



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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## OSCE General Information

1. Candidates, examiners, simulated patients, administration staff and invigilators do not need to wear a face mask but may choose to do so by personal preference. Spare face masks, alcohol hand sanitiser and surface wipes will be available in the station if required. Gloves of differing sizes will only be made available within clinical examination and clinical procedure stations where they are required to be used in.
2. Upon your arrival you will be signed in, receive a copy of the station you will be examining, and directed to the examiner calibration area where OSCE Lead will deliver a short calibration session and answer any questions you may have. Following this, you will have approximately 20min to meet the simulated patient in your allocated exam room and review the station again & make any local adjustments with them if required.
3. It is compulsory for all examiners to watch the 6 minute briefing video: [OSCE Examiner Briefing](#) prior to examining.

## Station Timings

All stations are ten minutes in duration. You must not move candidates on to additional tasks during the station; they are responsible for managing their own time. An alert will be sounded during the station as follows:

- I. **At the start (whistle):** candidates must enter the station and then commence their station tasks.
- II. **At eight minutes (horn):** candidates have two minutes remaining to complete their tasks.
- III. **At ten minutes (timer + whistle):** candidates must move onto their next station.

If a candidate finishes the station early, they must remain in the station until the alert is sounded at ten minutes. There will be a 60 second changeover between each station to allow candidates to read their instructions.

## 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 one minute 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. 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.
5. You must not provide feedback at any time.
6. If a candidate clearly misunderstands the instructions, simply ask them to “please re-read the instructions”.
7. 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.
8. The task’s sequence does not matter if the procedure is not compromised.
9. Additional to the criterion mark sheet, all examiners are asked to make an unrelated and separate global judgment of the candidate.
10. It is absolutely critical for the success of the OSCE that these two separate decisions represent independent judgements. You must not use the total score to validate the global judgement.
11. The global judgement is then used to determine the station pass mark using borderline regression standard setting method.
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.

### **INTRODUCTION OF DOMAIN-BASED MARKING:**

1. In academic session 2023-24, the medical school introduced domain-based marking for Core Consultation Skills. To try to achieve better discrimination across this domain, the examiner will award 1-5 marks based on descriptors (well below the expected standard, borderline, satisfactory, good, excellent) rather than 6 checklist marks. The simulated patient will award 1-3 marks based on descriptors (below expectations, satisfactory, highly satisfactory) rather than a binary choice of 0 or 1 marks.

2. Core Consultation Skills marking will be used in all history taking and communication skills stations. Please familiarise yourself with the specific instructions below. These will also be available on the day within your specific station examiner instructions.
3. **Core Consultation Skills Marking Instructions:** please select a score for the student's performance in Core Consultation Skills.
  - **Well below the expected standard** (1 mark)
  - **Borderline** (2 marks)
  - **Satisfactory** (3 marks)
  - **Good** (4 marks)
  - **Excellent** (5 marks)

When selecting your score, you should consider the following aspects of Core Consultation Skills:

- **Non-verbal communication skills:** did the student use appropriate eye contact, body language and physical contact?
- **Balance of questions:** did the student appropriately use open, closed and reflective questions?
- **Structure:** did the student facilitate an effective interview?
- **Use of language:** did the student use understandable language and avoid the use of jargon?
- **Cues:** did the student recognise and respond appropriately to any verbal or non-verbal cues?
- **Rapport:** did the student respond empathetically, facilitate the patient's contribution and foster collaboration?

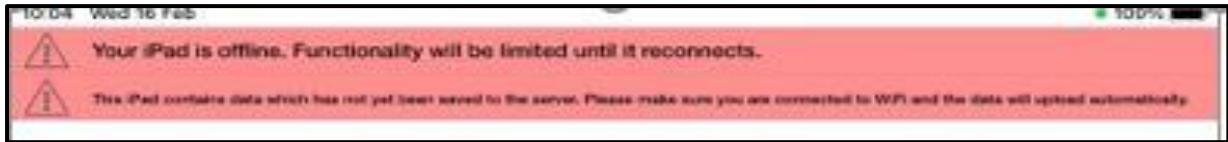
#### **ADDITIONAL INFORMATION:**

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 note that candidates are permitted to take notes while inside the station. Please ensure that any notes that the student makes are left in the station as they exit and are confidentially disposed of before the next student enters the station.
3. Please switch off all electronic devices.

