



1. Introduction

The purpose of this document is to provide a resource for station writers, examiners, candidates, and those involved in preparing candidates to sit the OSCEs. The document aims to show the connection between the ACEM Curriculum Framework and the OSCE stations.

When writing OSCE stations, the domains to be assessed should be identified early in the writing process. The domain criteria provided in this document will assist station writers to identify domain criteria on which the station is based and to standardise the marking criteria terminology and candidate feedback statements used. This resource will also assist in consistency of terminology and defining examiner expectations of candidate performance within and across OSCEs.

This resource should be viewed as a guideline. For each domain listed, key areas to be assessed are defined. Within each key area, standardised domain criteria are listed. It is not intended that these criteria are the final and definitive wording of domain marking criteria and hence should not be used merely as a 'pick and choose' exercise. OSCE station writers and examiners reviewing OSCE stations may modify and/or add detail within each domain's marking criteria to ensure the necessary content is clearly matched to the scenario of the station. Domain criteria may be used in part or in full for the purpose of constructing candidate feedback statements.

As part of the development process, the criteria that a 'just at standard' candidate would be expected to meet will be clearly identified for each domain assessed within a station and candidate feedback statements will include these criteria for each domain. The candidate feedback statements are however not limited to the minimum criteria and additional feedback statements based on the station criteria can be included. Ideally, four candidate feedback statements should be provided for each domain assessed. Note: the candidate feedback statement should not include confidential examination material that is otherwise not published, such as key diagnoses.

The pages that follow provide examples of domain criteria for the ACEM Curriculum Framework key domains:

Medical Expertise	2
Prioritisation and Decision Making	4
Communication	5
Teamwork and Collaboration	6
Leadership and Management	7
Health Advocacy	9
Scholarship and Teaching	10
Professionalism	11

This document is an evolving resource and that more standardised criteria will be added as they are developed.

The final section of this document provides a further resource, the Generic Domain Scale Marking Key, as a tool that may be used by both writers and examiners in the assessment of a candidate's performance.

2. Domain Criteria

2.1 Medical Expertise

This domain assesses the candidate's ability to choose and apply their learned medical knowledge and skills to deliver safe and effective care to any patient in an emergency medical setting.

This domain can be used in most types of OSCE stations.

Medical Expertise - Assessment and Diagnosis

The key areas to be assessed include:

Generic criteria, includes pre-emergency encounter, initial assessment, focussed assessment post resuscitation, and reassessment/observation

- Identify the elements that must be sought on initial assessment to formulate an initial management plan (specify which elements are relevant to the station)
- Perform a structured initial assessment on a critically ill patient
- Seek evidence of time critical diagnoses when performing assessment (specify which time critical diagnoses are relevant to the station)
- Generate a relevant list of differential diagnoses after synthesising clinical information found on initial assessment (specify which diagnoses are relevant to the station)
- Formulate a provisional diagnosis to match the immediate issues (specify which diagnoses are relevant to the station)
- Identify risks of deterioration in the patient (specify what risks are relevant to the station)
- Adapt the focused clinical assessment to situations with a paucity of clinical information
- Refine the provisional diagnosis as more information comes to hand

History taking

- Elicit a focused, relevant history de novo (specify what parts of the history are relevant to the station)
- Clarify aspects and inconsistencies in a pre-obtained history to refine diagnosis generation
- Identify important historical details (red flags) diagnostic of an important condition (to be named to individualise this to the station)
- Generate a differential diagnosis, with an inherent focus on conditions requiring time critical management (to be named to individualise this to the station)

Physical examination

- Perform (or describe) a focused structured and relevant physical examination
- Perform (or describe) a proficient examination technique to elicit physical signs
- Describe expected physical signs for a diagnosis (to be named so to individualise this to the station)
- Differentiate expected physical signs for different conditions (to be named so to individualise this to the station)
- Recognise signs on physical examination that indicate the patient is or at risk of imminent deterioration (to be named to individualise this to the station)

Investigations

- Create a focused investigation plan that confirms or excludes time critical diagnoses (diagnoses to be named to individualise this to the station)
- Explain the reasons for selecting those tests in that investigation plan
- State the theoretical accuracy of an investigation for confirming a diagnosis (incorporating concepts of pre and post-test probability, false positives, and false negatives)

