

OSCE/OSPE

Objective Structured Clinical/Practical Examination

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Learning objective

- Basics of OSCE/OSPE
- Definition of OSCE/OSPE
- The scope of practical/clinical assessment
- Different types
- Steps of organization of OSCE/OSPE
- Examples of OSCE/OSPE



Definition

- Clinical or practical assessments where candidates rotate round and perform specific tasks in different stations until they complete a cycle
- Competencies are assessed using standardized scoring instruments by well briefed or trained observer and assessors



O Objective **S** Structured **C** Clinical **E** Examination

O Objective **S** Structured **P** Practical **E** Examination

> Objective:

(Not influenced by personal feelings or opinion) As examiners use a pre-determined checklist with marking scheme for evaluation

Structured:

Because task is specified as well the marks, every student will face same problem & perform the same task within same time frame

Clinical : Because the tasks are representative of real clinical situation other than direct patient contact

> Practical:

Because the tasks are representative of practical aspects of those faced in real clinical situation other than direct patient contact



Educational Domains

Knowledge /Cognitive

Domains

Skills /Psychomotor Attitude /Affective

OSPE/OSCE

Educational Domains cont.

Knowledge/Cognitive-

- is organized in a hierarchy
- Begins with acquisition of knowledge followed by more sophisticated cognitive tasks

Hierarchy of Knowledge/ Cognitive domain Bloom's Taxonomy



Use of action verve

Educational Domains cont.

- Psychomotor Domain/Skill
- Physical movement, coordination, use of motor skill areas
- Development of these skills requires practice
- Simple manual tasks to more complex tasks

Educational Domains cont.

Affective Domain/Skill

- Describes a feeling tone, an emotion
- Interest, attitude, appreciations, values
- Motivation, communication styles- verbal, nonverbal

Affective Domain/Skill cont.

- Mainly aimed to assess psychomotor and affective domain
 - Practical skills
 - -Clinical skills
 - -Communication skills
 - -Behavior
- Part of the tests might assess cognitive domain that are beyond the scope of written and oral tests

Principles of OSPE/OSCE

- Questions are prepared on the basis of the objectives of the course
- Task/ skill to be tested is given to the student in the form of a specific question in a Station (Task assigned to the student)
- Time and task should be consistent.
- Each station focuses on testing a particular skill/ area of competency
- Preparation of 50% stations from must know part



Principle cont.

- Station should be screened or roomed
- Observer should not ask any question-Keen and silent
- Candidates must wear roll /code number badge

Checklist



Checklist is the heart of OSPE

Checklist cont.

- Checklist is prepared in advance during moderation of questions
- Checklist is prepared by breaking the skill into vital components
- All students are assessed on the same set of questions to make the assessment uniform & to ensure standardization.

Types of OSCE/OSPE stations

- Procedure station
- Question station
- Linked station
- Rest station
- Must pass/guillotine station
- Extra length(double or triple time station)

Question station/unobserved station/response station

Practically oriented questions are asked (data interpretation, image, picture, X-ray, write a prescription)

- Answers to be written on an answer sheet
- Scoring is done using a standard answer & marking scheme

Question station cont.

- Material should be on the table
- Questions are linked with the material(s)
- Never give the question alone(without material)
- There is no observer
- Hall invigilator invigilate the question stations
- Candidates use separate sheet for answering
- Put the answer sheet in a narrow opening box
- Scoring is done by assessor using checklist with mark scheme.

Procedure stations

- Students are asked to perform a procedure/ task (history taking, system exam, communication skill)
- Requires an **observer**

Two checklist

Checklist for observer- contain done and

not done

Checklist for assessor- Contain mark scheme

Procedure station cont.

- Candidates perform the procedure
- Trained observer carefully observe each area of performance
- Observer rates the correct performance by right ($\sqrt{}$) in the done of checklist.
- Concurrently rates the faults by tick the not done

Linked station

- Linked with previous station
- Measure blood pressure of this 10-yearold boy using appropriate calf. Note down in the supplied page for the next linked station
- Linked station plot the blood pressure in the appropriate chart and tell your interpretation to observer

Extra length station

- When double time/triple needed to perform the task e.g. prepare and stain the slide or measure the blood pressure and plot it in growth chart
- Parallel station S-3 S-1 $5 \min$ $10 \min$ $5 \min$ $5 \min$ S-2 5-2 $5 \min$ 5-2 $5 \min$

Rest station

- Station to accommodate excess candidates
- Not for taking rest or for writing the incomplete answer

Must pass/guillotine station

- A candidate will fail if fail at that station
- Not practicing in our situation

Competencies addressed by OSPE in final professional exam

- Data interpreting
- Patient studies
- Lab studies
- Clinical reasoning
- Formulating provisional/ diff diagnosis
- Planning investigation

> Therapeutic decision making

- Outline management
- Patient education

Competencies cont' Not yet in MBBS

Data gathering skill

- Interviewing
- Physical examination

Procedural skill

- Diagnostic, therapeutic, life saving & preparatory (preoperative, pre-procedural)
- Communication skill (verbal & written)

Materials for OSPE

Given in Final MBBS

Clinical data (Case scenario)

Laboratory Data

Photograph

X-Ray

ECG

Instruments

Not yet in MBBS

CT/MRI

Patient /Simulated patients

Procedure

Models

Specimens

Communication skill

Prescription

writing

Organization

- Advance planning and preparationmoderate the stations, select the place, select and inform observer and assessor.
- Activities on the day before the exam
- Activities on the day of exam
- Activities after the exam

Planning of an individual station

- Identify competencies to be assessed (learning objectives /domains)
- Identify content / material / problem
- Write appropriate task for candidates related to learning objectives
- □ Write instructions for candidates/ observers
- Develop checklist / standard answer
- Marking scheme

Planning cont.

- □ Select the simulated or real patients
- □Train/brief the simulated or real patients to standardized them
- □Use models/ simulator if possible

Planning cont.

- Language should be clear, simple, precise and easily understandable
- □ Instruction must be specific
- Proper Weight should be given to the important points in the checklist
Planning cont.

Test matrix (blueprint)

Competency Catagories	CVS	RS	Neur o	GI	Renal	Nutriti on	Neon atolog y	Haem /Onco logy
Data interpretation (Clinical)					\mathbf{X}			
Photograph								
X-Ray						\mathbf{X}		
Data interpretation (Laboratory)								
Instrument			$\mathbf{\mathbf{x}}$					
ECG								

Planning cont.

Example

- Objective
- Domain : Knowledge
- Content/ material : ECG
- Task
- Instruction

:interpretation of ECG

: To interpret the ECG

:Please read the ECG & answer the questions

- Checklist
- Marking with weight

Activities on the day before the exam

Check

- The examination hall and station
- Number of materials, questions and chechlist, necessary equipments should be ready according to number of students
- Environment of examination hall
- Arrangement of refreshment for observer, accessor and students

Activities on the day of exam

- Brief the observer, assessor, simulated/ real patient
- Brief the students regarding rules and regulation
- Quarantine the assessed students
- Conduct the examination in same day

Activities after the exam

- Collect answer sheets
- Send to assessors
- Compute the results
- Preserve the questions, checklist, materials and other documents

EXAMPLES OF OSPE





Instruction: Please study the X-Ray of a 2-year- old boy &

answer the questions given below.

