

# **Ace the OSCE Course**

## ***‘The Last Stand’***

### **2017-2018**

## **The Westmead ACEM Fellowship OSCE Course Workbook**



### **Pre Course Materials**

### **Course Faculty**

Dr Khanh Nguyen (Course Director), Dr Bihbu Pradhananga (Co-director), Dr Laura Brown (Simulation Fellow) & Dr Andrew Coggins (Simulation FACEM)

With support from Dr Bishan Rajapakse, All Westmead FACEMs,  
Dr David Thomas (FACEM) and our Medical Students (Simulated Patients)

## Overview

This document aims to give a few tips for those embarking on an attempt to pass the OSCE in 2017-18.

It is pre-reading material for the “**OSCE Crash Course**” at Westmead Hospital in Sydney.

Online materials - [www.emergencypedia.com/osce](http://www.emergencypedia.com/osce) (password ‘**ACETHEOSCE**’)

The Australian College of Emergency Medicine (ACEM) training program has an examination process that is rapidly evolving. From a candidate point of view, the level of uncertainty of expectations in the exams and the need to perform relatively routine tasks under direct observation has led to high levels of stress.

How has this situation come about? There are two schools of thought in postgraduate training education – ‘*entrustable professional activities*’ (EPA) and ‘*competency based*’ medical education (CBME). These relatively well established medical education philosophies now guide postgraduate training in many specialties. EPA and CBME may sometimes contradict each other... EPA relies on examiner ‘*gestalt*’ – ‘*she looks/sounds like a FACEM to me!*’ ‘*they don’t need help with that intubation next time!*’... CBME relies on a combination of continuous assessments (WBA) and very complex analysis of exams to define ‘*where the bar is set*’ for ‘*competency*’.

To our understanding, ACEM has adopted components of both CBME and EPA in their new curriculum and assessment. Why is this important? This mixed method can be very confusing for well meaning FACEMs who want to help trainees pass exams and can cause long delays in publishing results.

As far as the OSCE is concerned, CBME uses ‘competency domains’ (based on CANMEDS\*\*) so our main aim needs to be to show the examiner(s) watching we have mastered the stated competency at FACEM level.

An awareness of the process can help you prepare for the OSCE because you can learn to refine behaviours and ‘present yourself’ as ‘FACEM competent’, It is especially important to rehearse OSCEs (over and over again), working hard on “***what you say, how you say it, how you appear and what you do***”.

***“In the OSCE you must demonstrate communication, knowledge & professionalism simultaneously to pass”***

\*\*The practice questions on this course will follow the following **CANMEDS competencies** as set out by ACEM:

ACEM CURRICULUM COMPETENCY DOMAIN	NUMBER OF OSCE STATIONS	
	2015	2016
Medical Expertise	15	12
Prioritisation and Decision Making	6	3
Communication	10	13
Teamwork and Collaboration	2	2
Leadership and Management	4	1
Health Advocacy	2	3
Scholarship and Teaching	3	2
Professionalism	3	6

## Ace the OSCE

During the '**Ace the OSCE**' program, there won't be any 'death by power-point'. The day will be split into a workshop (1.5 hours) trial OSCEs (2.5 hours) and simulation with coaching (3.5 hours). Educational methods used will include '[rapid cycle deliberate practice](#)', (a form of pause and discuss feedback) and use of video with post-hoc analysis.

We cannot guarantee to have the same opinion as your future OSCE examiner(s) but will give feedback based on our experience in simulation, education and CBME. Debriefs will use the 'GAS' (gather/analyse/summarise) approach and video feedback will be used (USB posted to you after course).

The faculty will give quality feedback based on instruction prior to the course. The course assumes prior knowledge of the latest teaching in advanced life support, clinical guidelines and the management of common emergencies.

***“The OSCE tests ‘competence’ but not passing does NOT equate to being an incompetent registrar”***

Our faculty will try to look after you on the day by providing refreshments and several breaks. We will be accessible for chats about anything on your mind and be looking to remain in contact after the program for follow up.

The faculty is a '*not for profit*' group and we support Free Open Access Medical Education (FOAM). 100% of any limited profit from the course goes back into registrar education at the various hospitals our faculty come from...

We invite you to feedback about your experience of course either given in person, in writing or via the survey monkey pre-course and post-course surveys.