- Analyse the results of an investigation to identify relevant findings or patterns (results to be named to individualise this to the station e.g., a set of lab results, ECG, or imaging pictures)
- Correctly interpret the results of an investigation within the scenario (answer to be specified to individualise this to the station)
- Act on time critical investigation results as they arise (to be named to individualise this to the station)
- Discriminate between conflicting diagnostic results

Medical Expertise - Management

The key areas to be assessed include:

Treatment including resuscitation

- Initiate appropriate initial supportive treatment for any presenting problem
- Outline an overall plan for resuscitating a patient (specify which elements are relevant to the station)
- Correctly choose time critical interventions based on assessment (to specify what interventions are appropriate to the station)
- Recognise and expedite any specific intervention essential to resuscitation
- Initiate appropriate time critical interventions
- Initiate treatments specific to identified abnormalities in airway and/or ventilation
- Initiate treatments specific to identified severe abnormalities in circulation
- Initiate treatments specific to identified neurological pathologies
- Outline an overall plan for ongoing treatment of a patient
- Adapt and initiate standard therapies to that patient, e.g., drugs, fluids, gases, and monitoring (to be named including degree of detail to individualise this to the station)
- Modify the initial treatment plan in response to newly discovered clinical information.
- Recognise patients who do not respond to therapy as expected and adjust the approach accordingly
- Create an appropriate ongoing reassessment and management plan (details to be named to individualise this to the station)

Procedural Expertise

- Select an appropriate procedure after considering indications, contraindications, and potential complications
- Use situational awareness to ensure procedure is performed at a safe time
- Describe the important features of common procedural equipment (name the equipment to individualise this to the station)
- Appropriately use procedural and monitoring equipment
- Proficiently perform the procedure
- Anticipate and manage common complications during and after a procedure
- Manage unforeseen complications when performing a procedure
- Adapt the performance of a procedure in response to unforeseen complications when performing a procedure

Disposition/handover

- Identify risk factors associated with patients/carers wanting to cease their emergency care prematurely
- Create a safe and clear discharge plan for a patient (specify the details to individualise this to the station)
- Provide clear instructions for the patient/carer on discharge and ensure comprehension, including the likely progression of their clinical course, and reasons to return for review
- Consult/refer to inpatient team urgently (specify which team to individualise this to the station)
- Present the salient points about the patient's care in a structured handover (specify the points to individualise this to the station)
- Utilise available clinical and allied health resources

- Specify the resources that will be required to address ongoing post disposition needs, with consideration of social and cultural factors

2.2 Prioritisation and Decision Making

This domain assesses the candidate's ability to demonstrate timely and medically appropriate decision making, which may be based on limited but evolving information.

This domain can be assessed in almost every type of OSCE station. In particular, the standardised case based discussion and team-based simulation stations are very suited for assessing this domain.

Key areas to be assessed include:

Prioritising patient assessment and management

- Highlight which of several selected investigations has/have higher priority
- Highlight high-risk features identified during initial patient assessment
- Explain the rationale for prioritising a particular diagnosis over others
- Prioritise a differential diagnosis list to determine the most likely diagnoses in a patient
- Prioritise the essential tasks in a high complexity patient
- Prioritise chosen treatment options to create an appropriate escalating treatment plan
- Prioritise essential components of ongoing assessment of any patient in the emergency department
- Manage multiple patients simultaneously by prioritising which patients have the greatest need
- Manage multiple problems simultaneously by prioritising treatment options whilst remaining vigilant for other potential problems
- Summarise and prioritise the key issues that must be addressed during and following the emergency encounter
- Recognise an acute and sustained disaster situation and activate the appropriate organisational response
- Apply modified risk stratification and prioritisation processes during patient surges and disasters

Assessing clinical risk

- Explain methods that minimise the risk of diagnostic error and sub-optimal care for any patient in the emergency setting
- Explain the risk stratification process used by incorporating patient safety principles when making key treatment decisions and disposition decisions
- Provide an appropriate list of advantages and disadvantages to explain the use of a risk stratification tool
- Use published risk stratification tools to evaluate the likelihood of a patient having a diagnosis

Justifying decision making

- Explain the decision to limit assessment and treatment when they do not alter patient prognosis
- Explain the specific benefits and risks of a treatment modality
- Justify investigation selection by linking the pre-test probability, risk-benefit ratio, and availability within a hospital of that investigation to the patient's need for that investigation
- Link clinical information and evidence-based practice to explain decisions made
- Provide a rationale to explain decisions about ongoing assessment
- Provide a rationale to explain and justify decisions about ongoing treatment
- Provide a rationale to explain disposition decisions
- Provide an appropriate list of advantages and disadvantages to explain decisions made
- Justify own decisions as they occur and make timely corrections
- Justify the decision to discharge a patient after a prolonged period of observation
- Incorporate patient and family/whānau needs as part of shared decision-making

2.3 Communication

This domain assesses communication in OSCE scenarios that involve a candidate interacting with a patient, a relative or other person e.g., history taking, physical examination, explaining a management plan.

