

Presenting in OSCE examinations

For every exam

BEFORE

WIPE: Wash hands, Introduce self (including full name and grade), Patient's name & DOB & what they like to be called, Explain examination (±chaperone if intimate exam)

DURING

- Tell them the exam should not be painful but if there's any discomfort let you know -
- Ask if they have any pain anywhere before touching them
- Use the patient's name and talk to the patient during the exam to check they're OK
- Most medical schools like you to talk through your examination findings as you go. If this is the case, examine each section at a time (e.g. the hands), then turn to the examiner and confidently present what you found (e.g. 'on examination of the hands, there was stage 3 clubbing, but no evidence of leukonychia, koilonychia or palmar erythema'). Then do the same for the next section (e.g. eyes, then mouth etc.)
- DON'T SAY 'I am looking for e.g. koilonychia', say 'There is no evidence of koilonychia'.
- For general inspection, always **stand back** in front of the foot end of the patient's bed with your arms behind your back and then present. Comment on the general appearance first e.g. 'on general inspection, this patient looks well.' Then go on to say present other relevant details e.g. 'There is no evidence of e.g. jaundice, cachexia or pallor'.

AFTER

Thank the patient and cover them up. Then take your stethoscope off from around your neck (hold it), stand straight with your arms behind your back and look the examiner in the eyes. Confidently tell the examiner:

1. 'I would complete my examination by ...' (state other examinations NOT investigations)
2. 'In summary, this is Mr X and I have examined his respiratory system'
 - a. Major finding(s): 'The major finding was...' (state the most striking finding(s) first to capture their attention)
 - b. Additional findings to back up your case: 'In addition...' (state other important positive and relevant negative findings)
 - Don't list irrelevant negative findings
 - Avoid presenting a long list of findings without thinking about their clinical significance
 - If you know the diagnosis, think about the cause and consequences of the condition
 - c. Diagnosis/differential: 'These findings would be consistent with...' or 'My differential diagnosis for these findings would include...'
3. 'After taking a full history, further investigations may include...'

Be systematic when answering questions

e.g. 'What is the treatment for Dupuytren's contracture?'

'The management for Dupuytren's contracture can be divided into conservative, medical or surgical.' 'Medical management can include...'

Possible systems:

- **Causes:** use a surgical sieve
- **Investigations:** bedside tests, bloods, radiological tests, specialised tests
- **Treatment:** conservative, medical, surgical
- **Complications:** immediate, early, late

Top tips

- OSCEs are all about **acting**. Even if you don't feel confident or haven't seen something before, act as if you have done it 100 times!
- Examining is subjective. Although it shouldn't be the case, it matters just as much how you say things as what you say. Act **confident** but not arrogant. Get yourself in the mind frame that you are the best candidate in your group and you probably will be
- **Flaunt your knowledge!** If you have good background knowledge, show it to the examiner whenever you can
- Try and use **buzzwords** e.g. 'There is a symmetrical deforming polyarthropathy, with no active synovitis'
- **Read the question** VERY carefully – there will always be one station where you lose marks for not reading the question correctly!
- Some **examiners act grumpy** and uninterested, even though many of them are actually very nice and generous – go in expecting every examiner to act like this and don't get thrown if they are!
- **Pauses to think are absolutely fine!** Don't mumble, say 'errrr....' or speak before you know what you are going to say
- Never forget to **wash your hands!** It should be the first thing you do as soon as you go in
- Don't forget to say you would like to do a neurovascular assessment and examine the joint above and below for orthopaedic exams
- If you don't know what to do in a station or you get stuck, just go back to basics: inspection-palpation-percussion-auscultation for most, or look-feel-move-special tests-function for orthopaedics
- Lastly and most importantly, try and enjoy the exam - enjoy showing off your knowledge and seeing rare signs. Examiners are all very generous in finals examinations and the stations are usually basic (the medical school and examiners do not want you to fail)