4G SHORT COMMUNICATIONS: OSCE 2: Implementation in Practice
Location: Theatre Room 12, Level 0, MiCo

4G1 (22917)
Is the communication OSCE a valid measure of medical students' responsiveness to patient emotion?

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Background: Few studies have examined the transfer of medical students clinical communication skills from the simulated OSCE to patient consultations in Primary care. This is surprising given the centrality of the OSCE in the assessment of medical student communication skills, and consistent calls by researchers and educators to incorporate "authentic" patient encounters in research.

Summary of Work: 37 medical students were videoed in their final 4th year communication OSCE. The same cohort was then also videoed in several patient consultations each (n=138) in the following 5th placement based year. All videoes were micro-coded to analyse medical students responses to patient emotional cues with the Verona Consensus Coding Scheme.

Summary of Results: Medical students were consistently missing a significant proportion of simulated patient and patient emotional cues in both settings. A significant positive relationship (with a large effect size) was also found between medical students responsiveness to simulated patient emotional cues in the OSCE and patient emotional cues in Primary care.

Discussion and Conclusions: The 4th year communication OSCE is a valid measure of medical students responsiveness to patient emotion in Primary care.

Take-home messages: The communication OSCE cannot be a valid measure of medical students clinical communication without longitudinal analysis incorporating patient consultations.

4G2 (20573)
Standardised clinical examination videos in orthopaedics – An effective pre-assessment revision tool for undergraduate medical students

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Background: Student performance during clinical assessment conducted in the form of Objective Structured Clinical Examination (OSCE) could be affected by inconsistency in clinical examination techniques (CET). Standardization of CET involves either fixing or following similar sequence and style, which can be reinforced through video demonstration. Given that the examiner and the simulated patients used in the OSCE have been trained in a standardised manner, the recall capability of the individual students would be the sole variable in student assessment. The authors produced a video demonstrating standardised CET to study the student perception and their performance post video exposure.

Summary of Work: A cross-sectional prospective cohort study of 260 Year 3 undergraduate medical students was conducted. After successful video production, 128 students attended the video workshop 3 days prior to the OSCE assessment. Feedback based on the Likert scale was obtained from the attendees and their OSCE performance was analysed. This was compared to the performance of non-attendees.

Summary of Results: Approximately 95% of attendees felt that the video series had standardised the CET and acknowledged the videos for their clarity and brevity. About 85.5% felt that their understanding of common Orthopaedic conditions has improved. Most (90.9%) considered the videos to be relevant to the curriculum requirements. Attendees scored higher on average (74.01%) compared to non-attendees (61.88%). Furthermore, attendees were more likely (37.2%) to receive positive qualitative remarks from the examiners than non-attendees (9.1%).

Discussion and Conclusions: The use of standardised videos of CET in Orthopaedics gained positive perception from the students and improved their performance in OSCE. We suggest video as an effective tool for pre-assessment revision.

Take-home messages: Standardised video can be used to learn and revise CET in Orthopaedics effectively.
4G3 (22735)
Novel approaches to OSCE in basic and clinical sciences

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Background: OSCE celebrates its thirty-fifth jubilee, but like its inventor, Professor Ronald Harden, is ever young and open to new ideas.

Summary of Work: We propose two new approaches to OSCE successfully implemented in our University: group and basic science OSCE (GOSCE and BOSCE). GOSCE allows four exam-takers in each station, making examination faster, cheaper, and more life-like. It suits the best the emergency medicine examination. BOSCE is for the schools with integrated basic science teaching that want to assess them in a similar fashion in clinical context.

Summary of Results: Before entering the station in GOSCE, the students are prescribed the roles of leader, two assistants, and observer. The observer gets the checklist and assesses the work of other peers. The rest of the team deal with the case and are assessed by tutor using one checklist. Each examinee also gets points for performing his/her role. BOSCE has stations with clinical cases requiring applying 2-3 basic science disciplines, and are assessed by checklist including separate points for all disciplines. The last station is the pharmacology station where exam-takers should rationalize the prescription to the patient in one of the previous stations. At BOSCE, the students receive the final score, and the score for each discipline.

Discussion and Conclusions: The students, faculty and administration accepted well both GOSCE and BOSCE. All stakeholders had their reasons for accepting it, which could be a focus of another publication.

Take-home messages: Despite recent publications about the end of OSCE era, the novel approaches to this well-reputable assessment tool can breathe in the new life into it.