### Before the course:

- Watch Dr Cliff Reid: 'Making Things Happen' – <https://vimeo.com/66596623>
- Watch Dr Amy Cuddy 'TED talk' - <https://www.youtube.com/watch?v=Ks-Mh1QhMc>
- Briefly read through this document or [www.emergencypedia.com/osce](http://www.emergencypedia.com/osce) (password '*acetheosce*')
- Complete a survey monkey short questionnaire – <https://www.surveymonkey.com/r/5B527FK>

### On the day:

- Wear what you would wear to the OSCE (i.e. scrubs or other comfortable attire)
- All attendees are active participants in the workshop conversations

### After the course:

- Evaluate the course, ask questions and recommend us to your colleagues if you found it worthwhile
- Leave a preferred contact e-mail address for post-course feedback...
- Faculty and participants maintain confidentiality about performance on the day (good and bad)

## Course Objectives

### Faculty Objectives

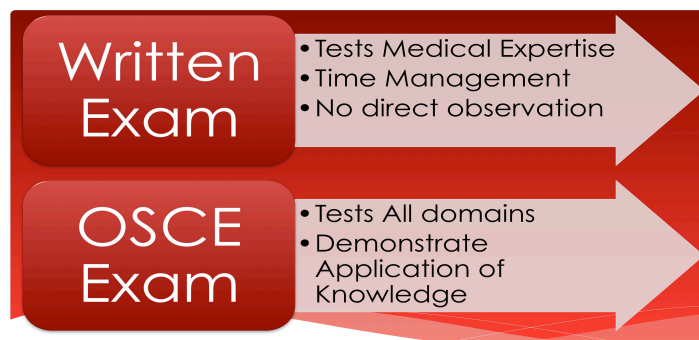
- Aim to ensure participant 'safety'
- Increase confidence in participants
- Provide high quality feedback during and after the course
- Start dialogues about maximising performance for the exam and encourage 'deliberate practice'
- Challenge participants to use new technologies and share their ideas

### Participants Objectives

- Discuss your current approach to the OSCE overall
- Describe your current approach to 'simulation' OSCE stations
  - Discuss an approach to demonstrating 'Working effectively Interdisciplinary Teams'
- Demonstrate effective Teamwork and Communication
  - Discuss dealing with 'actors' in exams including:
    - Breaking bad news
    - Emotional reactions (bad, angry, mad, sad) – defusing / letting the actor vent
    - Explanation and Advice
    - Demonstrate the importance of appropriate 'body language' and 'tone of voice'
    - Teaching a junior doctor or registrar
- Demonstrate the use of heuristics in real time to project your '*competence*' to the examiners

### What are the main differences between the OSCE and Written Exams?

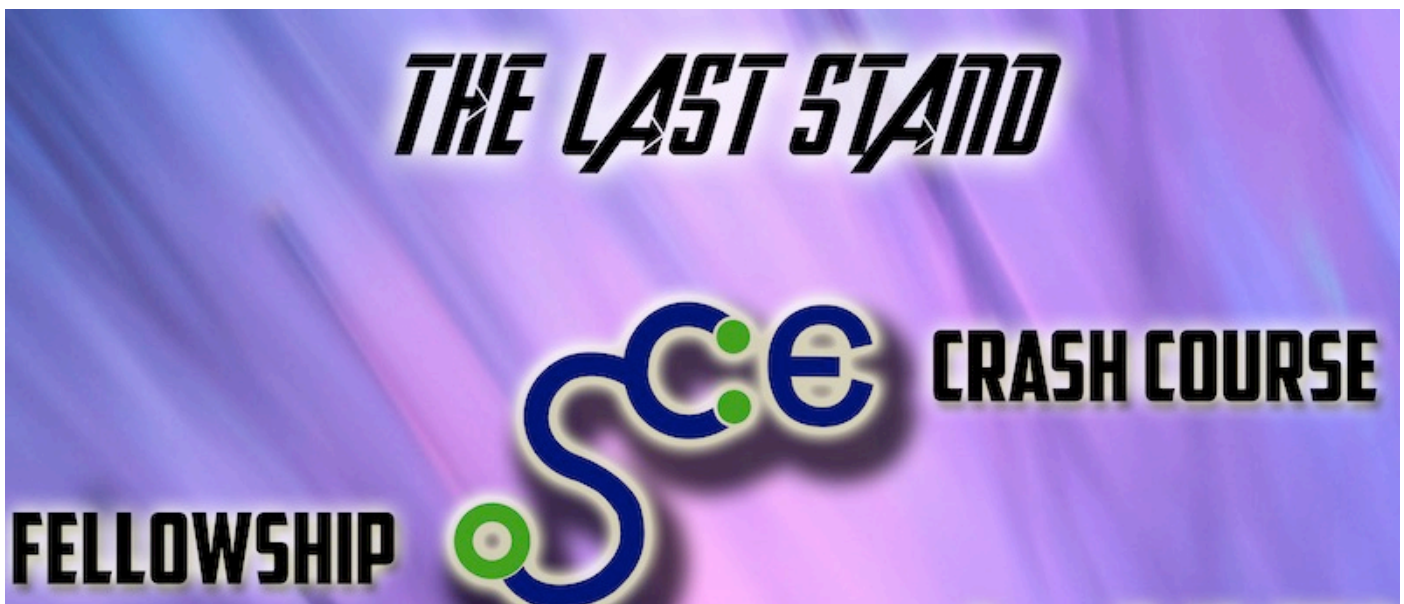
The OSCE exam tests all domains, application of knowledge in a range of scenarios and simulated circumstances:



# Section A

# OSCE Performance

# Heuristics



## OSCE Communication Exercise

**Objective** – Demonstrate Project/Show to the examiner appropriate body language:



Write down **TEN** contrasting features of the ‘body language’ of prospective FACEMs shown above:

---

---

---

**Pitfall** – avoid an over ‘task focus’ on ‘expertise’ showing the examiner a lack emotional intelligence:



Write down **TWO** questions to ask an upset simulated patient to encourage ‘venting’ or show empathy:

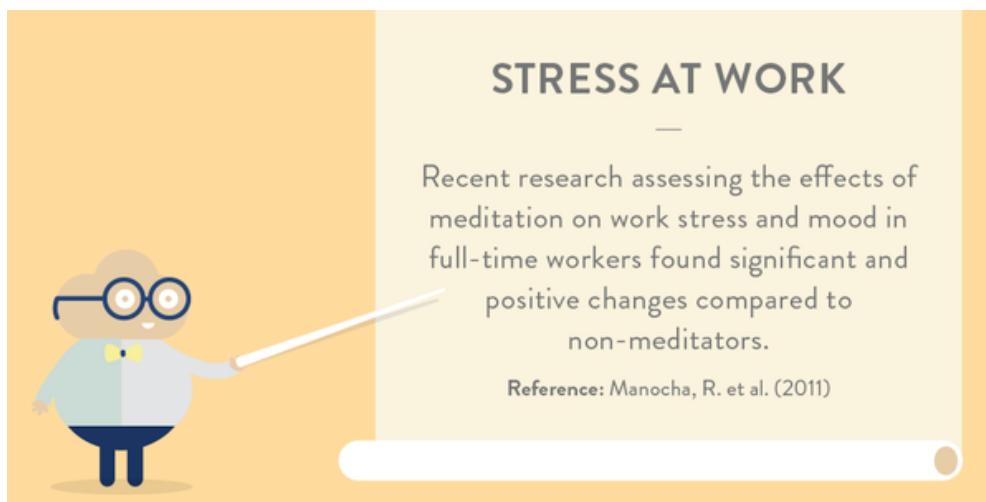
---

---

## Relaxation and Breathing

'Mindfulness' and 'Meditation' are not just hippie concepts. They could actually improve your performance in the exam as well as improve your physical and mental state at work and at home. Practice clearing your mind before entering the exam room and reflect on how it affects your performance. Will you eliminate all stress on the day? Absolutely not, some nerves will improve your performance, but reducing cortisol and adrenergic hormone levels is probably a good idea...

- What are some resources for having a Good Headspace?
  - **Headspace** – [www.headspace.com](http://www.headspace.com)
  - **Body Balance Classes** (by Les Mills at your local gym) – gives you a 1 hour Yoga / Pilates workout and a brief breathing meditation
  - **Jon Kabat Zinn** - <https://www.youtube.com/watch?v=8HYLyJZKno>
  - **Breathing** - any content from 'birthing classes' about slow deep breathing



Alternatively this technique from the military (navy seals):

1. Goal Setting - Find an anchor. Project yourself into a better future.
2. Mental Rehearsal – Visualize the situation and try viewing it from multiple viewpoints. Repeat it over and over again.
3. Self Talk - Differentiate between negative and positive thoughts
4. Arousal Control – stress breathing techniques.

