I. PURPOSE

The Doctor of Medicine Program (the Program) or Undergraduate Medical Education (UME) in the Schulich School of Medicine & Dentistry at Western University supports the use of OSCE & TOSCE assessments throughout the curriculum.

The Objective Structured Clinical Examination (OSCE) and the Teaching Objective Structured Clinical Examination (TOSCE) in the Doctor of Medicine Program are designed to evaluate a student’s competency in clinical care by undertaking a relevant history, perform a focused physical exam, and when appropriate, discuss the relevant treatment plans and next steps with the patient while maintaining a patient-centered approach.

The purpose of this statement is to clarify the OSCE & TOSCE processes including professional expectations, session confidentiality, equipment expectations and post OSCE & TOSCE performance review.

II. STATEMENT

a. Professionalism & Deportment
   i. The OSCE & TOSCE is a required clinical examination of the Program and the highest degree of professionalism in behaviour, deportment, and appearance is expected.
      1. Professional attire and footwear is required including nametag & badge.
      2. Clothing including shorts or casual shirts/blouses will not be permitted.
      3. In OSCE & TOSCE stations with any patient/clinical encounter, personal hair must be secured back to avoid contact, handling or distracting the patient.
      4. Scrubs with a white coat are acceptable if cleared by the course or session chair in advance for Clerkship assessments
   ii. No gum, food, candy or beverages are allowed in the testing area. Water will be permitted upon request while on the exam floor.
   iii. Any student action considered as unprofessional or violating rules of assessment as outline in the Western University Academic Calendar will be reported by the proctoring staff and may result in immediate removal from the assessment and a grade of FAIL.
   iv. Educators and/or the Clinical Skills Learning Program staff reserve the right to remove students who exhibit disruptive behavior. In such cases an overall mark of “FAIL” for the session may be implemented.
   v. Issues of unprofessional behavior (as per the above, or in general) will be reported to the MD Program and may result in a grade of FAIL on the course.

b. Confidentiality
   i. Students must not discuss standardized cases (paper, simulated patient or real patient) with other students at any time before, during, or after taking an OSCE or TOSCE assessment.
   ii. Paper will be provided to students inside the exam rooms for taking patient notes.
   iii. All patient notes will be collected and shredded at the conclusion of the session.
   iv. Students are not permitted to remove any OSCE or TOSCE materials including notes from the test site.
v. Any OSCE or TOSCE papers taken by a student will be considered a violation of the Policy on Student Professionalism in Undergraduate Medical Education and addressed accordingly.

vi. Talking with classmates is not allowed on exam floors or in the rest stations.

c. Equipment

i. Students may bring their own stethoscopes, oto-ophthalmoscopes, penlights, and all other required equipment to the OSCE or TOSCE.
   1. Students who do not bring their required equipment may still take the exam, but should connect with the Clinical Skills Learning Program in advance to ensure requisite equipment will be available to borrow.
   2. UME will ensure that CSLP has at least two pieces of each required device/equipment.

ii. No personal notes, study materials, reference materials or scratch paper will be allowed in the OSCE testing area.
   1. Backpacks, purses, satchels, and briefcases will not be allowed inside the patient exam rooms or the rest stations
   2. All personal possessions will be safely guarded by UME or CSLP staff in exam floor waiting rooms.

iii. Mechanical and digital devices including but not limited to, cell phones, pagers, PDAs, calculators, recording or filming devices, radios, and 2-way communication devices are not allowed on the exam floors during testing. These devices must be left with personal items stored in the exam floor waiting rooms.

d. Format

i. The student class is split into two OSCE administrations – early and late. Students are informed through a course bulletin via email of their arrival time (early or late) and OSCE location at least one month prior to the exam.

ii. A brief orientation will be given upon registration prior to starting the OSCE.

iii. The OSCE is comprised of ten to eleven (10-11) Stations. There are usually nine to ten (9-10) observed stations (history and/or physical exam with Simulated Patients observed by Physician Examiners). The remaining one to two (1-2) are designated rest stations.

iv. Each OSCE station is 10 minutes long with 90 seconds in between each station. There will be a warning buzzer at the 8 minute mark – indicating that there remains only 2 minutes left in the station.

v. In specific OSCE stations, Physician Examiners will ask Oral Questions of the student at the warning buzzer – the student may not re-engage the SP after answering the question(s).

vi. The OSCE takes approximately two (2) hours to complete.

vii. Upon completion of the OSCE, students must immediately collect all personal belongings and leave the exam floor. Please see b(i) for reminder re confidentiality guidelines.

viii. Format and rules for the TOSCE will be provided in advance of the mandatory assessment and may mirror or differ slightly from the OSCE rules described above.

e. Performance Review

i. Students receive an individualized Skills Summary Report that highlights the strengths and weaknesses of their performance after each OSCE and TOSCE. Students who are identified as “needing remediation” on an OSCE will be notified by the Associate Dean, Undergraduate Medical Education under the Student with Academic Challenges policy.

ii. Students are encouraged to take advantage of the opportunity to reflect on their clinical skills and determine areas of competence and deficiency.

iii. For security reasons, OSCE and TOSCE checklists are not available for any OSCE or TOSCE review at any time unless otherwise directed by the Associate Dean, Undergraduate Medical Education as part of a mandatory remediation.
f. **Assessment of the Objective Structured Clinical Exam**

   i. Assessment for feedback occurs daily in Clinical Science Electives as the learner interacts with house staff and clinical faculty. Frequent observation during patient care activities forms the basis for such feedback.

   ii. Assessment for progression in Clinical Science Electives is tested via the Year 4 Objectives Structured Comprehensive Examination (OSCE). The OSCE will test students' mastery of the overall objectives of the clerkship and clinical electives. This evaluation will assess students' knowledge, clinical skills, professional conduct and clinical reasoning using real and simulated clinical settings.

   iii. Students will complete the Year 4 OSCE while enrolled in Integration & Transition

   iv. The OSCE must be completed as scheduled. Students who are ill or require an absence for compassionate grounds should seek counseling from the Learner Equity & Wellness Office to fully understand the consequences of a missed OSCE assessment.

   v. As per Progression Requirements, successful completion of the Year 4 OSCE is required (an overall grade of PASS) to pass Clinical Science Electives and to graduate from the Doctor of Medicine Program.

   vi. A student who receives a grade of FAIL on the Year 4 OSCE may be offered remediation at the discretion of the Course Chair.

   vii. As per the Program Requirements, remediation in the Doctor of Medicine program is a privilege and may not be offered upon failure of the OSCE.

   viii. Failure on the Year 4 OSCE without remedial privilege will require a student to withdraw from the program.

   ix. If remediation is offered, and a score of FAIL is achieved on the remediation, a student will be asked to withdraw from the program.