Time: 05 minutes

Questions

1. Write down 3(three) radiological findings.

2. What is your diagnosis?

3. Advise 4 (four) other important investigations to reach the diagnosis.

	Components	Marks
Answer-1	i. Widening, cupping & fraying of lower ends of tibia & fibula	1.5
	ii. Increased distance/ wide gapbetween epiphysis & metaphysis	1.0
	iii. Generalized osteopenia	0.5
Answer-2	Rickets	1.0
Answer-3 (Any four)	 i. Serum calcium level ii. Serum phosphate level iii. Serum alkaline phosphatase level iv. Serum parathormone level v. Vitamin D level 	0.25X4 =1.0
Total		5.0



Instruction: Please study the X-Ray of a 2-year- old boy who cries while touched & answer the questions given below

Time: 05 minutes

Questions

- 1. Write down radiological findings marked 1,2,3 and 4
- 2. What is your diagnosis?

	Components	Marks
Answer-1	 Ground glass appearance of shaft Ringing of epiphysis White line of Fraenkels Zone of tranlucency 	0.75x4= 3.0
Answer-2	Scurvy	2.0
Total		5.0



Instructions: This is an X-ray of a 5 -year- old boy who has been suffering from shortness of breath since 1 year of age. Answer the following questions-

Time: 05 minutes

Questions

Q1. Write down 3 (three) abnormal radiological findings you see in this X-ray.

Q2. What is the most likely diagnosis?

	Components	Marks
Answer-1 (Any 2)	i. Boot shaped heart /tilted apexii. Concave pulmonary conusiii. Oligaemic lung field	1.0 1.0 1.0
Answer-2	Tetralogy of Fallot	2.0
Total		5.0



Instructions: This is an X-ray chest of 8 -year -old boy who has been suffering from shortness of breath. Answer the following questions-

Time: 05 minutes

Questions

Q. 1. Write down 4 (four) abnormal findings in the X-ray.

Q.2. What is the radiological diagnosis?

Q.3. Write down 2 underlying causes for this condition in children.

	Components	Marks
Answer-1	 i. Homogeneous opacity in lower zone of both lungs ii. Crescentric upper border of opacity. iii. Both costophrenic angles are obliterated. iv. Both cardiophrenic angles are obliterated. 	.05x4=2.0
Answer-2	Bilateral pleural effusion	1.0
Answer-3 (Any 2)	 i. Nephrotic syndrome ii. Cirrhosis of liver iii. Congestive cardiac failure iv. Connective tissue diseases 	0.5x2=1.0
Total		5.0

Photograph



Instructions: The 5 -year -old boy in this picture has been suffering from shortness of breath since I year of age. Answer the following questions-

Time: 05 minutes

Questions

Q1. Write down 2 (two) abnormal physical signs you see in this picture.

Q2. What is the most likely diagnosis?

	Components	Marks
Answer-1	i) Centralcyanosis (2)/Cyanosis (1)ii) clubbing of fingers	2.0 1.0
Answer-2	Tetralogy of Fallot/ Congenital cyanotic heart disease	2.0/1.0
Total		5.0



Instruction: This is a photograph of a 3-year- old boy.

Please study the photograph and answer the questions given below

Time: 05 minutes

Questions

Q1. Mention 4 important features observe in this boy?

Q2. What is the most probable diagnosis?

Q3. Enumerate 2 investigations that will help you to achieve the diagnosis.

	Components	Marks
Answer-1	i. Coarse face ii. Protruded tounge iii. Depressed nasal bridge iv. Umbilical hernia	0.25x4= 1.0
Answer-2	Hypothyroidism	1.0
Answer-3	 i. T3, T4, TSH / T4, TSH/ FT4, TSH/ Thyroid Hormon assay(Carry 0.5 marks) i. X-ray Knee joint ii. USG of thyroid gland/ thyroid scan 	1.0 1.0 1.0
Total		5.0

DATA INTERPRETATION (Clinical data)

Please write down the station no & your roll number at the top

Instructions: A 4 - year- old boy weighing 11 kg admitted in the hospital. Her height was 92 cm. Please answer the following questions-

Time: 05 minutes

Questions

Q.1. Plot the anthropometric values on the supplied growth chart

Q.2. Calculate the weight for height z score of this child?

