

**Department of Medicine – Internal Medicine
Postgraduate Program
OSCE Overview**

- Who is it for?
 - All Internal Medicine residents are expected to participate in the OSCE
- Who are the examiners?
 - Department of Medicine Faculty
- What is the purpose of the exam?
 - Provide residents with an opportunity to be assessed on their clinical skills (physical exam, communication, interpretation of investigations)
 - Opportunity to practice OSCE exam skills
 - Evaluation
- Why are we doing it this way?
 - Seeing different styles and getting an idea of what the examiners are looking for can greatly enhance future examsmanship skills as well as helping with studying for exams.
- Other Exam Info:
 - The OSCE can be very difficult. Some stations will be relatively straightforward but others may leave you feeling as though you were not as successful - that's ok though, the purpose is to learn something from the experience (see below)!
 - There are no "tricks" or "traps" in the stations. The stations do however require you to go beyond the basics of just demonstrating for example "the respiratory exam." They are based on realistic clinical scenarios and the task is to approach the station like an expert would. Since you are not yet experts, it is ok to not function like one. You will not be tested on trivia or historical eponyms.
 - There will be 4 stations. Each station is 17 minutes long. Each component within the station is linked to a common clinical scenario. You may be asked to perform a physical exam, do a portion of the history, discuss with the examiner your approach to the problem or interpret a relevant investigation. Some of the history components may involve some ethical dilemmas or difficult discussions.
 - Because there are several components to each station, the examiners will let you know how minutes you have for each component. They may also prompt you to move on to another component before you think you are finished the current one. Don't let this phase you if it happens, just move on.

- Other Exam Info (continued):
 - Is it embarrassing to mess up in front of the examiners? Some people really worry about this part. Remember, the examiners will be going through the same thing themselves next year. They will treat everyone's exam like it is a private! Nothing leaves the room that you personally don't share with someone else because they will only be sharing with the exam sheets. **Also, because the scenarios are sometimes so difficult, it is expected that you will mess up in some area or other so, don't worry if it happens.**
 - The scoring for residents will be based on a checklist system developed and reviewed by expert clinicians. The scoring will take account the performance of the resident for the various tasks and elements involved in the scenario and whether prompts were required to complete the tasks. In addition, a Global Rating Scale will also assess the competency of the resident. Although all residents will be scored using the same scale, it is expected residents will be scored based on their stage of training.
 - A note on studying: Almost impossible to do as a just before the exam thing. The program itself should be preparing you for this as you go through each rotation with supplements from personal reading on the side and learning in rounds. A great reference book that you should all have on your shelf is: "*Evidence-based physical diagnosis*" by Steven McGee. The only thing not well covered in the book is rheumatology related physical exam materials.