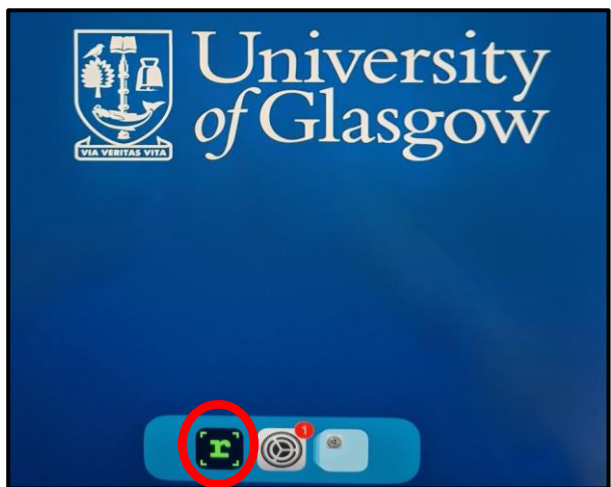
# Completion of Mark Sheets on iPads via Risr & Assess

It is important to note that consistent Wi-Fi connection is not required to mark students via iPads on Risr & Assess. The iPad will continue to work offline where connectivity is poor or absent. This is nothing to worry about and is by design. Marks are stored locally on the iPad until a connection is restored when they will resynchronise with the server.

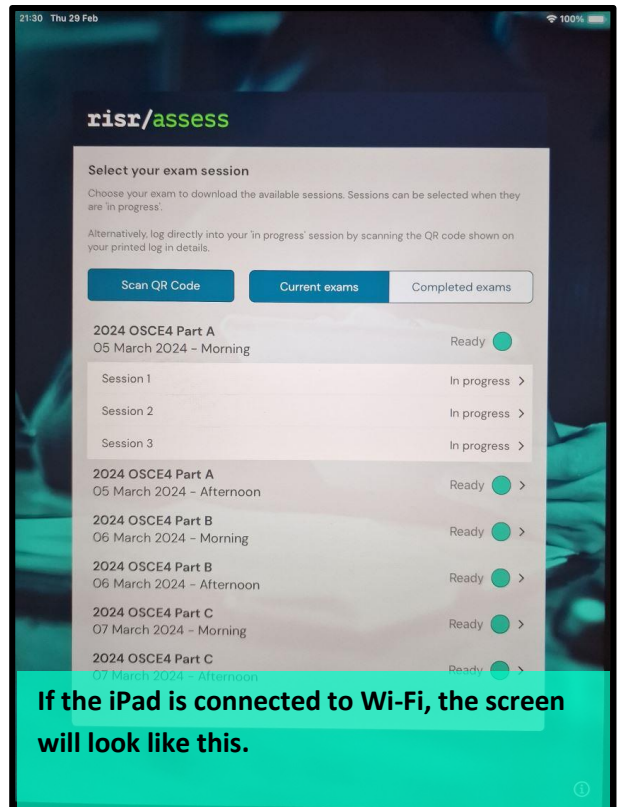
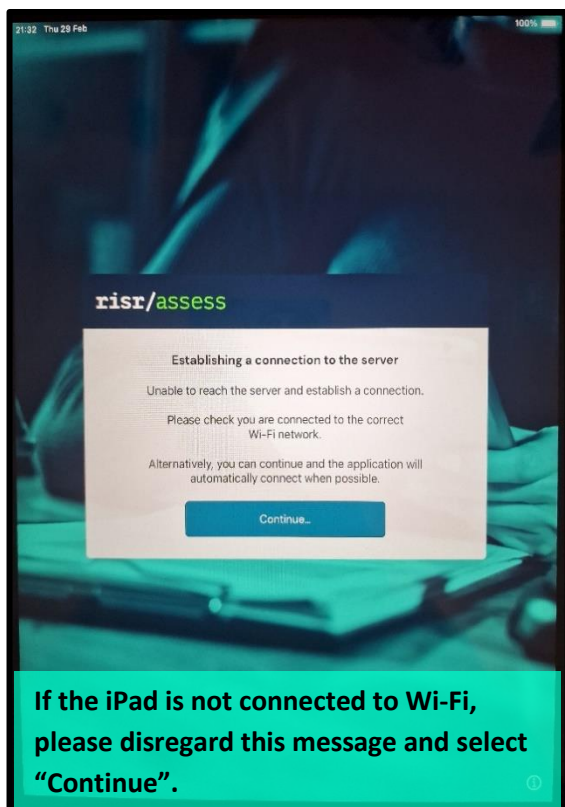
Therefore, please disregard any connection warnings as in the example below:



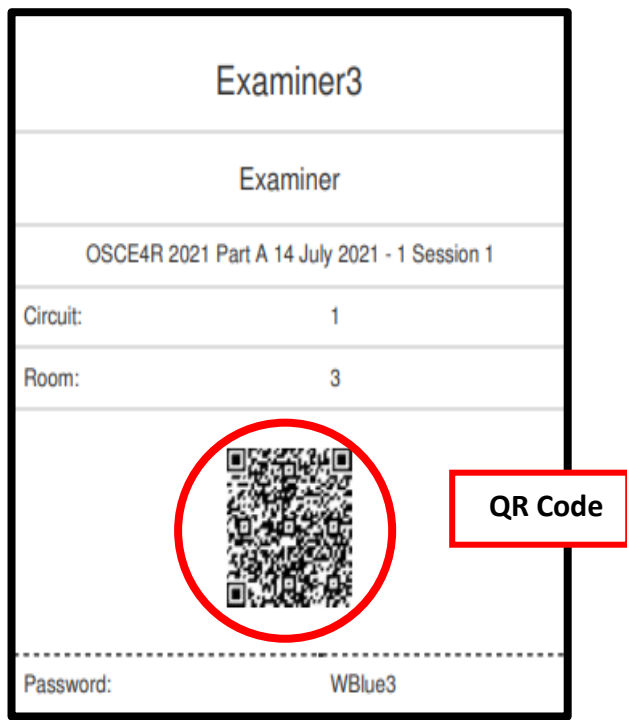
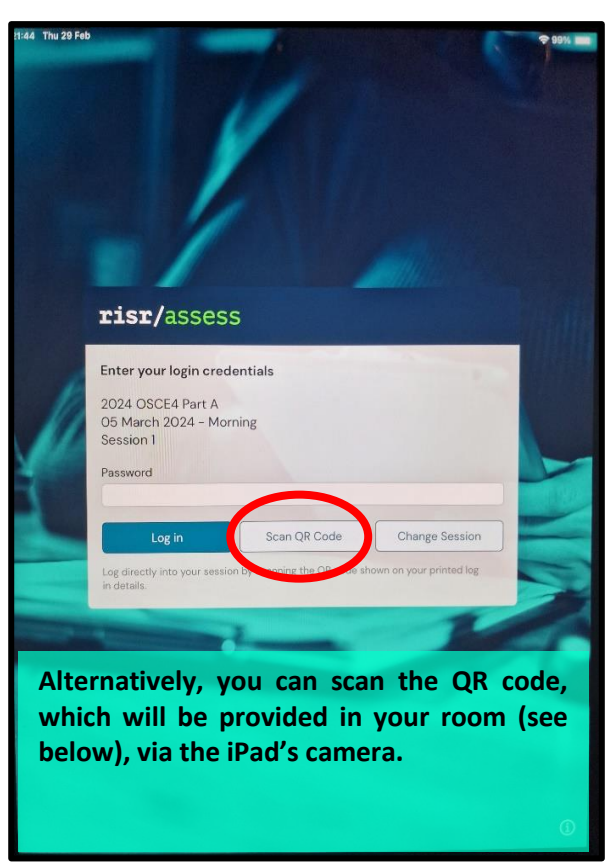
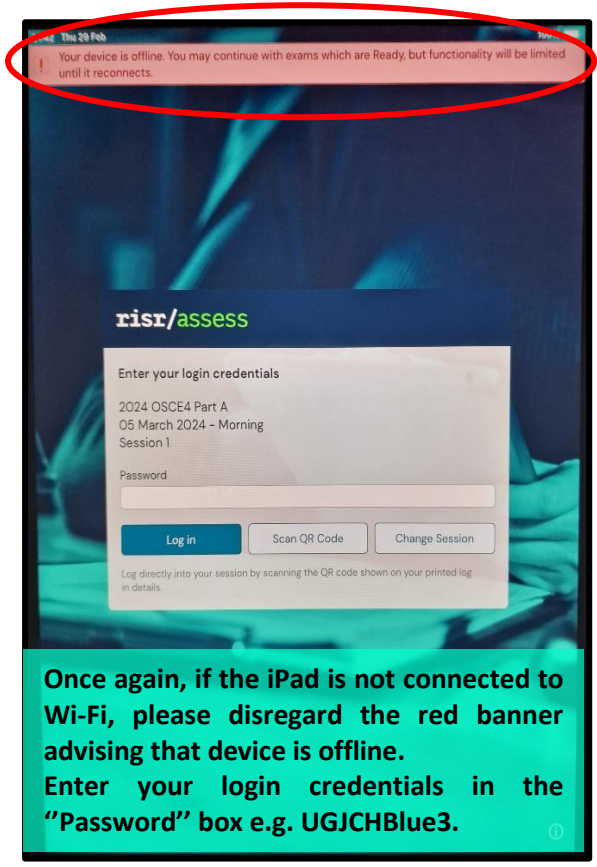
**Step 1.** On the home page of the iPad select the Risr & Assess icon:

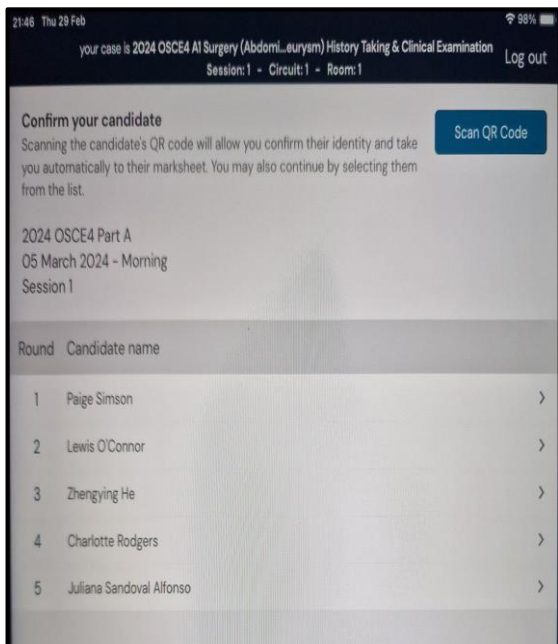


**Step 2.** After you have selected the Risr & Assess icon, your screen will look like this:



**Step 3.** Click on the relevant exam date - Part A & B & C. Then select the correct session from sessions 1 – 3 in AM and sessions 4 -7 in PM. You will then see a login screen. Enter your login credentials in the password box (these will be provided) or select “Scan QR Code” and point your iPad’s camera at the QR code located in your room.

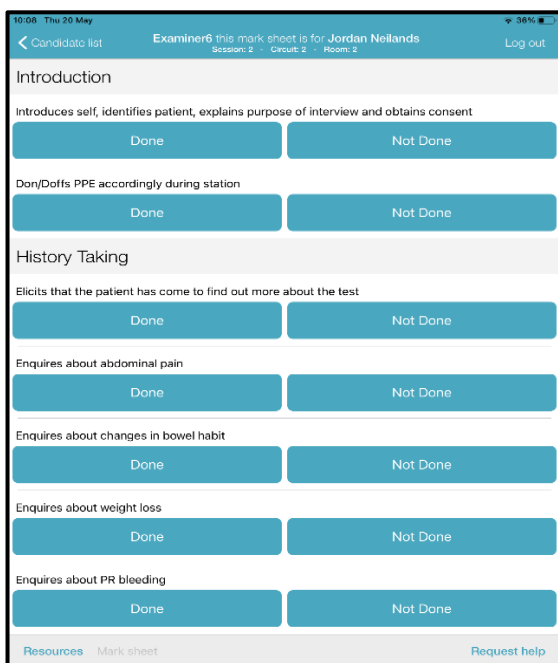




**Step 4.** When logged in you will see today's exam schedule, listing the candidates you are to examine. Click on the first candidate to access the mark sheet for this station.

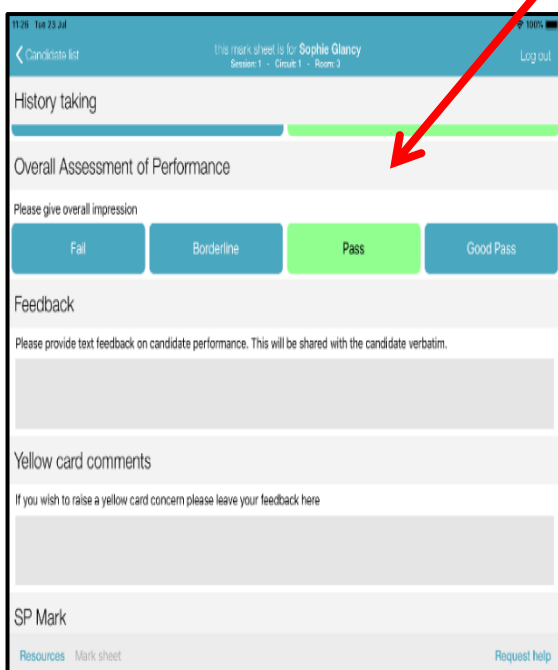
**Important:** Please check that the station title is correct e.g., OSCE4 A1 Surgery (Abdominal Aortic Aneurysm) History Taking & Clinical Examination. In the unlikely event that this is incorrect, log out at the top right-hand corner and re-enter the password carefully. If it is still incorrect, contact the on-site admin staff.

**Step 5.** 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 confirmation of their details.** Please indicate your marks for each question by highlighting the appropriate score.

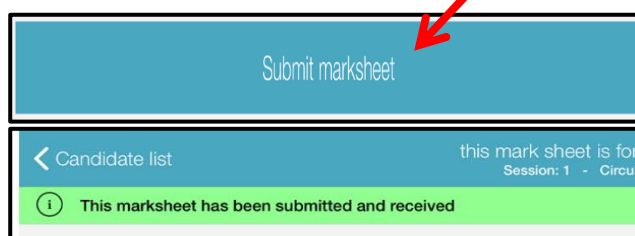


Please make sure to enter a mark for each question – any missing marks must be completed before you can submit a marksheet. If you miss out a mark you will receive a **Marksheet Validation Error** when you try to submit – return back to the marksheet and complete the missing mark section (which will 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 candidate in the feedback box.

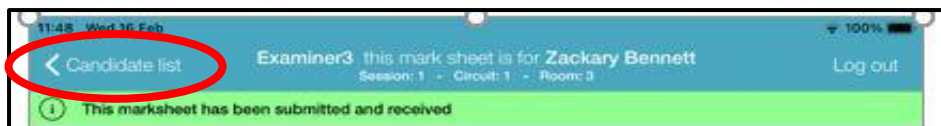


**Step 6.** Once you have marked all questions, indicated your overall global assessment and provided feedback on the candidate, please select "Submit Marksheet". You will then see acknowledgment that your marksheet has been successfully submitted and received.

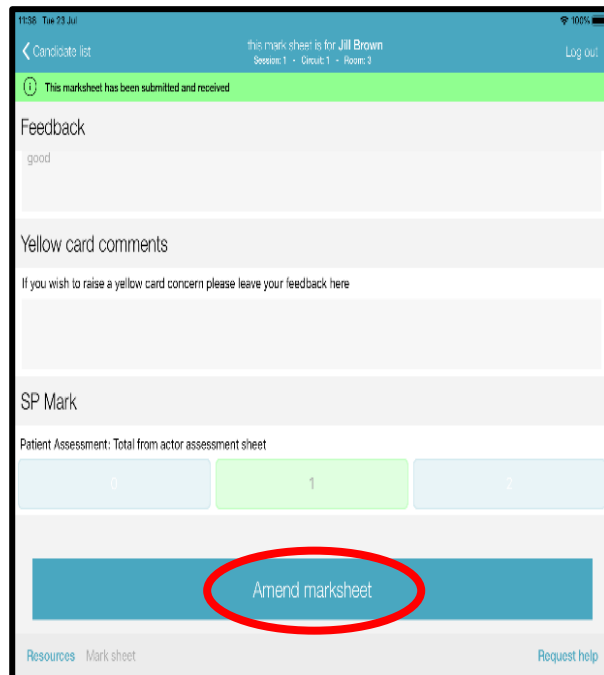
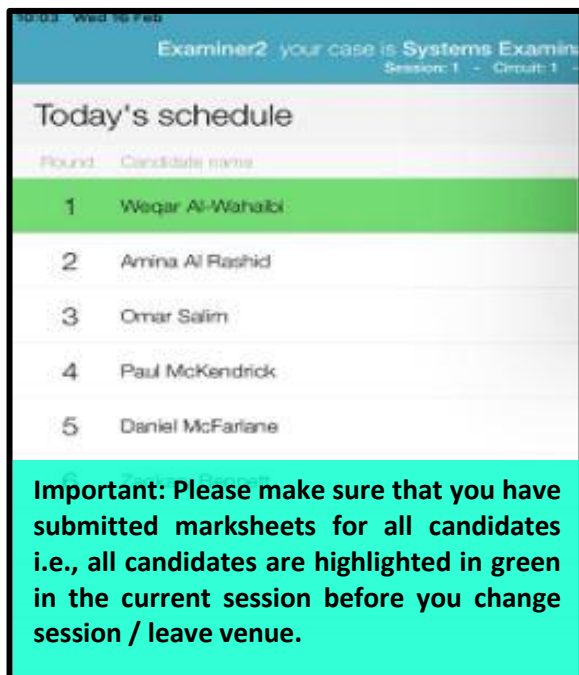




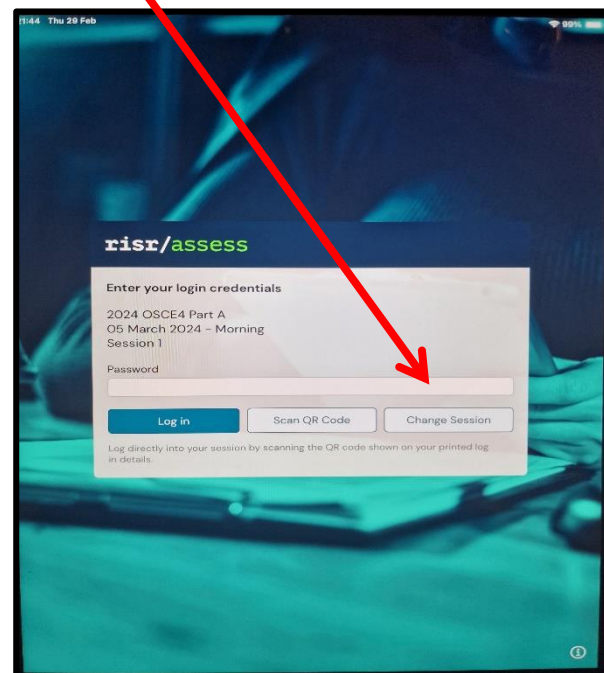
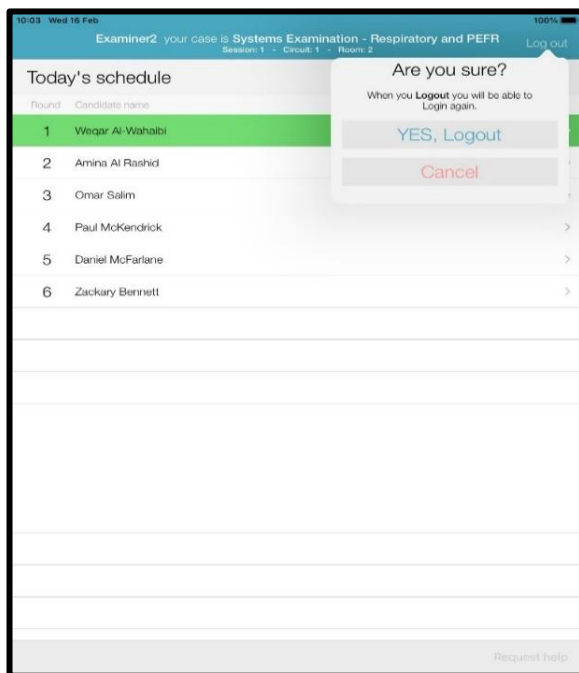
Then select “< Candidate list” to continue marking the next candidate.



**Step 7.** Once you have finished marking a candidate, you may 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”.



**Step 8.** Once all marksheets for students in e.g. Session 1 have been submitted, select “log out” at the top right-hand corner. To commence marking the next session, select “Change Session” on the main page.



**Important:** please use the “Morning Session Password / QR Code” to log into all AM sessions and “Afternoon Session Password / QR Code” to log into all PM sessions. After you have finished marking all your allocated sessions, please log out and leave your iPad in the room.

## 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

## Station Evaluations

You will be emailed an examiner feedback form to evaluate your station following the assessment. Please do take time to complete this; your comments and thoughts are valuable in reviewing and developing stations.

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 practice, 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 will receive individualised feedback on their performance via Risr & Assess examination platform. This feedback will include:

- Overall Pass/Fail Score
- Station Specific Feedback (station pass mark, student's score for each station and the cohort's average score for each station)
- Domain Specific Feedback (student's score for each domain e.g., history taking, clinical examination etc. along with cohort's average score for each domain)
- Any feedback comments written by station examiners during the OSCE
- Any yellow card feedback comments.

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 systems. 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.