

# How to Write an OSCE Question

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In terms of Miller's pyramid (a simple model of competence), an OSCE assesses at the "shows how" level. If you are not familiar with the format of our OSCE in Aberdeen, see the 'Guidance for Organising and Running an OSCE in Aberdeen' document (available on Assessment Central).

We cannot test our students on what they have not been taught or told to learn. Questions must be blueprinted to the curriculum and outcomes – the ideal assessment fits the curriculum. The topic being examined must have been specifically listed in the learning guides and learning outcomes.

Questions should be possible for a student to complete in 5 minutes (or eight minutes for senior assessments). If you are unsure about which year group is the most suitable for your question, please ask the Assessment Team for advice.

Questions may be in the format of:

- Practical / technical skills (e.g. insertion of urinary catheter)
- History taking (e.g. taking a breathlessness history)
- Clinical reasoning skills (e.g. interpreting data (ECG, blood tests etc.), prescribing)
- Communication and explanation skills/information giving (e.g. breaking bad news)
- Physical examination (e.g. examination of the breast)

In some 'information giving' stations (e.g. Breaking Bad news), the station may also have a reading station beforehand to prepare for the marked station. Alternatively, information can be distributed to the candidates BEFORE the exam. However, it is not always necessary to give the information that they need to tell the patient to the candidate beforehand - it is reasonable to expect students in senior years to have some basic medical knowledge of their own.

Stations may be linked, e.g. (1) take a history from this patient with difficulty passing urine, then (2) perform a PR examination on this mannequin.

Please bear in mind that most of our simulated and volunteer patients are over 60. We therefore would find it difficult to source, for example, women in their early twenties for a question on gynaecology or anorexia. Real patients are also difficult to source as we would need six or eight patients with the same signs for each sitting of the OSCE. Please also be realistic in terms of equipment, again we would need at least 4 of everything.

The essence of an OSCE question is that it should test what cannot be part of a written paper. It is however, still possible to set an unmanned OSCE station which does not require an examiner to be present- e.g. x-ray, results or photograph interpretation, and prescribing.

A template for writing an OSCE question should include, as appropriate:

- A brief introduction – what the question is attempting to test and which block/system(s) it covers ( this will help the OSCE Coordinator with the blueprint of the exam.)
- Title and year(s) of study to which the question is appropriate
- Equipment list e.g. gloves, hand gel, stethoscope, mannequin, bed, table, ECG etc. Please be aware that we need at least 4 of each piece of equipment.
- Candidate, examiner and patient instructions
- Marking schedule with answers and scores

### **Candidate Instructions**

- Provide all necessary information to help candidates meet the aim
- Keep candidate instructions short and CLEAR – especially for junior years.
- Candidate has less than 60 seconds to read and understand
- No ambiguity, but may allow for clinical acumen (esp in senior years' OSCEs) e.g. "take a focused history", "perform an appropriate examination"
- Students often mis-read even the simplest of instructions
- It may be helpful to summarize the important tasks with bullet points in the Candidate Instructions.

### **Examiner Instructions**

- Must relate to the aims and objectives
- Also short and clear
- Explain anything ambiguous, leave them in no doubt as to what to do and when
- Examiners should ideally interact as little as possible with the student
- If a question is to be asked, state the time that question should be asked and the exact wording of the question.
- Instruct the examiner that they may interrupt the candidate and ask them to re-read the candidate instructions if they have gone off-track.
- Include clear description of how marks should be awarded for any subjective areas of marking e.g. done well/done
- Include clear instructions about how much prompting (if any) the examiner is allowed to give and when (or if) the examiner can ask the candidate to move on.

### **Patient/Actor Instructions**

- May range from 3 pages of history to be learned to a single line or symptom



- Need to be very specific
- Give full description of the character, their health background and the consultation
- Include an opening statement that ALL patient should start with.
- Where possible, break the history down into bullet points
- Be as clear as possible how much information the PP can give in one go and what needs to be asked for specifically.
- Include the following box

• <b>Patient name</b>	
<b>Date of birth</b>	
<b>ID Band</b>	
<b>Clothing</b>	
<b>Part of body to be examined</b>	
<b>Position</b>	
<b>Specific information to learn</b>	

The PP is always asked to give the Candidate a score at the end of the station. There are standard descriptors for this which can be added to your question later.

