OSCE Examiner: Training & Development

Text only version of the dilemma exercise.

**Dilemma 1**

In this clip you are the examiner and a candidate has been asked to examine a patient’s blood pressure. However during this station something happens...

**Video:**
Examiner, student and simulated patient present. Whilst taking the patient’s blood pressure the equipment breaks.

**As an examiner how would you manage this situation?**

**Feedback:**
Every effort is made to test equipment prior to the OSCE and also provide backup equipment. However as in the real working environment equipment can also fail. Examiners have to make a decision whether the equipment failure is quickly remedied (e.g. simple attachment of the bulb on a sphygmomanometer) or not.

If not, you should notify the invigilator as soon as possible. Ultimately we don't want to disadvantage a candidate. They may be allowed to repeat this station after the OSCE session has finished.

**Dilemma 2**

In this clip you are the examiner and a candidate has been asked to examine a patients fundi. You observe the following...

**Video:**
Student walks across to simulated patient and asks “Hello, is it alright if I examine your eyes today?”. Patient says “Yes”. Student works with ophthalmoscope and then the top falls to the floor. Student apologises stating that they are really nervous. Student continues trying to work with equipment. Student the looks in patient’s eye but isn’t happy and returns to working with the scope.

**As an examiner how would you manage this situation?**

**Feedback:**
As examiners we must acknowledge that OSCEs are stressful and artificial situations for candidates. Most students will experience some degree of nervousness ranging from mild symptoms to extreme levels of anxiety. Examiners are encouraged to place candidates at ease when they enter the station however they should not prompt or change the ‘circumstances’ of the station for the candidate. If you feel the student is experiencing significant anxiety you should notify the invigilator. The candidate may be temporarily removed from the station and given some time out to compose themselves and re-enter the OSCE at a later time. They may well be given an opportunity to repeat the station(s) that they missed.
Dilemma 3
In this clip you are the examiner and a candidate has been asked to examine a patient’s fundi. You observe this station as it is about to finish...

Video:
Examiner, student and simulated patient present. Student is looking in patient’s eye with ophthalmoscope. Bell rings. Student continues with task and does not respond to the bell.

As an examiner how would you manage this situation?

Feedback:
Despite the bell sounding the candidate continues to stay on in the station. Students are instructed that on the sound of the bell that need to move on to the next station. As an examiner you should intervene and direct the student on to the next station.

Dilemma 4
In this clip you are the examiner and a candidate has been asked to examine a patient’s blood pressure. You observe this station as it is about to finish...

Video:
Examiner, student and simulated patient present. Student gets up and leaves station but returns immediately to state that they would have washed their hands as well. Student again leaves the station.

As an examiner how would you manage this situation?

Feedback:
In this station the student has left the station but suddenly remembered they should have washed their hands. She informs the examiner that she ‘would have washed my hands!’ In physical examination stations there are usually marks for hand hygiene. However in this situation the candidate didn’t actually wash her hands - she just mentioned that she would have.

OSCEs aim to assess ‘doing skills’ - this did not occur in this situation so she should not receive a mark for this. If she actually came back into the station and washed her hands (and she was still within her allotted time) then she should be awarded a mark.

Dilemma 5
In this clip you are the examiner and a candidate has been asked to take a history from a simulated patient who presents with back pain. You observe the following...

Video:
Student and simulated patient present. Simulated patient is sitting with their arms folded. The following conversation occurs:
Student: Hello, my name’s Caroline. I am a third year medical student. I hear you have a bit of back pain is that right?
Patient: Um, Yeah, back pain, yeah.
S: Where abouts in you back is it?
P: Um, sorry? What?
S: Where in your back is it?
P: Oh um, down low, down low, down low.
S: Right at the bottom?
P: Um, sorry?
S: Where in your back is it?
P: Oh um, down low, down low, down low.
S: Alright, and when did it get worse?
P: Um, (large pause) I don’t know. Um it’s there all the time really. I suppose it is maybe worse in the morning, maybe, yeah, worse in the morning.
S: Have you ever had anything like it before, have you ever had back pain before?
P: No no.
S: Have you taken anything for it? Have you tried any painkillers or?
P: Um, Paracetamol
S: Does that do anything?