Key areas to be assessed include:

Developing rapport

- Introduce self and purpose
- Demonstrate the ability to establish rapid rapport
- Establish/ask the concerns/issues/needs of the patient/relative/person early in the encounter
- Demonstrate empathy
- Adjust communication technique as appropriate to the patient's situation e.g., cultural background, sexuality, economic circumstances, religious beliefs, etc.
- Demonstrate a professional and respectful approach
- Involve patient/relative/other person in decisions and planning (if appropriate to the station)
- Communicate bad news clearly, compassionately and sensitively to a patient and/or carer and convey acceptance of their reaction

Communication technique (mechanics)

- Use appropriate non-verbal skills e.g., body language, space between doctor and patient, eye contact
- Use appropriate verbal skills for the situation and cultural context e.g., clarity, tone, speed, pauses
- Use language appropriate to the patient's level of understanding/avoid jargon/explain medical terms
- Emphasise important points
- Use de-escalation techniques when required
- Use a balance of open and focused questions, appropriate to the situation

Appropriate response to patient

- Actively listen e.g., paraphrase, and clarify what has been said
- Allow the patient to react emotionally to the situation
- Convey acceptance of a patient and/or carer's reaction to bad news
- Respond appropriately to non-verbal cues
- Encourage the patient or relative to ask questions, provide opportunity for questions, and answer appropriately
- Summarise the encounter and confirm patient understanding
- Elicit a history in a focused and timely manner, while acknowledging the patient's other expressed concerns
- Ask the patient or relative if they need the information to be repeated
- Offer written information that is scenario specific. Note: The candidate must specify the content in the written information. Simply saying 'I'll give you a handout' is not sufficient for a 'just at standard' candidate
- Convey clear information about diagnosis, risk/benefit considerations, and treatment options
- Demonstrate effective communication with patients in any situation

Communication with colleagues

- Utilise a structured approach to communication for handovers and referrals
- Accurately highlight the immediate care needs and management priorities during referral
- Ensure that outstanding tasks handed over are relevant to the current emergency encounter

2.4 Teamwork and Collaboration

The teamwork component of this domain assesses the candidate's ability to lead the resuscitation team by communicating clearly and using the capacity of each team member to the best of their ability.

The collaboration component of this domain assesses the candidate's ability to negotiate and collaborate with others to develop a management plan or solution to a problem.

This domain can be assessed primarily in a station where you are referring a patient to an inpatient consultant for admission or working with a family member and patient to determine a discharge plan.

In stations where the domain Teamwork and Collaboration is used, it is suggested that the Communication domain should not also be assessed, as the marking criteria are similar.

Key areas to be assessed may include:

Teamwork

Confirmation of team member roles and skills

- Perform/confirm introductions of team members
- Establish/assume the team leadership role
- Allocate/confirm team roles
- Establish/confirm skills of team members
- Establish team decision-making rules
- State when and how team leader decisions may be questioned/checked by team members
- Invite and/or clearly invite input/advice/feedback from team members during episode

Fostering effective team performance

- Communicate clearly with the team
- Issue instructions clearly and appropriately with a time limit for completion i.e., to specific team member/s
- Share the 'mental model' with the team e.g., summarise the current situation, state desired clinical endpoints, outline management plan and priorities, review/update as clinically required
- Encourage and motivate the team
- Encourage open team communication by verbalising plans and inviting feedback
- Deliver pertinent, clear, concise and explicit instructions when giving orders as a resuscitation team leader
- Encourage closed loop communication
- Monitor team members' performance and completion of tasks
- Intervene in a constructive/supportive way when a team member is having trouble completing tasks
- Intervene when sub-optimal teamwork is observed, to minimise errors
- Support team members and offer debrief after a highly complex encounter, (if appropriate to the station)

