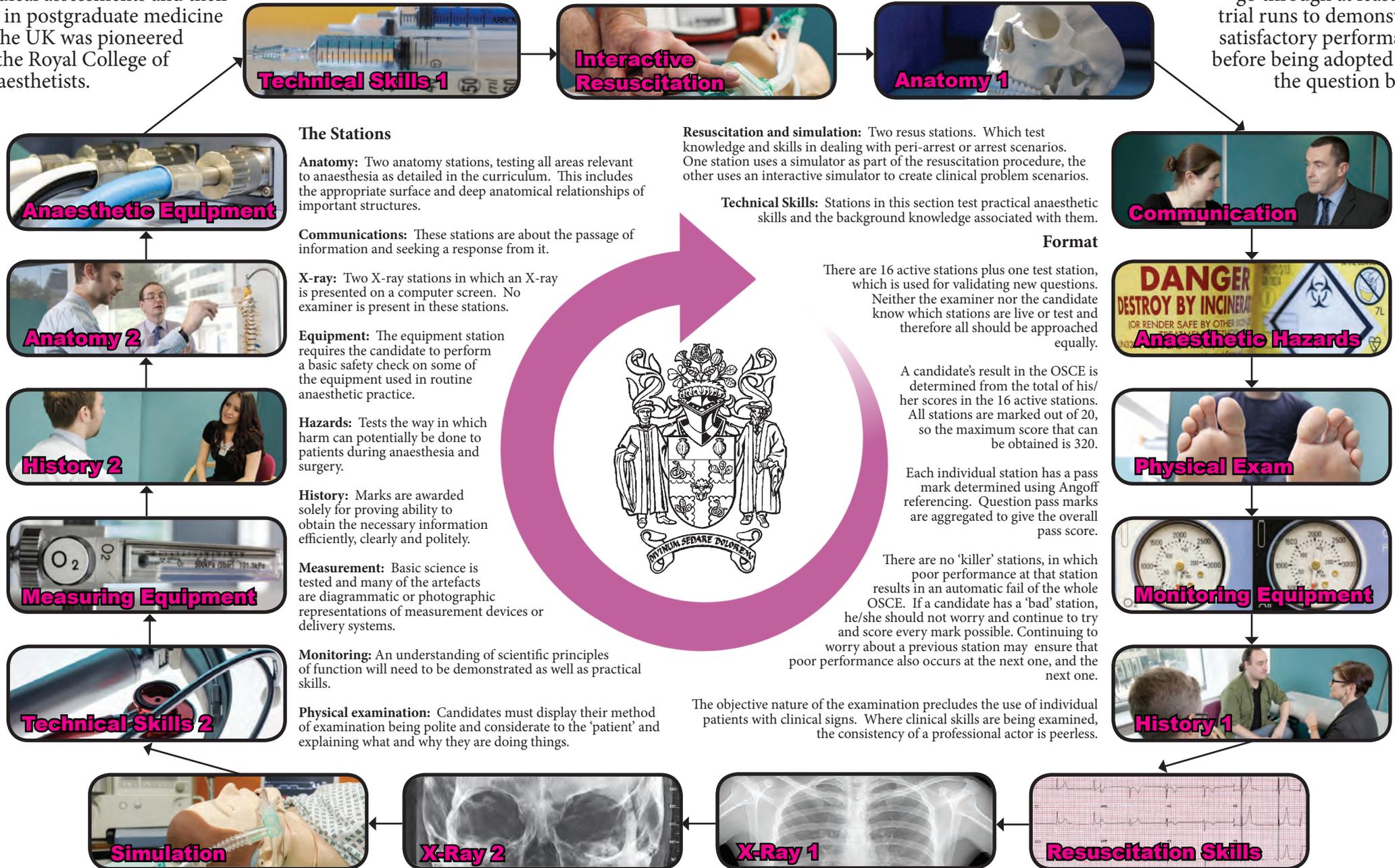


The Objective Structured Clinical Examination (OSCE) has been extensively used in undergraduate medical assessments and their use in postgraduate medicine in the UK was pioneered by the Royal College of Anaesthetists.

Primary FRCA OSCE

OSCE questions are developed by specialist sub-groups of examiners and reviewed carefully before every exam. New questions go through at least two trial runs to demonstrate satisfactory performance before being adopted into the question bank.



The Stations

Anatomy: Two anatomy stations, testing all areas relevant to anaesthesia as detailed in the curriculum. This includes the appropriate surface and deep anatomical relationships of important structures.

Communications: These stations are about the passage of information and seeking a response from it.

X-ray: Two X-ray stations in which an X-ray is presented on a computer screen. No examiner is present in these stations.

Equipment: The equipment station requires the candidate to perform a basic safety check on some of the equipment used in routine anaesthetic practice.

Hazards: Tests the way in which harm can potentially be done to patients during anaesthesia and surgery.

History: Marks are awarded solely for proving ability to obtain the necessary information efficiently, clearly and politely.

Measurement: Basic science is tested and many of the artefacts are diagrammatic or photographic representations of measurement devices or delivery systems.

Monitoring: An understanding of scientific principles of function will need to be demonstrated as well as practical skills.

Physical examination: Candidates must display their method of examination being polite and considerate to the 'patient' and explaining what and why they are doing things.

Resuscitation and simulation: Two resus stations. Which test knowledge and skills in dealing with peri-arrest or arrest scenarios. One station uses a simulator as part of the resuscitation procedure, the other uses an interactive simulator to create clinical problem scenarios.

Technical Skills: Stations in this section test practical anaesthetic skills and the background knowledge associated with them.

Format

There are 16 active stations plus one test station, which is used for validating new questions. Neither the examiner nor the candidate know which stations are live or test and therefore all should be approached equally.

A candidate's result in the OSCE is determined from the total of his/her scores in the 16 active stations. All stations are marked out of 20, so the maximum score that can be obtained is 320.

Each individual station has a pass mark determined using Angoff referencing. Question pass marks are aggregated to give the overall pass score.

There are no 'killer' stations, in which poor performance at that station results in an automatic fail of the whole OSCE. If a candidate has a 'bad' station, he/she should not worry and continue to try and score every mark possible. Continuing to worry about a previous station may ensure that poor performance also occurs at the next one, and the next one.

The objective nature of the examination precludes the use of individual patients with clinical signs. Where clinical skills are being examined, the consistency of a professional actor is peerless.