

Preparation

- Try practice on non-meddies, they can give you honest feedback.
- Practise, practise, practise. An OSCE does not involve reading out of a book
- Don't just do Hx and Ex
 - o Consent/Emotions/Epi/behavior change/X-ray/anatomy/blood
 - o Avoid rote learning lists
 - You may be able to do a 'full wrist exam' and 'upper limb neuro exam' but could you 'examine only the median nerve'?
- Don't neglect learning the theory
- Comparison across years
 - o Actual stations change year to year
 - o Trends
 - Moving to combined stations!
 - Some in 2007, lots in 2008
 - All core stuff
 - Histories
 - MSE
 - Talking to pts
 - Examinations
 - Procedural skills
 - Interpreting tests

D-Day

Read the question

- What is the scenario?
 - Important info – which arm, pt name/age/occupation
- What is the question/task? (This is NOT the scenario!)
 - 'Chest pain' could be any theme so don't get stuck on an idea.
- Write out your list of questions in the rest station
- Inside
 - Stay on task! If it asks for examination, don't take a Hx. That doesn't mean no talking, just only what is needed for the Ex
 - Most examiners are warm fuzzy creatures who really want to pass you! They often give hints or prompt you. If they say something it's for a reason so take note. "Which side are you examining" is an invitation to correct the fact that you are examining the wrong limb – not just polite chit chat.
- The Patient
 - Bedside manner!
 - Say Hello and introduce yourself
 - Be confident, caring, friendly (not arrogant!)
 - Respond to their emotions! This could be part of the station not just over acting.

- Tell them they can cover up when you are done.
- Watch the lingo.
- Talk to the patient, not the examiner unless instructed.
- **OMG AN OSCE?!?!?!?!?**
 - Relax – Before hand and during rest/reading stations take deep breaths and try to calm your mind a bit.
 - Focus – Forget about the last station and anything you think you forgot. Focus on the current task alone.
 - Mistakes – You have to "think on your feet" and everyone makes mistakes
 - If you realize while in the station, say so/correct it, if you have time
 - If you forget something and remember later, mention it.
 - If the bell rings, you can mention a few things you would have said/done but don't keep talking till they drag you out the room.
 - If the station is over just leave it and move on to the next one. There are many stations, don't let 1 mistake haunt you.

Marking

History Station

- Intro/Consent - 4 points
- History - 10 points
 - o Name/Age/Occupation
 - o Open questions
 - o System Review
 - o Past History
 - o Family History
 - o Drug History/Allergies
 - o Social History (booze/smoking/homelife)
 - o Risk factors (for now it is system specific)
- Structured/Organized - 3 points
- Communication - 3 points

Examination Station

- Intro/Consent – 2 points
- **WHOLE** of examination – 10 points
 - o Look
 - o Feel
 - o Move/Percussion/Auscultation
 - o Special tests
- Structured/Organized – 2 points
- Technique/Practiced – 2 points
- Communication – 4 points
- You can get the **WHOLE** examination wrong and still get half the marks!
Plus you are bound to remember a few parts of the exam.

Procedural Station

- Intro/Consent - 2 points
- Explain - 6 points
 - o Why
 - o How
 - o Risks
 - o Benefits
 - o Any questions?
 - o Informed consent?
 - o "You can say stop or ask questions at any time"
- Do it - 8 points
 - o Explain what you are about to do
 - o Warn of pain/discomfort
 - o Be polite and confident
- Structured/Organized - 2 points
- Technique/Practiced
- Communication - 2 points

X-Rays

- Patient name & details
- Film type, orientation, anatomical region
- Describe primary lesion = location, size, shape, borders, number, density,
- Look at other structures and comment
- Conclusion/Summary

Blood Tests

- Patient name & details
- Comment on anything outside normal ranges
- Give differentials for why this has changed
- Conclusion/summary