MONASH EMERGENCY MonashHealth

Fellowship OSCE Preparation Course Handbook

Version 2

2019

Introduction

Welcome to the Monash Health OSCE Preparation Course.

This course aims to give you guidance and practice in each of the OSCE station types and ultimately help you pass the exam.

Your performance in the OSCE should be the culmination of years of work in the ED. Preparation should not involve the acquisition of new book knowledge, but rather honing the skills you have been developing since you commenced ED training. If you are still studying, you are probably not ready.

Our experience so far is that this exam is entirely reasonable (albeit challenging), and if you approach it correctly most Advanced trainees should have a pretty decent chance at passing. And we are here to help get you there!

Good Luck!

This manual was written by Dr Jon Dowling for Monash Health, 2015. Adapted from the Princess Alexandria Hospital OSCE preparation handbook (2014) written by Dr Jonathon Isoardi and Dr Darren Powrie. Updated by Dr Julia Dillon (2019) with parts adapted from the Sunshine Coast Hospital OSCE Handbook by Dr Julia Haire (May 2017), and the ACEM website.

Contents

Eligibility Criteria (from ACEM)

Candidates must meet the following eligibility criteria by relevant eligibility deadline:

- Be a registered trainee of ACEM.
- Have no financial debts to the College.
- Hold current registration to practice medicine in Australia or New Zealand.
- Have completed at least 36 months of the 48 months of accredited Advanced Training time before the relevant examination application closing date (not including any required remediation time).
- Have satisfied the trainee research requirement.
- Have successfully completed the Fellowship Written Exam.

Exam Format

The Objective Structured Clinical Examination (OSCE) is a clinical test held over two consecutive days. The examination consists of a variety of clinical stations based on scenarios that candidates would expect to see as part of their work in the Emergency Department – history taking, physical examinations, communication, procedural skills, simulations, resuscitation, teaching, managing the ED, team work, case synthesis, creating management plans and interpreting investigation results. Simulation or resuscitation stations will now be tested in a single, rather than a double station as occurred previously. Video and written examples of OSCE stations are available on the ACEM website.

Each of the **12 single OSCE stations** are 11 minutes' duration. This will include four minutes of reading time followed by seven minutes of assessment. Of the 12 stations, there will be a minimum of one of each of the following type of stations:

- History taking
- Physical examination
- A challenging communication situation: patient/relative/staff member
- Team Based Simulation

- Teaching/advice to junior staff
- Standardised Case-Based Discussion

The OSCE assesses the application of knowledge, skills and abilities detailed in the eight domains of the ACEM Curriculum Framework, to clinical scenarios that candidates would expect to see as part of their work.

The eight curriculum domains are:

- Medical Expertise
- Prioritisation and Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management
- Health Advocacy
- Scholarship and Teaching
- Professionalism

The examination will include stations that involve the candidate interacting with and/or talking to actors or role players, who may play the role of simulated patients, team leaders, nurses, medical students, etc. or to FACEM Confederates or examiners, who may play the role of junior or senior colleagues.

The Venue

So far, each exam has been held at the Australian Medical Council National Test Centre in Melbourne. This facility is purpose built for medical OSCEs.

There are multiple small rooms that are about the size of an outpatient consulting room. They can be set up in several ways depending on the requirements for a particular OSCE. Note the rooms are quite small especially compared to a resus bay.

The rooms are constructed next to each other in a U shape so that you will go into one room for a station and then proceed to the adjacent room for the next station.

Reading time

Reading time is of four minutes duration. An electronic screen will display information about the station and the situation you can expect, the tasks you will be expected to perform and the relative weighting of the domains that will be tested. There may also be props such as ECGs, imaging, pathology results, observation charts etc. The same information will also be displayed inside the station. You will not be able to take notes during reading time.

Don't be too concerned about rushing – 4 minutes is a long time to prepare!

Use the reading time to read the displayed question carefully and to consider your approach to the station. Consider what it is you are required to do and plan your approach before entering the room. Examiners report that some candidates lose marks when they do not perform all of the tasks that were required.

Who is in the OSCE station?

- The Examiners – There may be 1 to 3 examiners in the corner of the room. They generally do not interact with you, except for the SCBD, and physical examination stations. Occasionally they may participate in other OSCEs but this will be minimal.
- The Role Players - these may be trained actors, medical students, nursing staff or FACEMs. They are given SPECIFIC instructions about their role and what they can say is limited so PAY ATTENTION to what they are saying and how they are saying it. They are trying to help you progress through all of the OSCE. They are helpful but will show no initiative.

