The OSCE Format of the Clinical Skills Component of the Certification Examination in Family Medicine:

PRE-EXAM ORIENTATION for CANDIDATES

MCC CMC
The Certification Examination in Family Medicine is comprised of 2 components:
• a written examination
• a 12-station clinical skills examination:
  • Saturday: 8 10-minute objective structured clinical examinations (OSCEs)
  • Sunday: 4 15-minute simulated office orals (SOOs)

What to Bring

<table>
<thead>
<tr>
<th>ITEMS TO BRING to the exam</th>
<th>ITEMS TO LEAVE at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Entrance Card</td>
<td>❌ Lunch (food)</td>
</tr>
<tr>
<td>✓ Lab coat</td>
<td>❌ Pencils / paper</td>
</tr>
<tr>
<td>✓ Reflex hammer</td>
<td>❌ Electronic devices</td>
</tr>
<tr>
<td>✓ Stethoscope</td>
<td>❌ Large bags or purses* – space is limited!</td>
</tr>
</tbody>
</table>

*A coat check will be available to store SOME personal items.*
Registration times are located on the Candidate Information Sheet that you will receive in your Entrance Card package.

<table>
<thead>
<tr>
<th>Examination Day</th>
<th>Arrival Time</th>
<th>Approx. End Time</th>
<th>Examination Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, May 3, 2014</td>
<td>8:30 a.m.</td>
<td>2:45 p.m.</td>
<td>Health Sciences Centre</td>
</tr>
</tbody>
</table>

Requirements:
- You must bring your Entrance Card to be admitted to the examination and must be surrendered to the Deputy Registrar or their designate on completion of the examination.
- This document identifies and authorizes the following candidate entrance to the examination (as per the Candidate Information Sheet), you may be denied entry to the examination.

Register upon arrival:
- Hand over your personal belongings and your entrance card to the exam site staff.
- You will be given an ID badge to wear, a pencil and a notebook.

Orientation is next:
- During the session, a facilitator will give a brief overview of the examination schedule and procedures.
- Questions are welcome!
Notebook

The notebook received at registration contains bar code labels and blank pages.

- Use it as a reference and for note taking during the exam
- Hand it back intact at the end of each exam day
- Keep the label backing sheet intact

What not to do with your notebook:
- Do not tear any pages

Bar code labels

Hand bar code labels to the examiner when entering room. The instructions outside the door will remind you of how many labels to give.

Start station

- Your first station of the day will be written on the Candidate Information Sheet and on your badge.
- After completing that station, you will then go through the remaining stations in numeric order
- No talking is allowed outside or between stations
- Exam staff will guide you and answer your questions during the examination
Overview of the examination —

In a clinical encounter station, you may be required to:

- Obtain a history and/or conduct a physical examination
- Address patient concerns regarding results, a diagnosis or a medical problem
- Manage an acute patient problem
- Consult with a colleague

The SATURDAY session consists of:

- **8 10-minute CLINICAL ENCOUNTER STATIONS** and **2 REST STATIONS**:
  - You are given 2 minutes to read the instructions posted by the door
  - After 2 minutes, the buzzer will sound for you to enter the room
  - You are given **10 minutes** in the room
  - A warning buzzer will sound at 9 minutes
  - A second buzzer will signal the end of the station. At this point, please leave the room.
  - Proceed to the next station
CANDIDATE INSTRUCTIONS will be posted outside of each room.

In the 2 minutes between stations:

• Read these instructions carefully as they provide information about the patient and the task
• Pay attention to the verbs in the task – these will dictate what is expected in order to receive the credit

These same instructions will also be available in the room.

In any given station, you may be asked to do one or more of the following tasks:

1. **Perform a physical examination:**
   • Greet the patient, and report what you are doing and your findings to both the patient and the physician examiner.
   
   **Example:** "I am doing light palpation in all four quadrants. There is increased pain in the lower left quadrant."

   • Ask questions related directly to the physical exam.
   
   **Example:** "Does it hurt when you raise your arm?"

   **NOTE:** Patients in physical exam stations are discouraged from answering in detail about their history. You will not receive credit for asking and you will use up valuable time.

2. **Obtain a history**
   • Focus on taking a relevant problem-based history.

   **NOTE:** Do not engage in patient management, counseling or education.
3 Manage an acute patient problem
   • Verbs like “assess and manage” will be in the Candidate instructions
   • You must determine the right balance and order for focused history taking, physical examination, intervention orders (such as oxygen), investigations, referrals, etc.

4 Respond to a patient’s concerns
   • Verbs like “assess and discuss” or “assess and advise” will be in the Candidate instructions
   • You must balance how much you need to know beyond what was provided in the instructions to discuss and/or advise the patient appropriately

5 Counsel the patient and/or a colleague
   • Verbs like “assess and discuss” or “assess and advise” will be in the Candidate instructions
   • You must balance how much you need to know beyond what was provided in the instructions to discuss and/or advise the patient appropriately

Joseph Trans, 40 years old, presents himself to your office with a 2-hour history of abdominal pain.

In the next 10 minutes:
   • Conduct a focused and relevant physical examination.
   • As you proceed, explain to the examiner what you are doing and describe any findings.

Give 1 label to the examiner.

In this example,
   ▶ your task is to conduct a physical examination. [Do not ask history questions to the patient]
   ▶ treat the standardized patient as a real patient
During the examination, you could be asked to manage a patient problem.

A standardized health professional, such as a nurse, *might* be present in the room. You may direct the nurse to order tests or perform any procedures you believe are appropriate for this patient.

* If a standardized health professional is present in the room, the Candidate instructions will clearly state so.
Oral questions

In some stations, the examiner will ask you 1 to 3 brief questions after the warning buzzer. In these stations, you will not be able to continue interacting with the patient after the warning buzzer.

