or Good Pass:

If you have time, please type brief feedback on your candidates in the feedback box.

**\*\*You must enter at least a character in this box in order to move through the mark-sheet.**

History taking

Overall Assessment of Performance

Please give overall impression

Fail Borderline Pass Good Pass

Feedback

Please provide text feedback on candidate performance. This will be shared with the candidate verbatim.

Yellow card comments

If you wish to raise a yellow card concern please leave your feedback here

SP Mark

Resources Mark sheet Request help

Once you have completed all the questions, scoring and feedback, select Submit Marksheet. You will see an acknowledgement that your marksheet has been successfully submitted and received.

Submit marksheet

< Candidate list this mark sheet is for Session: 1 - Circuit

This marksheet has been submitted and received

Then select < Candidate list to continue with the next candidate.

Once you have marked a candidate you can amend your marks if necessary. Just select the candidate from the candidate list, scroll to the bottom of the marksheet and select Amend marksheet. Make the amendment and select Submit amended marksheet.

< Candidate list this mark sheet is for Jill Brown Session: 1 - Circuit - Room: 2 Log out

This marksheet has been submitted and received

Feedback

good

Yellow card comments

If you wish to raise a yellow card concern please leave your feedback here

SP Mark

Patient Assessment: Total from actor assessment sheet

1 1 2

Amend marksheet

Resources Mark sheet Request help

When the session is complete, and you are happy with all of your marking, at the top right-hand corner of the screen select Log out.



**\*\*Please leave your iPad in the station**

## OSCE Examiners' Feedback

Throughout all main diet OSCEs the Medical School will be capturing all OSCE examiners' marks for analysis. After the OSCE a feedback report will be generated and emailed to all examiners, which will detail the following station statistics:

**Median Pass Mark:** The mark required to pass the station

**Whole Exam:** The statistics for the station including your marks

**Your Marks:** Your marks only

**Other Examiners' Marks:** The statistics for the station excluding your marks

## Warning Whistle

It is important to note that in all stations a warning whistle will be sounded at eight minutes to indicate to students that they have two minutes remaining.

## Station Evaluation

Please take time at the end of the circuit to evaluate your station in the form provided.

After the OSCE all Speciality Leads will receive a copy of the evaluation forms completed for their station, and are required to take on board all comments, including making necessary improvements to their station for the next diet in which this is due to run.

## Yellow Cards

If at any time you feel a student is displaying behaviour that is unprofessional or raising serious concerns regarding their fitness to practise, you must feed this back on the individual student's electronic mark sheet (on the iPad).

Students who receive a yellow card are given written feedback, after they receive their OSCE results, detailing exactly what was written about them. We would expect all examiners to be mindful of this and considerate in giving written feedback to students. All yellow card comments will be reviewed by the OSCE Lead and, at their discretion, examiners may be asked to rephrase feedback on occasions, if it is felt this would be beneficial from a student perspective.

## Student Feedback

Following the OSCE it is important to note that students with a Grade D or below are permitted to view their mark sheets. All students are advised that this is for feedback purposes only (to see where they made mistakes, to learn from them) and that they are not permitted to question an examiner's judgement - the marks they have been awarded.

## MBChB3 Borderline Group Definition

**The statements below relate specifically to the specialties of Medicine, Surgery and General Practice.**

The overall performance of the MBChB3 borderline student is that of the “just acceptable” day 1 fourth year medical student.

The MBChB3 borderline student will be able to take a history from a patient presenting with a common condition in a majority systematic fashion but will demonstrate a rote-learned pattern of questioning rather than being responsive to the patient’s answers.

With regards to clinical examination, the MBChB3 borderline student will be able to perform a clinical examination of all major systems taught as far as Phase III but will demonstrate hesitancy in flow, omit some minor aspects of the examination and miss clinical signs.

They will demonstrate acceptable verbal and non-verbal communication skills allowing for the development of rapport with patients. They should be able to explain common, basic investigations, procedures and management plans to patients in an understandable format. They should be able to address a more complex scenario in a sensitive manner but will demonstrate hesitancy, lack of structure and difficulty in integrating appropriate ethical knowledge into these scenarios.

The MBChB3 borderline student has a basic knowledge of relevant common investigations and can identify the most common abnormalities within these.

The MBChB3 borderline student can use a basic level of clinical reasoning to create both a differential and likely diagnosis for common medical and surgical presentations based on findings of history, examination and investigations.

The MBChB3 borderline student can describe the basic treatment of common conditions in a safe manner including the principles of safe prescribing.



## MBChB4 Borderline Group Definition

**The statements below relate to the specialties of Medicine and Surgery within Phase IV of the Undergraduate MBChB Curriculum.**

The overall performance of the MBChB4 borderline student is that of the “just acceptable” day 1 final year medical student.

The MBChB4 borderline student will be able to take a basic medical or surgical history from a patient with a systematic approach. They may appear hesitant and lack fluency in their overall approach. They may demonstrate a rote-learned pattern of questioning rather than being able to be responsive to the patient’s answers in directed questioning. They may omit the finer details of a medical history.

With regards to clinical examination, the MBChB4 borderline student will be able to perform a systematic clinical examination of all major body system. Again, this may appear to be rote learned in approach, and students may be hesitant or unpractised in their technique. Borderline students are likely to omit specialty-specific examination techniques and may miss subtle clinical signs.

The MBChB4 borderline student will demonstrate acceptable verbal and non-verbal communication skills allowing for the development of rapport with patients. They will be able to explain basic investigations, procedures, and management plans to patients in an easily understandable format. They may lack fluency and knowledge in explaining more complex situations to patients but should be able to maintain sensitivity in approach and enable rapport with a patient throughout.

The MBChB4 borderline student will have a knowledge of basic investigations and be able to interpret common abnormalities within these. They may struggle to interpret more complex investigations accurately.

The MBChB4 borderline student can use a basic level of clinical reasoning to create both a differential and likely diagnosis for common medical and surgical presentations based on findings of history, examination and investigations.

The MBChB4 borderline student understands and can implement the basic treatment of common conditions in a safe manner including safe prescribing.

## MBChB5 Borderline Group Definition

**The statements below relate to all specialties within Phase IV of the Undergraduate MBChB Curriculum.**

The overall performance of the MBChB5 borderline student is that of the just acceptable day 1 FY1.

The MBChB5 borderline student will be able to take a history from a patient with a systematic approach but may lack fine detail in the history and tend towards a more rote-learned pattern of questioning rather than being responsive to the patient's answers.

With regards to clinical examination, the MBChB5 borderline student will be able to perform a systematic clinical examination of all major body systems but may still demonstrate a degree of hesitancy in flow, omit specialty-specific fine examination techniques or miss more subtle clinical signs.

They will demonstrate acceptable verbal and non-verbal communication skills allowing for the development of rapport with patients. They should be able to explain basic investigations, procedures and management plans to patients in an easily understandable format. They should be able to address more complex situations in a sensitive and structured manner but may demonstrate some difficulty with these situations.

The MBChB5 borderline student has an acceptable knowledge of basic investigations and can interpret common abnormalities within these.

The MBChB5 borderline student can use a basic level of clinical reasoning to create and refine a reasonable differential diagnosis and likely diagnosis of common conditions based on findings of history, examination and investigations.

The MBChB5 borderline student understands and can implement the basic treatment of common conditions in a safe manner including safe prescribing.

The MBChB5 borderline student can safely manage the initial stage of emergency situations in a competent manner to allow for more senior help to arrive.