## How do I teach a skill?

**SETTUP** is a suggested framework:

- Setting the scene
- Establish prior experience
- Talk through the procedure (led by the learner)
- Tips and tricks (provided by the instructor)
- Undertake procedure (with direct supervision)
- Post-procedure feedback

### What does the college expect in a teaching station?

According to the 2016 examiners report: *“Establishing knowledge, check-learning needs, responding to needs, clarity of communication, specific and relevant, depth and breadth, reasoning and logic, listening, manner with learner, checking understanding, correcting misconceptions, reinforcing correct knowledge, suggesting post experiential reflection and learning.”*

Write down a **framework** to effectively teach a skill (e.g. for a chest tube insertion in a novice operator):

---

---

---

---

### Awareness of a problem – ‘expertise domain conflict’?

Sometimes two OSCE domains can conflict with each other. Remember the corner stone to passing is simultaneous demonstration of communication, knowledge and professionalism. A good example would be showing your leadership, decision-making and medical expertise simultaneously in a simulated case:

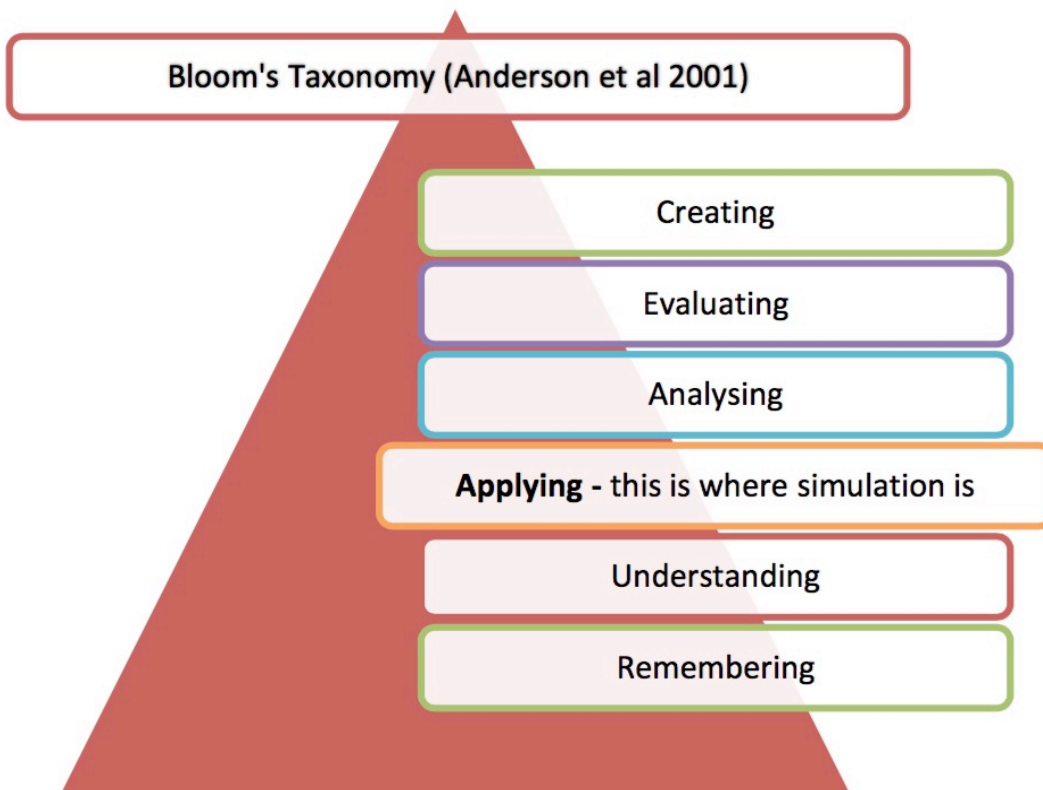




What are they looking for in the SIMS?