Preparing for the Exam

1. **Read all information on the ACEM website** (Fellowship Exam Resources page) relating to the OSCE. Ensure you are familiar with all college requirements and processes, and the ACEM curriculum framework and domains. Look at the example OSCE videos, the examiner marking sheets and the released OSCE exam from 2016.1. Understanding the OSCE process and how they are marked will make a big difference to how you prepare and your performance.
2. **Commit to an exam** and work towards that. From 2018 onwards you will only have 4 chances to pass the exam and then you are out of the training program. Give yourself the best chance to do this exam only once. Attend all organised sessions of the OSCE course so you do not miss out on practice in any one OSCE type.
3. **Join a study group.** This is **ESSENTIAL**. You need to practise with other people so forming a study group of 2-4 people and regularly getting together to practice OSCEs and critique each other will make a big difference to your performance. You will cover lots of OSCEs in this way and learn a lot from each other.
4. **Be familiar with the OSCE examination format.** You should be well versed in the essential components of the OSCE format including what is required during reading time and within the OSCE stations. Consider the role of the examiners, the interactions you will have with others participating in the OSCE, the time limitations and the various types of OSCE station.
5. **Aim to develop your skills in the OSCE format**. This is what we mean when we say exam success is partly "learning to play the game". Practise the skills you will need during reading time, such as comprehension, picking out the key points, being familiar with the ACEM Curriculum Domains and determining the first action you will need to take on entering the station. Synthesising all the information contained in the OSCE stem (e.g. clinical context, your specific instructions (tasks) and the domains examined) is needed to allow you to plan and anticipate your approach during each station. Be prepared for additional information that is given and/or unexpected issues that arise during the OSCE which will also need to be addressed within the time frame. These skills need to be practised over many and varied OSCE stations.

6. **Keep up your knowledge and learn it in a different way**. The knowledge that you have gained whilst studying for the written exam will not be enough to pass this exam. This exam tests the application of that knowledge in a different way, as well as other skills such as communication. When you are revising, do so in a way that will be helpful for the OSCE. For every topic think of how you would run a resus, how you would explain that ECG and what the management of it would be, how you would explain that concept to a junior or how you would teach that procedure etc. In general, most of the book study will have been done for the written exam. It is important, however, to stay abreast of any recent changes to work practice, as this would be fair game. For example, if ILCOR or the ARC has released recent changes to resuscitation guidelines, you should know them!

7. **Predict what will be tested.**

    i) Core curriculum – common, important, stuff not tested in the written.

    ii) Think of the challenging "wet your pants" moments in ED and have an approach to managing them.

8. **Practise, practise, practise.** The more you practise, the better you will become and the more comfortable you will be on the day.

    i) Practise your OSCE skills each day at work. Get a FACEM to critique you whilst you run a resus, take a history or examine a patient. Practise your teaching skills whenever a resident presents to you. When you receive an ECG/blood gas or other investigation from the nursing staff or junior medical staff, you should practise describing and interpreting it to your junior colleague. You should use every patient interaction to practice your communication skills.

    ii) Meet and practise with your study group regularly.

    iii) The weekly OSCE sessions are only one part of your preparation. You will need to do additional practice with FACEMs, ideally with the many college examiners we have at Monash Health. It will be **your responsibility** to arrange time with SMS – most of us will gladly make time for you, but the organization is up to you. If you are unsure as to which SMS will assist you with practice sessions, the list on page 34 of this handbook is a start.

9. We recommend that when preparing for this exam, you should ideally be working in one of the three Emergency Departments, as this is the best way of ensuring you are in the right head space. It allows you to practice your OSCE skills every time you come to work.

10. **Are you ready to sit?** Passing the written examination should **not** be considered as an indicator of your readiness to sit the OSCE, as the OSCE assesses a broader range of skills and knowledge. Seek objective feedback from your tutors, based on their observation of your performance in a range of trial OSCE stations, to determine if you are consistently reaching the 'Above' or 'Well Above Standard' in most OSCEs. Attempting the OSCE without evidence that you are meeting this standard is likely to result in disappointment. Experience has shown that being unsuccessful in the OSCE can have a significant impact for you personally and on your confidence in preparing for subsequent attempts.

General Performance Tips

- **Treat it like a big day at work**. Become comfortable with role play, and just behave us you would at work.
- **Read the stem carefully**. Every word and phrase on that stem has been workshopped many times. It is there for a reason and it is important. Most times, you should be able to predict what will happen once inside the room, based on the clinical stem. When you enter the room, make sure you pick up on all cues – there may be results, ECGs, x-rays or other props that may be important. However, not all props will be abnormal – be prepared for a normal x-ray, for instance, as this may be the whole point of the station.
- **Look at the tasks you are given in the stem and make sure you achieve those in the OSCE**. Try to form a structure for each OSCE in the 4 minutes that you have outside the room. Think of the task/s you need to perform and break them down into sections to provide a structure. If you can, outline that structure at the beginning of the OSCE as if you don't get to some the things, at least the examiners will know you intended to.

- **Look at the domains being tested and think about how you can concentrate on those, especially the main ones**. If it says you are being tested on scholarship and teaching, you need to teach! The examiners will be assessing you on every domain that is listed on the OSCE stem separately. It is no good performing excellently in one domain while failing at another. E.g. There is no point spending 3 minutes counselling a patient to stop smoking if Health Advocacy is not being tested. ACEM has published an "OSCE Domain Criteria" document outlining many of the non-medical expertise domains' marking criteria for the OSCE. This document can help you in your approach to those domains.
- **Be the consultant**! This is your chance to show the examiners you are ready to be a FACEM. You need to "own" the OSCE and give the impression that you are in control at all times and are unflappable. Take your time when talking, pause to think and make sure you phrase things as if they are YOUR practice/plan etc. i.e." MY practice is to .....; MY management plan in this patient is.....; I think we should....." If the problem is difficult/ controversial, say so - acknowledge some may do things other ways, but "my choice is…" **Examiners want to see a colleague consultant who is sensible and safe, not a registrar who has read a lot.**
- **Prioritise appropriately** when listing differentials or management. Remember, this is a **consultant level** exam. E.g. if a patient has chest pain, you would prioritise an ECG over an FBE. Mention early: Life threatening/ limb threatening/ must not miss diagnoses, and most common.
- **Stay calm and confident**. No matter what the role player does or what happens in the scenario keep going and remain calm. Never get angry at the role player or exhibit frustration at the process.
- **Actively listen to the confederates/role players**. The examination is an INTERACTIVE process with the confederates/role players and candidates exchanging information during the encounter. Candidates are advised to listen carefully to the role players' responses and questions and to act/respond accordingly. In their feedback to unsuccessful candidates, examiners frequently note that the candidate did not answer the role player's question or ignored a prompt. Questions and prompts provided by role players are designed to **help you** to achieve the requirements of the station.

- **Be empathetic with the patients**. Always show that you care and be considerate.
- **Speak clearly and do not talk too fast**. The examiners need to be able to hear and understand you to give you the marks.
- **Consider going to a performance psychologist or speech coach.** They may be able to help you with tips on controlling your nerves, slowing speech, speaking more clearly etc.
- **Try to summarise and then cover things quickly that you have not gotten to in the last minute.** Summarising allows the examiners to pick up on things they may have missed and gives you a way to make sure you have covered all your tasks that you needed to achieve in that OSCE.
- **When you walk out of the OSCE, forget about it completely and focus on the next one.** You don't want it to negatively impact on your next station.

Station types

Given the format, just about anything can be asked in this exam. In general, the OSCE styles included are:

1) History taking
2) Physical examination
3) Communication
4) Team Based Simulation
5) Clinical Synthesis
6) Teaching/advice to junior staff
7) Standardised Case-Based Discussion
8) Procedures
9) Administration

Paediatric scenarios will comprise approximately 25% of the exam, which may be in any of the OSCE formats.

1. History taking

In these stations, you will be asked to take a focused history from a patient. You are then often asked to explain your findings and your management plan to the patient (or a resident/nurse/inpatient consultant etc.). In general, you will not be required to examine the patient. (You may need to present your findings and resulting plan to the examiner. If you do this will be clearly stated in the station instructions/task list).

The domains that are likely to be tested in these stations are: Medical expertise, Prioritisation and Decision making, Communication, Professionalism and Health Advocacy.

You are required to demonstrate that you can 'elicit a thorough, relevant and accurate medical history' in a 'focused and timely manner', 'while acknowledging the patient's other expressed concerns' (*ACEM Curriculum Framework*).

You should be comfortable with taking a history but remember you will often have to take the history, explain your findings and explain your management plan all in 7 minutes.