4G4 (22341)
An audit of OSCE feedback across UK medical schools

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Background: Feedback does not guarantee improved performance but is recognised as a powerful influence whose impact is in part dependent on the type and format of information given to students. We undertook an audit of feedback provided by UK medical schools after Objective Structured Clinical Examinations (OSCEs) to inspire and inform us about implementable practices that, from a theoretical perspective, are likely to effect an improvement in performance.

Summary of Work: We asked all UK Medical Schools to provide data on five topics concerning current OSCE feedback procedures. These were: whether they provided feedback beyond a mark/rank for individual stations and overall mark, use of written feedback, use of verbal feedback, and whether they delivered feedback using specialist software.

Summary of Results: Seventeen of thirty one schools responded. One school gave no feedback beyond mark. Eleven gave personalised feedback in various formats to all and 5 to students in difficulty only. One institution gave immediate verbal feedback after the OSCE. Nine schools reserved verbal feedback for students in difficulty. Eight schools used specialist software and five different systems were employed.

Discussion and Conclusions: Feedback on OSCEs varies significantly between schools. Some schools provide types of feedback that empirical studies suggest are likely to be effective but further work is required to explore this.

Take-home messages: To maximise the effect of feedback we must pay attention to (inter alia) the format of information we give students. Sharing this audit may encourage us all to adopt workable, cost-effective solutions for OSCE feedback.
**4G5 (20564)**
The use of video-recorded ward rounds in OSCEs to assess medical record keeping

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**Background:** Medical record keeping is a vital skill for medical students to learn to practice safely and communicate effectively as doctors. It is therefore a skill that requires assessment as it forms part of professional competence. We have previously examined written communication (e.g. clinical discharge summaries) in medical school OSCEs and have now developed a novel approach to assess ward round documentation, a task expected of future doctors.

**Summary of Work:** We video-recorded three clinical scenarios junior doctors commonly face using simulated patients, trainee doctors and nurses. The lead clinician would directly address the camera, instructing the medical student to make an entry in the patient’s notes as they would in a real clinical encounter, with 5 minutes allocated for this station. One scenario is used for training and the other two for the end of year summative OSCE. Marks are allocated according to a structured mark sheet which scores the content and quality of documentation.

**Summary of Results:** This pilot indicates this is a valid and appropriate way to assess medical record keeping. We will present the performance data for this OSCE which is set for spring 2014. We will also provide analysis of student and examiner feedback for this station.

**Discussion and Conclusions:** Medical record keeping is a crucial skill that should be assessed. This method allows this to be tested in a controlled environment with consistent student experiences to allow for fair and valid comparison between candidates.

**Take-home messages:** The use of video-recordings in OSCEs can allow us to assess the higher order skills expected of our future doctors.

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**4G6 (19966)**
Peer-Led OSCES: High Quality Teaching at High Volume

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**Background:** The GMC emphasises the importance of teaching as an integral role of a doctor. By involving medical students in teaching earlier in their careers, they will be more confident and able to teach once they graduate. Peer-led assessment and feedback is increasingly becoming recognised as an important method of improving the student experience. Not only do senior students provide an effective educational tool for junior students with their examinations, they too can consolidate and improve their own knowledge in the process.

**Summary of Work:** This project was initiated and delivered by the King’s College London Medical Students’ Association. More than 800 students (from years 2-4) participated in a series of workshops led by more than 400 volunteer peer-teachers, accommodating almost all students on a first-come, first-served basis free of charge.

**Summary of Results:** Strict eligibility criteria ensured that peer-teachers were at least one academic year senior to their students and had previously achieved a high mark in their OSCEs. Within each OSCE circuit, students would alternate between acting as both ‘patients’ and ‘clinicians’ where they would be assessed by the senior peer-teachers under timed conditions. Volunteer peer-teachers were briefed beforehand and provided real-time feedback to students.

**Discussion and Conclusions:** Our study showed that senior medical students are able to effectively teach younger students how to perform well in the OSCEs. By implementing strict eligibility criteria and quality control for peer-teachers, we were able to ensure teaching was of a high standard. Peer-teachers also remarked of its impact on their own learning and allowed them to improve their theoretical knowledge and practical skills.

**Take-home messages:** The role of senior peers teaching junior medical students in a formal structured environment is valuable and should be encouraged.