Collaboration

Developing and maintaining rapport

- Introduce self and purpose
- Briefly summarise the current situation and provide a management plan
- Actively listen (paraphrasing and clarifying what was said) to demonstrate empathy
- Use a professional and respectful approach
- Acknowledge valid reasons provided by confederate

- Explain to the confederate, why inappropriate options are such
- Incorporate the patient and other appropriate carers as team members when deciding and providing patient care
- Collaborate with patients and family/whānau members/carers to create and enact patient management plans for the immediate encounter

Communication technique (mechanics)

- Use appropriate non-verbal skills e.g., body language, space between doctor and confederate, eye contact
- Use appropriate verbal skills e.g., clarity, tone, speed
- Use appropriate language and medical terms
- Use appropriate communication techniques to negotiate an appropriate outcome for the patient
- Highlight important points with appropriate verbal communication
- Use advanced communication skills to deal with conflict or inappropriate behaviour demonstrated by confederate

2.5 Leadership and Management

In general, this domain of the Curriculum Framework is best assessed in the workplace using the shift report, shift in charge report and in-training assessment. As such, only a few subdomains can be adequately assessed in an OSCE, and these are listed below.

Leadership and Management – Operational management of the floor

This subdomain assesses the candidate's skills used to lead operations when being the lead clinician on the floor. There are two areas assessed under this subdomain:

Clinical supervision

Clinical supervision can be assessed within an OSCE in a station where a junior doctor initiates a discussion with the candidate regarding a case they have seen. The candidate is expected to highlight the priorities regarding ongoing assessment and management of that patient. If this domain is used, the communication and teaching domains should not be assessed as the marking criteria are very similar. The last key area may be replaced with the Prioritisation and Decision Making domain.

The key areas to be assessed include:

Establishing the competence level of a clinician

- Check for current level of knowledge and experience
- Establish rapport and make learner feel safe

Communication style for the junior clinician

- Use well-paced communication with appropriate language for clinician's level
- Use supportive communication style that builds rapport
- Recognise and minimise communication barriers related to junior doctor's preferred behaviour, emotional state, and communication style
- Ensure transfer of information using closed loop communication

Ensuring appropriate knowledge has been provided to junior clinician (can be replaced with Prioritisation and Decision Making domain)

- Provide appropriate knowledge for the current situation (specifics to be determined, as relevant to the station)
- Provide appropriate level of detail to meet the needs of the patient (specifics to be determined, as relevant to the station)

- Double check the junior doctor's understanding of instructions, regarding patient care
- Rectify sub-optimal treatment plans
- Invite questions and clarify any confusion
- Arrange to meet the junior doctor later to discuss the progress of the patient (specifics to be determined, as relevant to the station)

Patient flow and departmental workload

Patient flow control can be assessed in an OSCE station where a senior nurse initiates a departmental round with the candidate. This may be to organise the department at the time, or to prepare the department for a surge of patients. The candidate is expected to highlight the priorities regarding ongoing assessment and management of every current patient and direct their immediate disposition.

It would be expected that the Prioritisation and Decision Making domain would also be assessed in an OSCE station relevant to this area.

The key areas to be assessed include:

Situational awareness

- Understand the level of care available in each area of an emergency department
- Understand and appropriately allocate clinical staff to each area of an emergency department based on level of expertise
- Match patient's clinical needs to the services available in the department and direct patients to that area
- Modify decisions in response to rapid changes in the ED environment, including patient surges
- Provide clear management plans to expedite patient admission or discharge processes

Mass casualty incidents

- Activate hospital resources to prepare the department for expected surge of patients
- Collaborate with other inpatient services to improve patient flow
- Ensure optimal patient safety principles in the setting of disaster medicine
- Activate the department's disaster protocols and procedures
- Set up a control area to manage the disaster
- Adapt infection control procedures to successfully manage disasters

Patient Complaints

The areas to be assessed include:

Bedside response

This may be assessed in a standard OSCE station where a candidate is talking to an angry patient or patient's relative.

- Listen respectfully to the immediate complaint
- Acknowledge the concerns of the complaint
- Use advanced communication techniques to defuse the anger/anxiety in the patient or relative
- Use open disclosure principles to gain the trust of the patient or relative
- Outline the immediate management plan to resolve the complaint
- Outline the additional processes to optimise improvements in patient care

Complaints procedure

- Use the complaints procedure
- Outline major principles in initial or bedside response
- List all factors likely to contribute to the complaint
- Outline a process to determine the appropriate contributors to the complaint
- Resolve the complaint by providing recommendations for improvement
- Outline an educational process to communicate lessons learned from the process

Patient Safety and Quality Management

This subdomain may be best assessed in a standardised case based discussion (SCBD).