This means that you must take a **focused** history that:

- Is a detailed history of the presenting complaint
- Explores a differential diagnosis
- Explores relevant past medical history; medications; allergies; family history
- Clarifies your likely diagnosis
- Clarifies the severity of the presentation
- Covers risk stratification of the presentation
- Explores disposition (social Hx; additional issues; risks)

You also need to be aware of what tasks you have been given in the stem and you need to achieve all those tasks i.e. if you do a great and thorough history but you run out of time to explain your assessment and your management you will get great points for Communication and Professionalism but very low marks for Medical Expertise and Health Advocacy and may fail that OSCE.

Pay careful attention to what the role player is saying. Everything they say is relevant and important and designed to keep you on the right track.

Look at the Presentations List in the Curriculum Framework for all the presentations you should be prepared for.

These are what we think are the high yield history taking topics:

Cardiorespiratory Chest pain Dyspnoea Palpitations Cough	**Neurological** Dizziness Vertigo Headache Syncope TIA
Gastrointestinal Abdominal pain Diarrhoea (including in the returned traveller) Jaundice Dysphagia Upper or lower GI bleeding	**Psychiatric** Suicide risk assessment Mental state assessment
Paediatric BRUE/ALTE Febrile convulsion Limp child Fever	**Other** Falls Visual disturbance Back pain Haematuria Sexual or drug history Rash Weight loss Hypoglycaemic episode in a diabetic Returned traveller with fever

Tips for the History Taking stations (and what the examiners are looking for):

- Develop and maintain rapport
- Non-judgemental, empathetic approach
- Assure confidentiality where appropriate
- Listen actively
- Open ended questions
- Respond to patients verbal and non-verbal cues
- SUMMARISE
- Verbalise plan, and reasoning in LAY language
- Give the patient opportunity for questions – and address those.

For example, the stem may say:

"Mr Smith is a 60 year old man who has presented with intermittent chest pains for the last 2 weeks. Please take a history from Mr Smith, and communicate your interim management plan to him."

"So, Mr Smith, it sounds like this pain you've been getting is reflux, which won't require you to be admitted to hospital. However, given your age and risk factors, I'd like to do some tests before we let you go, which will include an ECG, some blood tests looking at your liver, pancreas and blood count. If they are ok, then we will ask your LMO to arrange an Endoscopy"

2. Physical examination

This is not a Short Case. You are likely to be asked to perform a **FOCUSED** examination on a normal patient. In most cases you will be directly observed by, and expected to explain your examination to, an examiner. You should demonstrate the examination technique rather than explain it. You should tell the examiner what you are doing, and why it is important in the OSCE's scenario. You will then be presented with the examination findings and will need to explain your further management. In some cases, your task will be to teach an examination technique to a resident/ junior reg. In that case you should explain and demonstrate to the confederate the important elements of a relevant focused physical exam, as well as the expected or important findings you are looking for in that clinical situation.

There is often a lot to cover in the seven minutes. Listen carefully to the prompts & instructions

from the patient/confederate/examiner as they will be trying to help you cover all the required tasks.

The domains that are likely to be tested in these stations are: Medical expertise, and Prioritisation and Decision making.

You will still need to study from Talley and O'Connor for this section of the exam. However, the examination will be a **focused** one, so you need to adapt the Talley and O'Connor method to one that is practical for the ED. This will mean your physical examination will cross disciplines e.g. a limb exam that involves assessment of neurology, as well as musculo-skeletal & vascular elements. And you need to practise your examinations A LOT so they are slick and you can do them on auto-pilot under stress. Practise on patients, each other, anyone at home. Ask a FACEM to watch you and critique you when you are at work.

You probably have not done a formal clinical exam for some time, and probably have some bad habits. You should do at least a few sessions with your study group going over the main physical exams.

The other major skill you need to practice is presenting your findings in a clear and focused method – this is harder than you might think. Depending on the stem, you may be presenting to the examiner directly (who may be playing the part of a colleague) or to the patient. The language you need to use will clearly vary depending on whom you are presenting to.

Do not forget hand hygiene, asepsis or personal protection – anything you would do at work should be done here. If the patient has a (simulated) wound, then you are expected to wear gloves.

You can be asked to do any of the examinations that are in Talley and O'Connor and you need to prepare for them all. However, the examinations that we think are the highest yield are:

- Neuro (cranial nerves, upper/lower limb, cerebellar)
- Cardiovascular
- Respiratory
- Abdominal
- Limbs and Joints (e.g. neck, shoulder, hand, back, hip, knee, ankle and foot)
- Gait

Tips for the Physical Examination stations (and what the examiners are looking for):

- Address pain and discomfort
- Maintain dignity and comfort of the patient
- Focused yet thorough ED relevant exam
- Clear instructions to the patient with brief explanations of why you are doing what you are doing
- Summarise findings
- Discuss examination findings, differential diagnoses and treatment options if asked in the stem and provide patient information about pros and cons if there are a few options.
- Explain plainly in lay terms
- Give the patient an opportunity to ask questions - take any questions or prompts by the patient seriously and respond to them.