- Sims mostly about leadership
- Low Fidelity
- Have to be reproducible

### What is the Simulation in the OSCE testing?



# Section B

# Communication and Teamwork Skills



## How do I demonstrate 'leadership'?

This is a list of key skills to demonstrate in the OSCE exam to give the impression you are a 'leader':

1. Know your environment
2. Anticipate and plan
3. Call for help appropriately
4. Prioritise
5. Allocate attention wisely and use all available information
6. Distribute workload and use all available resources
7. Communicate effectively

## How do I demonstrate 'leadership' and 'teamwork' in the OSCE?

Ensure you project the following to demonstrate your teamwork abilities:



Now write down **SEVEN** features of leadership and teamwork:

---

---

---

---

---

## How do I show I am a team player and not a dictator?

- The highly functioning **TEAM** requires good leadership and followership to move forward effectively and efficiently towards shared common goals.
- Practice coming into the room, addressing the team by name(s), establishing roles and directing the anticipated plan for treating the simulated patient.
- We have scripted a possible way to do this in the case given below. Film yourself. Break down each part of a given Simulation station into sections and rehearse time and time again...
- As the **team leader** it is important to continuously allow for feedback, share your thought processes and summarise at regular intervals.

We suggest using "**LIPS**" to summarise every few minutes (this will project strong directive leadership):

**LABEL**  
**ISSUES**  
**PRIORTIES**  
**SUMMARY / SEND FOR HELP (?)**

If you get stuck you could just go back to the ABC assessment. The LIPS mnemonic is a useful addition as it includes 'buzz words' to complete your case summary:

**In your mind a case might look like this:**

### **CASE - 32 YEAR OLD, AMBULANCE, 34/40, SEIZURES**

- \* **Label** – 32 year old, 34/40, coming by ambulance in 5-mins with continuous seizures for 10 minutes
- \* **Issues** – Eclampsia, Actively Seizing, 2 patients, Minimal info
- \* **Priorities** – IV, O<sub>2</sub>, monitor, Stop Seizure, Check BSL, Magnesium
- \* **Send for Help** – O and G, Theatre for C-section, Blood Bank

### What you say might look like this:

*“Hi team, my name is Justin, the Emergency Senior on call today... I have to tell you about a patient who is coming in 3 minutes. Before I tell you about the patient can I firstly check in with you guys about roles and experience? (Pause and wait). Great. So Jamie you’ll be managing the airway and breathing, Anne you’ll be the resus nurse and Atticus you’ll be scribing on the board and keeping time. (Roles).”*  
*“Let’s use close loop communication and summarise regularly so we’re all on the same page.”*

*“So I might just summarise the case that is coming in.  
Atticus, can you write down what we need to get ready... (PAUSE)*

*We have a 32-year-old pregnant lady in her 3<sup>rd</sup> trimester who is actively seizing. I am concerned she may have eclampsia but it is also important to consider other causes of seizure and remember we have two patients to look after (LABEL and ISSUES)*

*So our priorities are to do the following (PAUSE):*

- *We need to stop the seizure so I’d like 5mg of midazolam in 5mls of saline ready now please Anne. (wait for closed loop)*

*So Jamie you have airway experience so I am going to ask you to assess the airway and feedback to me what you find when the patient arrives, in the meantime Jamie can you do the following:*

*Jamie, can you please call anaesthetics and obstetrics to come to the emergency department as soon as possible because we have a young lady with probably eclampsia who is actively seizing.  
Let me know when you have called so we can address some more important tasks?*