Q.3. Write your diagnosis according to WHO classification. After completion of your task, put the answer script in the box

Plotting on supplied growth chart

Weight-for-stature percentiles: Boys

NAME



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). SAFER . HEALTHIER . PEOPLE

http://www.cdc.gov/growthcharts

	Components	Marks
Answer-1	Plotting on supplied growth chart	2.0
Answer-2	1 SD = 13.5 - 12.3/2 = 0.6	
	2 score = 13.5 - 11 = 2.5 / 0.6 = -4.1	1 0
	For calculation	1.0
	Result	1.0
Answer-3	Severe acute malnutrition(SAM)	1.0
Total		5.0



Instruction: Please study the Pedigree of a 2-year- old boy & answer the questions given below.

Time: 05 minutes

Questions

Q1. Who are carriers in this pedigree?

Q2. Who are sufferer/affected in this pedigree?

Q3. Write down the mode of inheritance.

Q4. Mention 3(three) diseases having this mode of inheritance

	Components	Marks
Answer-1	Females	1.0
Answer-2	Males	1.0
Answer-3	X-linked recessive	1.5
Answer-4 (Any three)	Hemophilia Duchenne muscular dystrophy Becker muscular dystrophy G6PD deficiency	0.5X3= 1.5
Total		5.0

DATA INTERPRETATION (Laboratory data)

Please write down the station no & your roll number at the top

Instructions: A 10- month- old boy with acute watery diarrhoea presented with abdominal distension. S. Electrolyte shows Na 138 mmol/l, K 1.9 mmol/l, Cl 117 mmol/l, HCO3 25 mmol/l. Study the laboratory data and answer the following questions. Time: 05 minutes

Questions

Q.1. Mention the abnormality in the electrolyte report.

Q.2.Enumerate three clinical features those may develop this boy.

	Components	Marks
Answer-1	Hypokalemia	2.0
Answer-3 (Any three)	i. Paralytic ileusii. Weakness and fatigueiii. Muscle crampsiv. Heart palpitation	1.0X3= 3.0
Total		5.0
Station-10



Please write down the station no & your roll number at the top

Instruction: Please read the ECG of a 3-year-old child and answer the following questions

Questions

Q1. Calculate the rate.

Q2. Comment on the rhythm of the strip.

Q3. Write down the diagnosis.

Q4. Name 2 important congenital heart diseases where such abnormality is found

After completion of your task, put the answer script in the box

Checklist-10

	Components	Marks
Answer-1	100/min	1.5
Answer-2	Regular	1.0
Answer-3	Right ventricular hypertrophy/ RVH	1.5
Answer-4 (Any Two)	 i) Tetralogy of Fallot ii) Atrial septal defect iii) Pulmonary stenosis iv) Pulmonary hypertension 	0.5x2= 1.0
Total		5.0

Instruments

Station-11



Please write down the station no & your roll number at the top

Instructions: Please see the supplied instrument and answer the following questions.

Time: 05 minutes

Questions

Q1. Name supplied instrument.

Q2. Mention 3 (three) indications of its use in paediatric practice.

Q3. How will you measures the length of the tube when you plan to introduce in an infant.

After completion of your task, put the answer script in the box

Checklist-11

	Components	Marks
Answer-1	Nasogastric tube/ feeding tube	2.0
Answer-2 (Any three)	i. Feedingii. Medicationiii. Nasogastric suctioniv. Gastric lavage	0.5x3= 1.5
Answer-3	From tragus to tip of the nose then to Xiphoid process of sternum	1.5
Total		5.0

Station-12



Please write down the station no & your roll number at the top

Instructions: Please see the supplied instrument and answer the following questions.

Time: 05 minutes

Questions

Q1. Name the supplied instrument.

Q.2. Mention the parts of it.

Q2. Mention 2 important diseases where this instrument is used to reach the diagnosis.

Q3. What is the preferred site of introduction in a 10- year-old boy?