The following key areas may be discussed:

Quality management

- Define the quality cycle as applicable to emergency medicine
- List different types of quality improvement activities and measures
- Define and apply principles of clinical governance
- Link to national standards of quality health care

Use of audits and M&M meetings

- Define the purpose of an audit
- Outline the audit process
- Interpret data collected for an audit
- Define the purpose of a morbidity and mortality meeting
- State factors which impact on the success of the delivery of an M&M process

Patient safety principles

- Define patient safety
- Classify and provide examples of different categories of patient safety factors
- Provide strategies to improve patient safety to a given scenario

2.6 Health Advocacy

This domain comprises a variety of key areas to be assessed. These include general principles such as screening and promoting general health and wellbeing in patients, specific knowledge and skills related to cultural competence and safety, and adjusting assessment and management decisions and skills for particular cohorts of patients, such as the vulnerable patient, the child, the refugee, or the dying patient.

This domain is best assessed in the patient encounter OSCE and the standardised case based discussion.

Key areas to be assessed may include:

Principles of health advocacy

- Incorporate the patient's chronic clinical state and the patient's wishes when making decisions
- Advocate for patient care to prevent inappropriate management actions by other doctors
- Utilise common public health information when deciding on patient management
- Use an appropriate screening tool to detect for hidden health problems (specify tool that is relevant to the scenario)
- Identify barriers to accessing health care with patients of any age and develop tailored strategies to address these
- Promote family centred or patient centred care when talking to junior doctors about their approach to patients
- Implement strategies to prevent a patient ceasing their emergency care prematurely

- Provide understandable instructions for the patient on discharge, including the likely progression of their clinical course, and reasons to return for review
- Explain to patients and/or their guardians the rationale for management decisions

Cultural competence

- Define specific cultural competence terminology correctly (specify which terms are relevant for the station)
- Incorporate the patient's belief system to create a personalised management plan
- Describe commonly known socio-economic and historic cultural factors that contribute to health disparities within indigenous populations
- Describe commonly known public health patterns for the indigenous population
- Integrate specific communication skills relevant to the patient's culture to enhance delivery of health advice to patients
- Recognise the culturally diverse roles of family/whānau in decision making and service utilisation

Health advocacy for specific groups

- Identify factors that increase the likelihood of a patient being vulnerable (specify factors that are specific to the station)
- Identify findings on assessment that increase the likelihood of a patient being vulnerable (specify findings that are specific to the station e.g., child abuse risk factors on history)
- Tailor treatment and disposition decisions for a patient to account for the presence of vulnerability factors
- Integrate extra services to increase the likelihood of successful treatment in vulnerable patients (specify services that are specific to the station)
- Explain to the patient the rationale for a treatment decision using the patient's wishes
- Explain to vulnerable patients and/or their guardians the rationale for management decisions

End of life care

- Define and identify medically futile treatment
- Take responsibility for appropriately ceasing resuscitation
- Initiate an end of life discussion with the patient and/or relative
- Explain the decision of limiting the provision of treatment for the dying patient
- Justify what supportive treatment is appropriate for the dying patient (specify specific treatment as appropriate to the station)
- Arrange extra supports to aid in treating the imminently dying patient and the patient's relatives
- Sensitively elicit the patient and carer's wishes around organ donation
- Explain the decisions regarding medical management and the goals of end of life care to a patient and/or their family/whānau and/or carers

2.7 Scholarship and Teaching

This domain assesses the candidate's ability to effectively teach a junior staff member, colleague, or other personnel in a clinical or tutorial setting.

Example OSCE scenarios: Teaching of procedures or teaching the analysis of investigation results

The key areas to be assessed include:

The teacher/learner relationship

- Check for level of prior knowledge/understanding
- Define learning goals matched to learner's needs
- Demonstrate a structured approach to the topic
- Establish rapport
- Make the learner feel safe and supported

- Encourage learner participation.