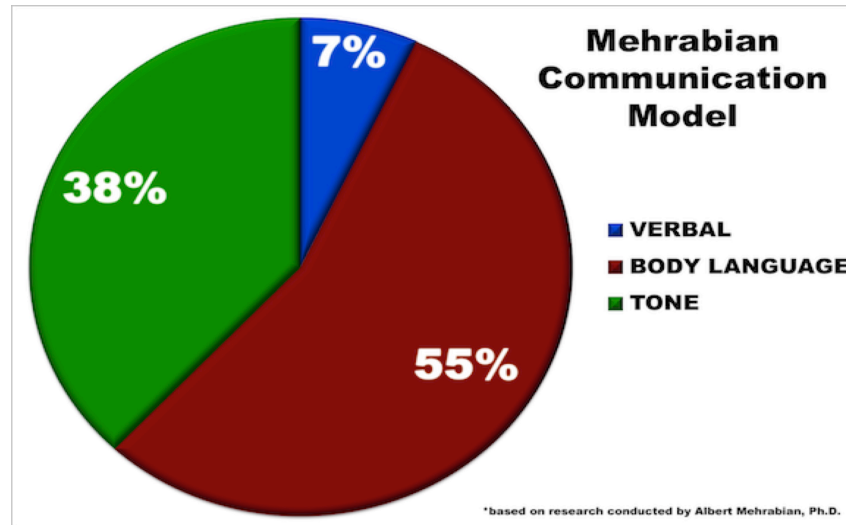
- *Anne, the other priorities from a nursing point of view will be to stop the seizure. We’ll need that midazolam as I mentioned as well as a Magnesium infusion. We’ll follow any local protocols that are available but otherwise we’ll need 20mmol of Magnesium Sulphate in a 100ml bag of saline given over 15 minutes. It’s important that is started as soon as they arrive so intravenous access and a blood sugar will be priorities. I know that’s a lot of information but I can see Atticus is writing down what we need so we can cross-check against what he has written.*
- *Atticus, thanks for writing that down – can you also keep time and remind me to summarise the case every 5 minutes or so we are all on the same page*
- *Jamie thanks for making those calls – when the patient arrives can we ensure we have IV, o2 and full monitoring at an early stage in the first instance. Secondly it is pertinent to start set up for intubation as much as we can before the patient arrives.”*

**PRACTICE SOME OPENING STATEMENTS OF YOUR OWN NOW IN YOUR OWN WORDS AND STYLE – IT’S IMPORTANT NOT TO OVER SCRIPT BUT IT IS IMPORTANT TO DEVELOP A STYLE**

**That’s ‘what you say’ but how should I ‘say it’?**

Suggested Reading - <http://resus.me/learning-to-speak-resuscitese>

Don't underestimate non-verbal factors including hand position, body language, stance, and eye contact:




---

## Should I be directive or collaborative in the OSCE?

As a prospective **FACEM** and a **team leader** it is important to have a balance between directive and collaborative approaches to leadership... Encourage your team members to provide feedback to maximize team dynamics but in the OSCE – DO NOT expect any hints or tips from them...

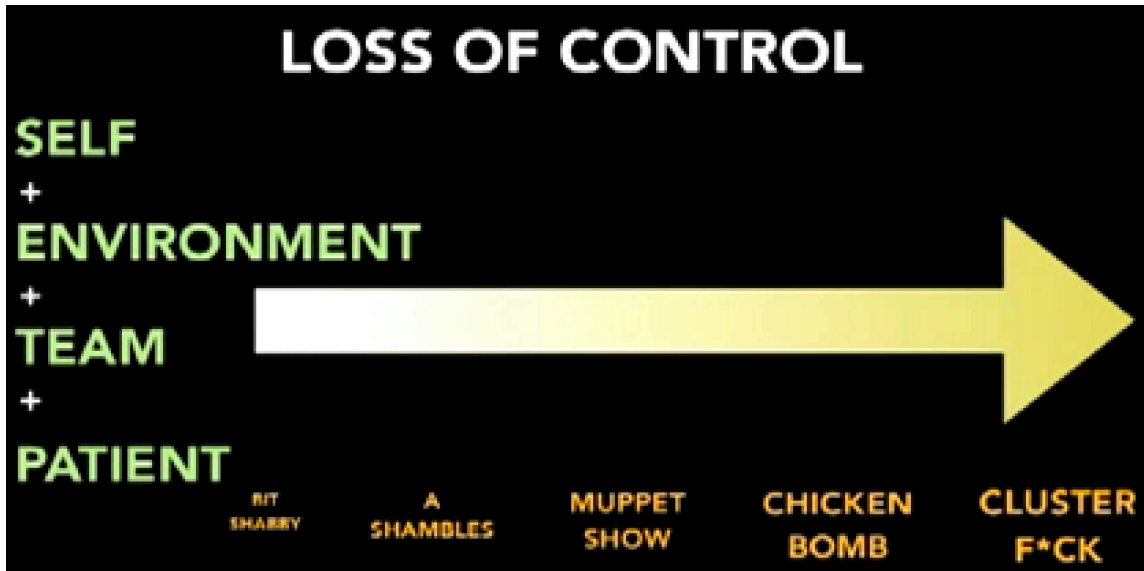
In real life we should ask what others in the team what they think and wait for the answers – if it is not forthcoming in the exam (which is likely) by sharing your ideas and allowing feedback from the team you will have given the impression that you are a safe team leader and will listen to your team's ideas in real life (e.g. short periods of silence are ok but the overall onus is you taking control).