### Writing a scenario for a patient partner or actor


The scenario should include:

General Description and Setting:

Include patient's dress and behaviour / feelings to be displayed

Reason for Today's Attendance:

**Start the Patient Scenario with a standard line that ALL the patients should use to open the consultation with.**

History of Present Problem (in chronological order)

Including social / psychological issues related to presenting complaint

May include: What you say when the trainee asks “.....” You say “.....”

Patient’s concerns

Related History the Candidate May Ask About

REMEMBER that time is usually very limited, so don’t over complicate the parts of the history that are not relevant to the station and will attract no marks. e.g. if family history is not relevant, the patient can have no siblings or could be adopted.

Make it clear what information can be given freely. On the mark sheet, there should be minimal (or no) marks for this information.

Be clear with what information can only be given only if asked specifically.

### Mark Sheet

- There is a standard total mark for each station of 25 marks for a 5 minute station, 30 marks for an 8 minute station.

Should state all the skills the examiner should be looking for.

The actual number of marks that are awarded is hidden from the examiners in the OSCE, so you can weight different parts of the answer depending on how important you feel that skill is. The minimum mark is 0.25. Please refer to the SOP on iPad marking Sheet for further information.

To facilitate inputting of the question into the iPad and subsequent checking, ensure that the 0 option (Not done/Unsatisfactory) is always at the bottom of the list.

For example					Notes
General Marks	Single or Multi choice	Marks	Description	Total	
Introduces self using full name and status	M	0.5 0.5 0	Full name Status None mentioned	1	Maybe worth more marks in junior years than senior years
Checks patient’s name, DoB and checks ID band	M	0.5 0.5 0	Full name & DoB ID band checked Not done	1	Maybe worth more marks in junior years than senior years

Explains purpose of the interview	S	2 1 0	Good Satisfactory Unsatisfactory	2	
Gains Consent	S	1 0	Done Not Done	1	
<b>Patient's Concerns</b>					
Concerned about.....	S	1 0	Satisfactory Unsatisfactory	1	
<b>History</b>	M	0.5 0 1 1.5 0	Pain Cough Breathlessness Haemoptysis Not asked	3	You do not have to weight parts of the history equally. e.g. no marks are awarded here for identifying 'cough' – as this was in the candidates' instructions ('take a history from the next patient with a cough')
<b>General points / Professionalism</b>					Put these at the end of the mark sheet – easier for examiners
Interacts in a professional, respectful and empathic manner	S	1 0.5 0	No concerns Minor concerns Major concerns	1	
Logical organised sequence	S	1 0.25 0	Logical, systematic approach Some structure No structure	1	
Time Management	S	0 0	Completes station within time  Ran out of time	0	No marks for this – just useful information for further development of question.
<b>MARKS FROM PATIENT</b>					
<b>1=Unsatisfactory, 2=Borderline, 3=Satisfactory, 4=Excellent</b>	S	2 1.5 0.5 0	4 3 2 1	2	
<b>GLOBAL SCORE</b> In addition to the marks above,					

<p>please also indicate your overall impression of the student's performance on the following global score scale (this will be used for setting the pass mark)</p>					
<p>1=Unsatisfactory, 2=Borderline, 3=Satisfactory, 4=Highly Satisfactory, 5=Excellent</p>	S	5 4 3 2 1	<p>Excellent Highly Satisfactory Satisfactory Borderline Unsatisfactory</p>	0	

### Station Requirements

Station	Requirements ( personnel)	Equipment	notes
E.g. Examination of precordium	<p>Patient partner (male) Wristband – own details Gown</p>	<p>Bed, 2 chairs Gown 1 stethoscope 1 box mediswabs Orange Clinical Waste Bag</p>	

**We are always happy to receive new OSCE questions in the format above or ideas for OSCE questions as well as partially completed questions.**

### Proof reading.

OSCE coordinators are responsible for ensuring question is adequately proof read for clinical content, grammatical errors, marking errors etc by sending questions at various stages of their development to clinicians, Year Lead, Communication Lead, Patient Partner Programme, Assessment team, proof reader etc before final versions are uploaded to iPad and sent to patients and examiners.