Combined Hx and Exam

You may be asked to take a history and examine a patient in the same station. If this is the case the stem will clearly state you have to do both. For example “A patient presents with knee pain. Take a focused history, do a focused examination and then explain your findings and management plan to the patient.” Given the time restraints in the OSCE this type of station is unusual.

3. Communication stations

Every OSCE involves communication but in these OSCEs, communication is the focus of the assessment.

The domains that are likely to be tested in these stations are: Medical expertise, Communication, Professionalism, Health advocacy.

It is most important with these stations that you take an empathetic approach, use appropriate language, and successfully communicate the important information to the patient/relative.

Some examples of communication stations you must practise:

- Breaking bad news (diagnosis, complication of procedure)
- Obtaining consent for a procedure (from the patient or the parent of a paediatric patient)
- Management of an angry or agitated patient or relative
- Complaint management (may be combined with angry patient)
- Open disclosure of an error
- Discharge against medical advice
- Challenging interaction with colleague e.g. Difficult referral, conflict resolution
- Dealing with an impaired colleague
- Talking to a struggling trainee
- Explaining a diagnosis/result/procedure etc. (including to parents of a child)
- Discharge advice
- Discussing management of a full department with the ANUM

Some templates which you may find useful:

- Managing a complaint:
    - Empathetic, patient centred approach (remember body language, positioning of chairs)
    - Develops and maintains rapport
    - Open disclosure with early apology
    - Non-defensive
    - Does not blame anyone
    - Multi-modal reasons for error
    - Clearly outlines plans for investigations, plan for prevention in the

future, and communication of progress to the patient

    - Addresses patients' concerns

- Impaired colleague/trainee:
    - Introduction, explain reason for meeting
    - Establish rapport
    - Non-threating and non-judgemental approach
    - Reassure colleague/trainee of CONFIDENTIALITY
    - Active listening, response to verbal and non-verbal cues
    - Allow the trainee to voice their views and concerns and gather necessary information from them
    - Enquire about home situation and stressors (alcohol, drugs, relationship issues)
    - Facilitate reflection, insight
    - Provide feedback in a constructive manner
    - Provide support
    - Summarise issues and plan to address them
    - Make a plan (involve DEMT / Director as appropriate)
    - Organise follow up

Tips for the Communication OSCEs (what examiners looking for):

- Introduce yourself and shake hands
- Establish rapport with patient (including good use of body language and eye contact)
- Maintain confidentiality and assure patient of this
- Start with open ended questions and keep this approach for initial questioning
- Use appropriate language (e.g. not medical jargon)
- Actively listen to patient and resist interrupting early
- Respond to prompts and non-verbal cues

- Convey understanding and empathy
- Logically use second order questioning to focus on and differentiate presenting problem/s or concerns
- Avoid premature closure
- Repeat back parts of what the patient has said to confirm listening and understanding and try to use shared decision making
- Conclude by asking for any further information that the patient wishes to convey

The best way to get good at these OSCEs is to practise them over and over again. It is obvious which candidates have practised. Practise them in your study group, during your ED shifts and ask FACEMs to observe you and give you feedback. It is useful to have your study group film you doing these stations, as you may identify weaknesses you are not aware of.

4. Team Based Simulation

Leading a resuscitation team in the management of a critically unwell patient is a quintessential skill of an emergency physician, and the simulation station assesses this characteristic.

Domains being assessed in these scenarios include: Medical expertise, Teamwork and collaboration, Prioritisation and Decision-making, Scholarship and teaching.

It is likely you will be tasked with leading a resuscitation, and have a team of staff (e.g. a registrar and a nurse) to assist you. The confederates will be real ED staff (not actors), so will have some experience. Usually they will have instructions to follow commands, and have certain prompts to keep the station moving ("I can't feel a pulse!"), but will have limited ability to prompt you. They will likely be able to perform certain procedures under your direction, such as cannulation, venepuncture or insertion of IO.

Most of the mannequins will be low to medium fidelity, but can have procedures performed on them. Most of the time you, as team leader, will be directing the confederate to do the procedure (e.g. talking a registrar through an intubation). Occasionally the confederates will ask you to confirm your instructions – this does not necessarily mean you have made an error, but would be normal practice in a real resus (e.g. most nurses will be expected to check a dose before it is given).

You will be tested on both how you manage a clinical scenario and how you lead a team. Your communication and professionalism may be more important to your success than medical knowledge. It is important you can place yourself "in the moment" to make this scenario as real as possible, as it will improve your performance. It is therefore extremely important you practise this type of scenario – we strongly recommend that you are observed by the SMS doing these stations, and again a useful exercise is to film yourself as this will identify areas of weakness that you are not aware of. Ideally you should have spent time in the Sim centre prior to this exam, but remember that the Sim centre uses higher fidelity mannequins than those used in the real exam. You should know and follow as closely as possible the most recent resus algorithms for adults and children.

Some of the high-yield topics, in our opinion, are:

- Advanced life support
    - Shockable rhythm
    - Non-shockable rhythm
    - Special circumstances (pregnant, newborn, tox, hypothermia, trauma)
- Post-resuscitation care
- Standard intubation – need to be slick at this – may form part of any simulation
- Difficult intubation or Can't Intubate/Can't Ventilate situation
- Trouble shooting ventilation problems e.g. asthmatic, sudden hypoxaemia in ventilated patient, setting up/modifying the ventilator settings
- CVS/Resp emergencies e.g. STEMI - thrombolysis/PCI; cardiogenic shock, massive PE, tension pneumothorax, tachyarrhythmias (unstable wide or narrow complex); bradyarrhythmias (including pacing)
- Haemorrhagic shock (e.g. massive GIT, PPH) with Massive Transfusion Protocol activation
- Anaphylaxis

- Pre-eclampsia or eclampsia
- Seizures
- Precipitous birth or difficult birth e.g. shoulder dystocia
- Trauma – e.g. severe head injury, haemo/pneumothorax, penetrating chest injury, severe pelvic trauma, abdominal trauma, spinal injury/neurogenic shock
- Tox emergencies e.g. TCA overdose, snake bite
- Paediatric simulations – e. g. anaphylaxis, asthma, Paediatric advanced life support, Choking child/Foreign body, Seizures, Septic shock, SVT, Trauma, Neonatal resuscitation, Collapsed neonate

5. Clinical synthesis

This is everyday practice. In these OSCEs you are usually asked to interpret information, history and examination findings or an investigation and then explain your assessment and management plan or options. You are usually talking either to a junior doctor or a patient. This is the most likely station that will test your knowledge around pathology, ECGs and radiology. A variation to this station involves giving phone advice to another health professional.

The domains likely to be tested in these stations are: Medical Expertise, Prioritisation and Decision Making, Communication.

Some examples of these types of the OSCEs are:

- Explanation of an investigation and its implications to a junior doctor
- Explanation of any investigation result to a patient
- Explanation of management options to a patient. E.g. Thrombolysis in STEMI or stroke, management options in spontaneous pneumothorax.
- Referral to a colleague

You should practise focused description and interpretation of common investigations e.g. ECGs, X-rays, blood gases, haematology and biochemistry etc. so that you can describe the investigation and interpret it in a succinct manner to a junior doctor. Also practice explaining the result of an investigation and its implications or explaining management options to a

patient using lay terms. You can also come up with templates for referrals, handovers and discharge instructions.

The ECG OSCE on the ACEM website is a good example of this type of station: a junior doctor presents a patient to the senior doctor (you) and has an ECG for you to interpret. The expected response is to take the appropriate info you are being presented with, formulate what your working diagnosis/problem list is and communicate that back to the junior, along with a management plan.

One key component to these stations is education of the junior staff member. There are many ways to teach, but in the exam setting you should be very specific about how you go about it. When presented with a set of results by a confederate, it is not acceptable to just ask the confederate what they think of the results (the "well what do you think of this" approach) – this is an exam and you are the one being tested. Instead you should take the "this is what I think of these results, and why" approach.

For example, when given a VBG that is consistent with DKA, don't ask the confederate whether they know how to calculate the anion gap. Instead, calculate it yourself and explain how you did it. When given an ECG, don't ask the confederate whether they know what the rhythm is, point it out to the confederate (along with the ST elevation, long QT and whatever else is abnormal).

Tips for the Clinical Synthesis and Communication OSCEs (what the examiners are looking for):

- Summarise key points from the history, physical examination and/or investigations provided to you
- Verbalise interpretation of information, likely differential
- Verbalise risk assessment
- Prioritise treatments and actions that need to be taken and explain the reasoning behind your prioritisation
- Use appropriate language
- Give the listener an opportunity to ask questions and respond appropriately

6. Teaching OSCEs

In these OSCEs you are usually asked to teach a junior doctor some aspect of Emergency Medicine. However, it usually also incorporates interpretation of clinical information given to you and formulating a management plan for a patient. For example, a junior doctor has just seen a patient with atrial fibrillation with a rapid ventricular response and would like to know the approach to patients with AF in general and what to do in this patient.

The domains likely to be tested in these stations are: Medical Expertise, Prioritisation and Decision Making, Communication, Teaching and Scholarship

The list of topics in EM that would lend itself to this type of question are infinite so a good way to practice for this type OSCE is to try and imagine you are explaining concepts to a junior doctor when you are revising your EM subject material. The best way to do that, when you are revising a subject, is to try to create a structure to it e.g. for explanation of the approach to patients with AF you can divide it into headings - patients compromised by rapid AF, rate control, rhythm control and anticoagulation. You also need to practice your teaching and communication skills for these OSCEs by doing them over and over again to make sure you remember all the elements you need to cover in a teaching session as outlined below.

Tips for the Teaching OSCEs (what the examiners are looking for):

- First establish the junior doctor's baseline knowledge
- Outline a plan for the teaching session/topics to be covered
- Listen and check understanding throughout
- Be patience and tolerant with the learner
- Correct misconceptions, reinforce correct knowledge
- Specific and relevant depth and breadth of knowledge imparted
- Summarise important take home points at the end
- Answer questions throughout
- At the end of the OSCE, the candidate could recommend that the RMO reflect on the case and follow up with further reading (post experiential reflection)

7. Standardised Case-Based Discussion (SCBD)

The SCBD is a slightly different type of station and will involve the candidate having direct interaction with an examiner. The purpose of the SCBD station is to allow enhanced depth of assessment within the domains of Medical Expertise and Prioritisation and Decision Making. There may be **up to three** of these stations in each exam. In the SCBD stations, the candidate will be asked to outline their approach to assessment and/or management of the clinical situation presented and to outline their reasoning or rationale behind their decision making, where asked or required. The candidate will be asked to respond to further information as additional information is provided. The candidates will be discussing and answering standardised questions directly to an examiner about the clinical case presented rather than a FACEM role player. The case is designed to explore a candidate's knowledge and reasoning through direct questioning. The reading material outside the station will clearly indicate what is expected of the candidate.

8. Procedures

In these OSCEs you are asked to either demonstrate a procedure or teach a procedure, usually to a junior doctor. Any of the procedures on the Procedures List of the Curriculum Framework could be used so please refer to that. Most procedures would be done with a part task trainer. Examples include: LP, central access, intubation, surgical airway, chest drain insertion or US guided venous access. It is fair game to be asked to perform a FAST or AAA scan.

The domains likely to be tested in these stations are: Medical Expertise, Communication, Teaching and Scholarship.

If you are performing the procedure verbalise what you are doing throughout the procedure in a step-by-step manner so the examiners know what you are thinking and preparing for e.g. in planning for the difficult airway, explain to your airway nurse what equipment you want (and why) and what your plan A, B, C etc. is. Show that you know indications and contra-indications to the procedure. Outline and prepare for complications that may arise.

If you are teaching the procedure then there are extra things that need to be covered such as gaining an understanding of the junior doctor's previous experience with this procedure, ensure that they understand your instructions etc.

You should practise these OSCEs using mannequins and part-task trainers. For each procedure, you should deconstruct the steps involved and practise explaining it to someone else, so that it comes naturally in the exam.

Lastly, don't forget consent and preparation where appropriate as a first step. And wash your hands!

Tips for the Procedural OSCEs (what the examiners are looking for):

- If teaching, start with a plan of what will be covered during the 'session'; if performing the procedure talk about when, where and with whom you will be doing the procedure
- Obtain informed consent
- Ensure comfort of patient at all times; ask patient how they are doing throughout the procedure
- Departmental awareness – ensure rest of ED ok and safe to do procedure at that time
- Right personnel helping with procedure
- Indications/Contraindications
- Complications
- Equipment
- PPE/Sterility
- Patient positioning
- Technique
- How to trouble shoot common problems and avoid complications
- Post-procedure care e.g. observation, dressings, analgesia
- Disposition
- Give the patient or the student opportunity to ask questions and answer appropriately
- If teaching, ensure understanding throughout
- Ideally leave time for the role player to practice the skill with your supervision after your demonstration

9. Administration

In these OSCEs you are asked to perform a task that is more administrative or managerial. These are often difficult OSCEs as they ask you to perform tasks that you do not do on a daily basis. This means that you need to know your theory and have a structure or template in mind to tackle these.

The domains likely to be tested in these stations are: Medical Expertise, Communication, Prioritisation and Decision Making, Professionalism, Leadership and Management, Teamwork and Collaboration.

Examples of topics that may be examined in these OSCEs:

- Addressing flow of patients in the ED e.g. you have a full department and you are about to receive 2 cat 1 patients
- Formulating or enacting a disaster plan
- Formulating a guideline
- Formulating a quality improvement plan
- Addressing overcrowding and access block The biggest mistake that candidates make in these types of OSCEs is to concentrate solely on what can be done in the ED. Those issues are often the ones that you can address the most as they are within your department but you also need to think about the wider hospital and community in your discussions. Remember to escalate to hospital management where appropriate, with a plan e.g. “Contact the executive on call to ask them to cancel elective surgery”

Resources

Recommended Texts

In addition to the texts that you used for the written exam the 2 other texts that you will need for the OSCE are:

- *Talley N, O'Connor S, Examination Medicine – a Guide to Physician Training*
- *Roberts JR, Hedges JR (eds), Clinical Procedures in Emergency Medicine* is the go to book for procedures. When you purchase this book you also get access to loads of videos on line demonstrating the procedures.

Web-based Resources

- GCS16 – has lots of practice OSCEs
- Adelaide Emergency Physicians site: http://acemfex.adelaideemergencyphysicians.com/osce has loads of practice OSCEs
- http://adelaideemergencyphysicians.com/2015/02/tips-on-the-new-acem- fellowship-clinical-exam/ is a nice overview
- http://geekymedics.com/ - meant for medical students but the communication skills section goes through stuff that has come up in the previous exams like explain to the parent how to administer salbutamol using a spacer, Mental state examination, sexual history taking. Nice thorough summaries. Clinical examination section also good for summaries, details (for extra brownie points) on joint exams and examination of particular systems.
- https://www.youtube.com/user/geekymedics123 - good videos for clinical examination, all a bit long but useful for revising the important bits and then you have to practice making them shorter and slick.
- http://lifeinthefastlane.com/education/signs/ more examination videos
- http://emcrit.org/podcasts/critical-care-palliation/ essential listening for preparing to do any end of life conversations. (EMcritPodcast 93)
- http://www.gcs16.com/osce-resources.html is the Monash site and has lots of OSCEs to practice

- http://topendexam.com/
- http://www.edexam.com.au/
- http://www.edcentral.com.au/
- https://emergencypedia.com/facem-exams-page/

Courses

- TEEMWORK runs several Fellowship Exam OSCE courses in Melbourne

  http://teemwork.com.au/

Monash Fellowship OSCE Preparation Course

We will be running OSCE practice sessions every Wednesday from 10am to 1pm at MMC for those registrars who have committed to sitting the next exam. Every week we will focus on a different type of OSCE station but we can also adapt the session to the individual needs of the candidates, especially as we get close to the exam.

We will run a full trial OSCE before you sit your exam.

This timetable is a guide only. For the most up to date timetable refer to GCS16.

Week 1	Introduction to OSCE course
Week 2	History taking
Week 3	Case based discussion
Week 4	Procedures
Week 5	Physical Exam
Week 6	Communication
Week 7	Teaching
Week 8	Investigations/Admin
Week 9	Sim resus
Week 10	Skills Day - practise "Teaching OSCEs"
Week 11	**Monash Trial OSCE**
Week 12	Clinical synthesis and communication
Week 13	Case based discussion
Week 14	Revision
Week 15	Exam week

Fellowship Education Group

This course has been arranged by Dr Julia Dillon and Dr Diane Flood. We sincerely hope it is helpful to your exam preparation.

Other Monash Health consultants who are willing to assist with OSCE practice:

ACEM examiners:

Dr Sheila Bryan

Dr Danny Ben-eli

Dr Andre Vanzyl

Dr Michael Coman

Dr Christina Fong

Prof. Andis Graudins

Other FACEMs:

Dr. Lisa Vallender

Dr Preeti Ramaswamy

Dr Shemma Hasanovic

Dr Suzan Fox

Dr Parya Fadavi

Dr Sarah Mikhail

Any problems, questions or feedback please do not hesitate to email me or give me a call:

Dr. Julia Dillon

Email: Julia.Dillon@monashhealth.org

Ph: 0413 276120

GOOD LUCK!