As an examiner how would you manage this situation?

Feedback:
The simulated patient in this role appears very disinterested. There are a number of actions that you could take:

1. Prior to the OSCE commencing - get to know your simulated patient. At this point it is good to mention if they wouldn't mind you giving them some feedback on their performance. From surveys of simulated patients they are keen to receive feedback from examiners.

2. Bring the issue up directly with the patient in the one minute reading time and take this into consideration with that student's marks.

3. Mention the issue to invigilator. Thankfully due to simulated patient training and feedback this is a rare occurrence.

Dilemma 6
In this clip you are the examiner and a candidate has been asked to take a history from a simulated patient who presents with back pain. You observe the following...

Video:
Student and simulated patient present. Simulated patient is sitting with their arms folded. The following conversation occurs:

Student: Hello, my name’s Caroline. I am a third year medical student. I hear you have a bit of back pain is that right?
P: Oh yes, it is terrible, oh it’s been sore, it is just awful, it is really bad. Um, I’ll tell you what I was doing, I was lifting boxes about four weeks ago and it has been there ever since. Ah, it is terrible I can’t get rid of it at all.
S: Where abouts in you back is it?
P: Oh, down here (points to lower back whilst bouncing around in chair), see down there, right down there.
S: Have you taken anything for it?
P: Yes, oh, I have tried everything and I went to the chemist and I said look this is awful I can’t bear it and the chemist, she was really good and she got me these very strong tablets but I can’t remember what you call them.
S: Paracetamol?
P: No, but I tried those. Oh but nothing, nothing helps it, not a thing.

As an examiner how would you manage this situation?

Feedback:
The simulated patient in this role appears to be 'over the top' and not particularly in pain. They are also releasing lots of information without being asked by the candidate. Thankfully due to simulated patient training and feedback this rarely occurs. However if it does there are a number of actions that you could take:

1. Prior to the OSCE commencing get to know your simulated patient. At this point it is good to mention if they wouldn’t mind you giving feedback on their performance. From surveys of simulated patients they are keen to receive feedback from examiners.

2. Bring the issue up directly with the patient in the one minute reading time and take this into consideration with that student’s marks.

3. Mention the issue to invigilator.

Dilemma 7
In this clip you are the examiner and a candidate has been asked to take a history from a simulated patient who presents with back pain. You observe the station as it is about to finish...

Video:
Examiner, student and simulated patient present. Student summarises findings to the patient and leaves the station as the bell rings. The student then overhears the examiner discussing his thoughts with the simulated patient, stating he thought she was average and would most likely be back for resits.

As an examiner how would you manage this situation?

Feedback:
Discussion of a candidate’s performance with a simulated patient is very unprofessional and simply should not occur. Remember curtains are not sound proof!
**Dilemma 8**
In this clip you are an examiner and a candidate has been asked to examine a patient’s fundi. However during this station something happens...

**Video:**
Examiner, student and simulated patient present. Student is examining the patient’s eye with an ophthalmoscope when the examiner’s mobile phone rings. The student looks around startled and then continues with the station whilst the examiner checks his phone.

**As an examiner how would you manage this situation?**

**Feedback:**
This is more poor examiner conduct than a dilemma. Mobile phones should be either switched off or on silent mode. Mobile phones are not only distracting for the candidate but could also distract you from accurately observing the candidate's performance.

**Dilemma 9**
In this clip the candidate asks the patient if there is anything else they need to ask them...

**Video:**
Student and simulated patient present. Student summarises findings with patient but then asks them if there was anything else they should have asked them. The patient is flustered and says no. The student persists asking if there is anything they haven’t told her.

**As an examiner how would you manage this situation?**

**Feedback:**
Often a candidate will ask the patient if ‘there is anything else I should ask you?’. Usually this is a demonstration of examination nerves on the part of the student. Simulated patients should have had detailed instructions in how to manage this situation.

A good tip for a simulated patient is to respond with the following: ‘Do you think there is anything else you need to ask me?’. If the simulated patient does provide extra information then you, as the examiner, will have to take this into account when awarding your marks.