Teaching technique

- Demonstrate well-paced communication
- Use language appropriate for learner's level
- Cover the topic in appropriate detail
- Use an appropriate teaching modality for the scenario e.g.
 - Teaching by role modelling/demonstrating e.g., a procedure
 - Teaching by thinking aloud/describing e.g., investigation analysis
 - Teaching by providing a system or framework e.g., diagnostic reasoning
- Explain the evidence base for information being taught

Ensuring the learner has received and understood the relevant information

- Check understanding in learner (regularly and at conclusion)
- Invite questions and clarify any areas of uncertainty
- Summarise the session with appropriate emphasis of key elements
- Repeat the framework of the teaching session and provide cognitive strategies to assist learning and memory if appropriate e.g., acronyms, rhyming phrases to help e.g., 'under 8, intubate.'
- Suggest follow up activities/advise where to find resources. Note: A 'just at standard' candidate may provide a generic answer however an 'above standard' candidate is expected to name a source for the resource e.g., a national guideline, published article, specific chapter of textbook.

2.8 Professionalism

This domain is best assessed with workplace based assessments such as the shift report, and with the in-training assessments. Some aspects of this domain, however, can be appropriately assessed in an OSCE format. The following key areas may be assessed within a standardised case based discussion, or in a station where the candidate is explaining management to a patient.

Key areas to be assessed may include:

Medico-legal frameworks impacting on clinical practice

- Describe the following medico-legal principles (choose as appropriate):
 - Duty of care
 - Informed Consent and when it can be waived
 - Prescribing restricted drugs
 - The coroner and an unexplained death
 - Abiding by court orders to provide reports or perform investigations
- Describe how medico-legal frameworks and principles are applied in the following situations:
 - Assessment of capacity to make decisions (including children and the elderly)
 - Mental Health assessment and treatment
 - Mandatory notification e.g., child abuse, elder abuse, infectious diseases, firearms
 - The impaired clinician
 - Patient complaints (concepts of natural justice and procedural fairness)
 - End of life care

Ethics and professionalism

- Describe how ethical principles are applied in clinical practice (standards to be specified as relevant to the OSCE station):
 - End of life
 - Disaster medicine
 - Access to health care for vulnerable patients
 - Confidentiality
 - Cultural differences (including religious aspects)

- Conflict between the emergency physician and the patient
- Balance respect for patient autonomy with best clinical practice in patient encounters
- Justify setting limits in providing clinical care in challenging situations using ethical principles
- Justify appropriate circumstances to breach or modify clinical care using ethical principles

Recommended references:

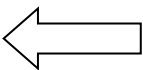
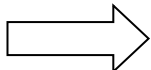
Websites for Medical Board Australia and Medical Council of NZ

AMC Ltd “Good Medical Practice” textbook.

Generic Domain Scale Marking

The scale shown below may be used as a guide to assist examiners to determine the score for a candidate, within a domain, based on the identified marking criteria.

It may also be used to assist the process of identifying the criteria that a 'just at standard' candidate would be expected to achieve.

	Decreasing Level of Competence Displayed			Increasing Level of Competence Displayed			
							
	Very Poor Level of Competence Displayed 	Poor Level of Competence Displayed 	Below Minimum Level of Competence Displayed 	Minimum Level of Competence Displayed 	Above Minimum Level of Competence Displayed 	High Level of Competence Displayed 	Very High Level of Competence Displayed 
Knowledge / Skills	Very Poor Level of Knowledge / Skills Displayed	Unsatisfactory Level of Knowledge / Skills Displayed	Less than Minimum Knowledge / Skills Displayed	Minimum Required Knowledge / Skills Displayed	Additional Knowledge / Skills Displayed	High Level of Knowledge / Skills Displayed	Very High Level of Knowledge / Skills Displayed
Errors - Significant	Multiple Significant Errors	Significant Error	Significant Error	No Significant Errors	No Significant Errors	No Significant Errors	No Significant Errors
Errors - Minor	Multiple Minor Errors	Multiple Minor Errors	Infrequent Minor Errors	Infrequent Minor Errors	Infrequent Minor Errors	No Minor Errors	No Minor Errors
Patient Outcome	Very Poor Outcome – Patient / Situation	Unsatisfactory Outcome – Patient / Situation	Less than Satisfactory Outcome – Patient / Situation	Satisfactory Outcome – Patient / Situation	Good Outcome – Patient / Situation	Very Good Outcome – Patient / Situation	Excellent Outcome – Patient / Situation

Examinations Committee

March 2022