A snapshot of OSCE practices at Australian Medical Schools
Smith, Jane W; Heal, Clare; D’Souza, Karen; Malau-Aduli, Bunmi S.; Turner, Richard

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A Snapshot of OSCE practices in Australian Medical schools

- A/Prof Jane Smith
- Prof Clare Heal
- Dr. Karen d’Souza
- Dr. Bunmi Malau-Aduli
- Prof Richard Turner
- Dr Jenny Banks
Background

*ACCLAIM started in 2011*

- Firstly: James Cook University (JCU) and University of Tasmania (UTAS)
- Was 15 of 19, now 15 of 21 Australian Medical Schools

*ACCLAIM AIMS:*

- Collaboratively develop shared OSCE stations
- Online examiner training with discussion and feedback
- Analysis of student performance data
- A framework to facilitate national benchmarking
“SNAP SHOT” Methods

• Ideas from ACCLAIM meeting August 2016

• Questionnaire designed Nov 2016

• Ethics, in order to send to ALL medical schools

• Email survey monkey link sent early 2017

Aims: Measure and compare OSCE practices with “Gold Standard”
Results

• 18/19 Australian Medical Schools participated (2 new ones since survey)

• All 15 ACCLAIM members, and 3 non-members

• 71 questions were asked
How many OSCE stations are in your exam?

Number of Medical Schools

Number of OSCE stations

- 9
- 10
- 12 (most frequent)
- 13
- 16
How long is each station?

![Bar chart showing the number of medical schools for different lengths in minutes. The chart has bars for 6, 7, 8, 9, 10, and >10 minutes, with 8 minutes having the highest number of schools.]
How long is perusal time?

Number of Medical Schools

Length of Perusal time in minutes
May notes be written in perusal time?

- 50% allow notes
- 50% DON’T allow notes
  - Australian Medical Council DO NOT allow notes
Devices NOT permitted in OSCE

- Mobile phone
- Recording device
- Smart watches
- Fit-Bit bands
- Pens
- Watches

Number of Medical Schools applying restriction
Micro Button Spy Hidden Camera

This button camera has a tiny pinhole lens hidden behind the button head and is very small in size which allows you to hide it just about anywhere.

It also has audio so you can also hear what is being said around the area up to 10m.

Approximate price: $75.00

Spy Camera Tie

A fashionable and yet formal tie can easily wear.

It has a hidden pinhole camera.

Recording can be start and stop by a wire controller.

Approximate price: $70.00
Blueprinting

• ALL use their own curriculum

+/- Graduate outcomes from
• Australian Medical Council (AMC)
• Medical Deans of Australia & New Zealand (MDANZ)
Procedural skills tested in OSCEs

14 do, and 4 don’t

- STI screen
- Urinary catheter
- Injection/ABG
- CPR/life support
- PAP smear
- Suturing

Number of Medical schools using specified procedural skill
Types of rating scales used to score marks

- Marks added from Global rating
- Checklist & Competency
- Checklist
- Competency-based

Number of Medical Schools using
Standard setting used for OSCE

Number of Medical Schools using each

- Ebel
- Hofstee
- Other
- Angoff
- Borderline Groups
- Borderline Regression
How much time until re-assessment OSCE?

Weeks until Re-assessment OSCE

- up to 16
- 5 to 6
- 3 to 4
- 0 to 2

Number of Medical Schools
The multiple sources of simulated Patients

Number of Medical schools using each type of simulated Patient

- **Medical Students**: 3
- **Other**: 5
- **Staff**: 7
- **General Public**: 11
- **Actors**: 14

Other: real patients, elective international students, community volunteers, general public who have been trained
Use of REAL PATIENTS in OSCEs

Just under half use real patients in OSCE physical examination stations

EXAMPLES:
- Abnormal heart sounds
- Abnormal respiratory sounds eg pulmonary fibrosis
- Musculoskeletal deformities
- Diabetic limb
- Neurological signs eg Parkinsons, eg peripheral neuropathy
- Splenomegaly
Simulated Patients marking the student

In 20% of the responding Medical schools, Simulated patients give 10% of the station marks.

**SCORING**
- rapport and communication with patient
- whether they were respectful
- showed empathy
- how they felt treated as a patient
Rates of pay to simulated patients

- $800/day
- $50/hr
- $40/hr
- $30/hr
- $20/hr
- Gift card $30-50 total
- Transport

Number of Medical schools
WHO are the EXAMINERS?
(ALL had multiple answers)
Examiner Training?

- Orientation to OSCE & calibration
- Training workshops
- Briefing before the OSCE
- Documents to read prior to the OSCE
- Orientation to examiner’s OSCE station
- Online training prior to the OSCE
Do medical schools pay examiners?

1/3 DO, 2/3 DONT
“Gold Standard” AMEE guide 81

- Examiner training reduces examiner variation in scoring

- Poorly standardized simulated patients = poor reliability

- Checklist vs competency based vs global rating scale

- Standard setting varies from recommended

- Quarantine recommended & practiced

- Devices = many more than phones
Conclusions

- ACCLAiM is a great example of collaboration
- Variation between medical schools
- Shared information is of use to all
- Many future research possibilities
- ACCLAiM contact jcu.acclaim@gmail.com
- My email jsmith@bond.edu.au