*(If there are no oral questions for a station, you will have the full time in the station to interact with the patient.)*

The oral questions relate to the patient you have just consulted. Questions can be:

- Diagnosis
- Management decisions
- Ethical or legal issues

The **Candidate instructions** will clearly state:

- If there are oral questions for a station
- How long you can interact with the patient and complete the tasks listed

Medical equipment

If a station requires the use of medical equipment other than a stethoscope and a reflex hammer, it will be provided in the room.
Physician examiners observe and assess your performance with score sheets. A second examiner may be present to observe protocols and to ensure exam quality.

What to do in physical examination stations:
- Tell the examiner what you are doing and briefly describe your findings.
- Demonstrate your clinical skills. You will only get credit for tasks completed to the examiner’s satisfaction.

You are not expected to carry out vaginal or rectal examinations. If you believe that such an examination is appropriate, inform the physician examiner verbally. If relevant findings are available, the physician examiner will provide these findings to you.

NOTE: The examiner’s note-taking is not indicative of your performance (do not let it distract you).
Examiners **may** intervene for the following reasons:

- To ask you to reread the instructions
- To protect the standardized patient
- To stop you from doing genital, rectal or other invasive examinations. *If such examinations are needed, inform the examiner that you would perform them.*
- To report findings *if they are available.* *If no findings are reported to you, please trust the findings from your examination of the standardized patient.*

- in some (but not all) physical examination stations, physician examiners are directed to give a blood pressure reading or results of an ophthalmascopic examination

  **They can only do this if:**
  - The station protocol directs them to do so
  - You have initiated the examination maneuver

- Physician examiners may provide results for some tests

  **This only occurs at stations where you are expected to order tests or investigations**

  *NOTE: results are not given for ALL tests or investigations ordered. Ordering a certain laboratory investigation may be a correct procedure, even if no results are forthcoming.*
Standardized patients are trained to simulate patients’ signs and symptoms in a reliable and consistent manner. Treat them as you would treat actual patients and accept their simulated findings as being real. **You are scored on the way you interact with them.**

- **Drape the SPs as appropriate for different elements of a physical examination (regardless of their gender).** SPs that are to be physically examined are already in hospital gowns but you may remove the gown if appropriate for completing your examination of the patient.

- **Question SPs and respond to their problems as you would with a real patient.** How you interact with the SPs is part of what the physician examiner is assessing.

- **You must interact with the SP.** Simply explaining what you would do for someone like this patient is not sufficient; you must demonstrate your clinical skills, as well as demonstrate your ability to analyze and synthesize information.

The SPs may be standardized professionals such as physicians, nurses, social workers, etc. Interact with them as you would with actual colleagues.
During the application process, you agreed not to reveal to others the examination materials or content. That means you cannot discuss or disclose exam content at any time, in any way, even after the examination is over.

Examples of this include:

- Comparing patient responses with your colleagues
- Sharing content with future exam candidates
- Posting case information online
- Sharing case information in social media

Any breach may lead to disciplinary and legal measures, including invalidating your results and preventing you from participating in future examinations.

Rest stations

Please sit quietly during these stations and rest before your next station.

Washroom breaks

Use the washrooms before you start the examination and/or while in sequestering. If you have an urgent need at other times, please inform site staff.

Sign out

Before leaving at the end of the day, follow these instructions:

- Hand in your notebook (leave all pages intact, including the backing sheet from your bar code labels and any unused labels)
- Hand in your badge
- Sign out on the sheet
Sequestering

For security reasons, you may be required to remain on site for up to 3 hours before or after the exam.

- Access to personal belongings and telephones will not be allowed during this time nor will discussion of examination content

What should I do if...

...I lose my notebook and/or my bar code labels?
...I feel ill?
...I don’t know where to go?
...I have additional questions on exam day...

Ask the FACILITATOR at the Candidate Orientation or consult the SITE STAFF as soon as possible.

SITE STAFF are available throughout the day for your questions and to guide you.
Joseph Trans, 40 years old, presents himself to your office with a 2-hour history of abdominal pain.

In the next 10 minutes:
- Conduct a focused and relevant physical examination.
- As you proceed, explain to the examiner what you are doing and describe any findings.

Give 1 label to the examiner.

Read the Candidate instructions carefully in order to complete the specified task(s).

For physical exam stations, do not ask the patient his or her history as the relevant information is in the Candidate instructions.

For history taking stations, do not conduct a physical exam.

You are encouraged to review the common mistakes webpage.

- Demonstrate your clinical skills. You will not get credit for simply saying you would do something (with the exception of genital and rectal examinations).
- You will only receive credit for tasks completed satisfactorily.
- Treat the SPs as you would treat real patients.
A candidate who believes that problems encountered during the course of an examination session may significantly affect his/her results must:

- immediately communicate such concerns to site staff during the examination session in question; and

- submit a written report detailing the incident to the CFPC within one week following the examination.

The MCC takes the view that a conflict of interest exists when the examiner or standardized patient is:

- related by blood or marriage to the candidate;

- is or has been in a significant business or social relationship with the candidate, or is a professional colleague; or

- where a conflict of interest relating to the candidate and such examiner or standardized patient has been previously identified (e.g., there is an outstanding complaint in another context). Please note that knowing or being known to an examiner or standardized patient is not generally deemed to be a conflict of interest.

If you have concerns about a potential conflict of interest prior to the examination, you are strongly encouraged to contact the CFPC before exam day. If, during the examination, you encounter an examiner or standardized patient where a conflict of interest exists, you should exit the station immediately and inform the staff. Once staff are notified, they will make alternate arrangements for the administration of the specific station for you. You must also inform the CFPC of the occurrence in writing within one week of the examination.