After completion of your task, put the answer script in the box

Checklist-12

	Components	Marks
Answer-1	Bone marrow aspiration needle/ Salah	1.5
Answer-2	i. Trocar ii. Cannula iii. Guard	0.5X3=1. 5
Answer-2 (Two from the list)	 i. Leukaemia ii. Aplastic anaemia iii. Kalaazar iv. Lymphoma v. Idiopathic thrombocytopenic purpura (iii ,iv & v carry 50% marks) 	0.5x2= 1.0
Answer-3	Posterior superior iliac crest	1
Total		5.0

Station-13 (Procedure)

 Instruction: Please do the heat coagulation tes and tell your interpretation to the observer

Time: 5 min

Total marks: 10

Checklist-13 (For observer)

	Components/task	Done	Not- Done
1.	Taking the test tube and setting it in holder		
2.	Filling the test tube upto 2/3 rd with urine		
3.	Flaming the lamp		

4.	Heating on upper 1/3 rd of the tube over flame upto boiling point	
5.	Adding few drops of 5% Acetic acid after haziness appears and boiling again	
6.	Interpretation	
7.	Off the flame Wash & Keep the test tube in rack	
8	Overall technique	
	Total	

Checklist-13 (Mark scheme for assessor)

	Components/task	Marks
1.	Taking the test tube and setting it in holder	0.5
2.	Filling the test tube upto 2/3 rd with urine	1.5
3.	Flaming the lamp	0.5

4.	Heating on upper 1/3 rd of the tube over flame upto boiling point	02
5.	Adding few drops of 5% Acetic acid after haziness appears and boiling again	1.5
6.	Interpretation	02
7.	Off the flame Wash & Keep the test tube in rack	0.5 0.5
8	Overall technique	1.0
	Total	10

Station-14 (Communication skill)

Instruction: A-7-year-old girl is diagnosed aspulmonary tuberculosis. Now you have to treatthe child. She has a younger sister of 2 –year-old. So counsel the parents on management.Time:5minTotal Marks: 10

Checklist-14 (For observer)

No	Tasks	Done	Not done
1	Greetings		
2	Rapport building		
3	Asking the mother what she knows about the illness		
4	Listen carefully what she says and		
	praise her		

5	Advice for anti-TB drugs:	
	a) Number of drugs to be given	
	a) Dose & duration	
	a) Time of intake of drugs	
	a) Where the drugs are available	
6	Inform mother about problems arises	
	during treatment & measure	
	a) If orange color urine, assurance	
	a) If jaundice, stop drugs & consults	
	immediately	
	a) Visual problem, stop drugs & consults	
	immediately	

7	Risk of patient in noncompliance of drugs => TBM/resistance to drugs	
8	INH prophylaxis for younger sib with duration	
9	Any query of parents	
10	Feedback	
	a) Eye to eye contact	
	b) Use easy language	
	c) Thanks given	
	Total	

Checklist-14 (Mark scheme for assessor)

No	Tasks	Marks
1	Greetings	0.5
2	Rapport building	0.5
3	Asking the mother what she knows about the illness	0.5
4	Listen carefully what she says and praise her	0.5

5	Advice for anti-TB drugs:	
	a) Number of drugs to be given	0.5
	a) Dose & duration	0.5
	a) Time of intake of drugs	0.5
	a) Where the drugs are available	0.5
6	Inform mother about problems arises during	
	treatment & measure	
	a) If orange color urine, assurance	0.5
	a) If jaundice, stop drugs & consults immediately	0.5
	a) Visual problem, stop drugs & consults	05
	immediately	0.0

7	Risk of patient in noncompliance of drugs => TBM/resistance to drugs	1.0
8	INH prophylaxis for younger sib with duration	1.5
9	Any query of parents	0.5
10	Feedback a) Eye to eye contact b) Use easy language c) Thanks given	0.5 0.5 0.5
	Total	10

Contributors

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