As we mentioned before, in the exam sometimes the accessed domains are conflicting which makes the performance somewhat artificial....

---

## How do I project sense of control in the OSCE?

Think about managing **YOURSELF, THE TEAM, THE PATIENT** and the **ENVIRONMENT** to remain in control when managing a case in the OSCE exam:



(Picture by Dr Cliff Reid – NSW Ambulance Consultant)

## How do I demonstrate Safe Clinical Handover in the OSCE?

Use as systematic/familiar 'I S B A R' Framework when communicating handovers in the exam:

COMMUNICATING WITHIN YOUR HEALTH CARE TEAM	
CLINICAL DETERIORATION	CLINICAL HANDOVER
<p><b>I</b>NTRODUCTION</p> <ul style="list-style-type: none"> <li>Introduce yourself, your role and location</li> <li>Identify the patient</li> </ul>	<p><b>I</b>NTRODUCTION</p> <ul style="list-style-type: none"> <li>Introduce yourself, your role and location</li> <li>Identify team leader</li> <li>Clearly identify patient and family and carer if present</li> </ul>
<p><b>S</b>ITUATION</p> <ul style="list-style-type: none"> <li>State the immediate clinical situation</li> </ul>	<p><b>S</b>ITUATION</p> <ul style="list-style-type: none"> <li>State the immediate clinical situation</li> <li>State particular issues, concerns or risks</li> <li>Identify risks - Deteriorating patient, Falls risk, Allergies, limitation to resuscitation</li> </ul>
<p><b>B</b>ACKGROUND</p> <ul style="list-style-type: none"> <li>Provide relevant clinical history and background</li> <li>Presenting problems and clinical history</li> </ul>	<p><b>B</b>ACKGROUND</p> <ul style="list-style-type: none"> <li>Provide relevant clinical history referring to medical record and/or eMR</li> </ul>
<p><b>A</b>SSessment</p> <ul style="list-style-type: none"> <li>Work through A-G physical assessment</li> <li>What clinical observations are of particular concern?</li> <li>What do you think the problem is?</li> <li>Remember to have current observations and information ready!</li> </ul>	<p><b>A</b>SSessment</p> <ul style="list-style-type: none"> <li>Work through A-G physical assessment</li> <li>Refer to observations, medication and other patient charts</li> <li>Summarise current risk management strategies</li> <li>Have observations breached CERS criteria?</li> </ul>
<p><b>R</b>ECOMMENDATION</p> <ul style="list-style-type: none"> <li>What do you want the person you have called to do?</li> <li>What have you done?</li> <li>Be clear about what you are requesting and the timeframe</li> <li>Repeat to confirm what you have heard</li> </ul>	<p><b>R</b>ECOMMENDATION</p> <ul style="list-style-type: none"> <li>Recommendations for the shift</li> <li>Refer to medical record or eMR</li> <li>Provide expected date of discharge</li> <li>What further assessments and actions are required by who and when</li> <li>State expected frequency of observations</li> <li>Request that receiver read back important actions required</li> </ul>

## How do I deal with a Difficult Patient/Staff Member?

- Let them **vent**... Thank them for sharing what they have said... demonstrate empathy in the OSCE
  - Semantics of End-of-Life Conversations Audio:**
    - <https://dl.dropbox.com/u/220032/EMCrit-Podcast-20160109-165-Semantics-End-Life-Shreves.mp3>
    - <https://dl.dropbox.com/u/220032/EMCrit-Podcast-20130216-93-Critical-Care-Palliation.mp4>
- Use Negotiation Skills** (see below)
  - "Credibility, authority, and being **LIKED** are powerful persuasion tools" Cliff Reid (2013)
- Show a **genuine respect** for the patient/colleague's opinion in these difficult conversations – show respect for their point of view even if you don't agree with them...
- Attempt to negotiate (see below)
- Seek to **compromise**, Seek to help
- Make it **about the patient care** and not your disagreement(s)
- Close the **loop** – repeat back what has been discussed – cross-check what will happen now

## Become an OSCE 'master'

Deliberate practice is a method of 'learning' to master a skill.

Like any other skill, performance in the OSCE exam can be improved by breaking down the steps:

