



The Fellowship Clinical Examination

1. Introduction

The ACEM Fellowship Clinical Examination follows an Objective Structured Clinical Examination (OSCE) format in which candidates move through a series of clinical examination stations in a timed fashion. The ACEM Fellowship Clinical Examination is most often referred to as 'the OSCE'.

This document has been prepared to provide you with strategies to support you as you prepare to sit the OSCE. Information about the structure and content of the examination may be found in the companion document **About the Fellowship Clinical Examination**.

This and other Fellowship Examinations resources are located in the [Fellowship Examination Resources](#) section of the ACEM Educational Resources site. The very helpful **OSCE Preparation Checklist** is available on this site.

Trainees are expected to familiarise themselves with the materials provided by the College in relation to the OSCE and all examinations.

2. General considerations

Time requirement

It is important for prospective candidates to allow at least 6 - 12 months of dedicated preparation and practice to give themselves the best chance of performing well in the OSCE. It is strongly suggested therefore that you do not attempt this examination unless you have allowed an adequate amount of time and practice in preparation.

Allowing adequate preparation time will ensure you can focus your efforts on the forthcoming examination without compromising your other commitments such as aspects of training, work, and your personal wellbeing. Ensuring your health and wellbeing is maintained through an appropriate work life balance will be especially important during this period.

Continue to build your knowledge

In passing the Fellowship Written Examination you have achieved a level of knowledge that will provide a solid basis for gaining the further knowledge and experience required during your preparations for the OSCE. It is important for you to continue to add to your knowledge base during your preparation as well as concentrating on the practical aspects of the OSCE. Having a solid knowledge base will help you in many areas and will assist you to develop confidence and the ability to explain things well, and to prioritise or teach.

Difficulty level

In completing the OSCE, you should expect to encounter a range of scenarios that you might normally see as part of your work in the emergency department (ED): history taking, physical examination, communication, procedural skills, simulation, resuscitation, teaching, managing the ED, teamwork, case synthesis, creating management plans and interpreting investigation results. On occasion you may encounter less common presentations on which to demonstrate your consultant level competencies.

You should expect an examination that will stimulate and challenge you but also allow you to demonstrate your capacity to deal with a wide range of situations using the specialist level skills you have developed. You should be prepared for an examination that contains stations of varying difficulty.

3. Strategies for examination preparation

Treat every day as an opportunity to consolidate practice

Making the most of all opportunities to improve skills during clinical shifts will also benefit your preparation for the OSCE. Workplace activities such as history taking, examination skills, case synthesis, handover, teamwork and teaching are all areas that will benefit your preparation. Such practical experience can highlight areas of your knowledge and skills that may need review and provide opportunities for you to invite and receive feedback on your practice and to consolidate your skills.

Attend local teaching sessions

Hospitals and those with whom you work provide scheduled teaching sessions as well as on-the-job learning opportunities. Attending and actively participating in these opportunities can help you ascertain your areas of strength and those that require specific attention, facilitating better preparation for the examination. These activities also provide an opportunity for you to develop your knowledge and skills in the less common ED presentations. Senior colleagues are a great asset in helping you appreciate the breadth of emergency medicine practice and by exposing you to rarer cases you may not yet have experienced directly. There is also a high chance you have ACEM examiners based at your training site. If so, you can use them as a resource, ask general questions about the examination, and dispel any myths you may have heard.

Use study groups

Study groups are invaluable in examination preparation. An effective study group can be a potent motivator and can assist you to understand aspects of EM practice you may be having difficulty with.

Your study partner/s should ideally complement your knowledge and skills, strengths and weaknesses especially when you are in a similar phase of preparation. Practise with other trainees, including those from other hospitals, on examples of OSCE stations available on the ACEM website or from other sources such as other Australasian EM websites.

Most people find that a study group of 3-4 trainees is optimal, however pairs can also be effective. Your study group should meet regularly, ideally at least weekly and at each session the group should also plan the topics to be covered at the next session and the tasks each member of the group will need to complete beforehand.

Reviewing a video or audio of your performance, confronting as this can be, may provide you with important information about your practice that you may otherwise be unaware of.

Be familiar with the OSCE examination format

Familiarise yourself with the components of the OSCE format including what is required during reading time and within the stations. The [Fellowship Examination Resources](#) site contains many resources that will provide this information including the document **About the Fellowship Clinical Examination**.

Ensure you understand the role of the examiners, the interactions you will have with others participating in the OSCE, the time limitations and the various types of OSCE station you will encounter.

Aim to develop your skills in the OSCE format. Practise to improve the skills you will need during reading time, such as comprehension, picking out the key points, being familiar with the **FACEM Curriculum Domains** and determining the first action you will need to take on entering the station.

The station materials for several OSCE stations from recent OSCEs are available on the [Fellowship Examination Resources](#) site, alongside some recordings of candidates performing stations. Reviewing these materials will enable you to see clearly how the **Candidate Instructions** translate to actions, in an OSCE station.

Practise synthesising the information contained in the **Candidate Instructions** in these and other published stations. Consider the stem or clinical context, the specific instructions (tasks) and the domains that will be examined. This will allow you to formulate a plan and an approach for the station.

Note: Within a station, be prepared for additional information that may be given as the station proceeds and/or unexpected issues that arise and will also need to be addressed within the time frame.

Practise, practise, practise

It is through practice and constructive feedback that skills are improved. Repetition and critical reflection can help you progress from a 'Just at Standard' performance to a consistently 'Above Standard' or 'Well Above Standard' performance.

Working in your study pair or group and using study material from a range of resources can be an accessible and useful way to review the depth and breadth of your medical expertise for topics commonly assessed in the OSCE. The published stations on the [Fellowship Examination Resources](#) site have examples of role player scripts and examiner instructions that would provide an excellent starting point for practice.

Taking turns in your study group or pair at being the examiner or role player can give you valuable insights you can use to improve your approach and performance.

Practise, change, adapt

You may need to practise the same OSCE station multiple times to make progress towards a higher level performance. After this, work to consolidate and enhance your skills with further practice in the station by making changes, for example to the candidate instruction sheet (age of the patient, pregnancy status, vital signs, tasks or the domains being tested) and/or varying aspects of the actor instructions (details of the patient history, investigation results or prompts delivered by the actor). This type of practice can help improve your attention to the particular details of the OSCE and how to vary your approach and responses accordingly, to ensure you address all the required issues.

Practise, get feedback

Invite your DEMENT/FACEM tutor or another trusted colleague to review your practice station performance and provide specific feedback. This may be managed by direct observation or by watching a recording of you. Consider videotaping yourself for this purpose. Be open to seeking feedback from these colleagues about how you could have done better and be prepared for honest feedback.

After receiving feedback, spend time revising your medical expertise and/or workshop your approach before repeating the practice station again a few days later. You may benefit from asking your colleague to demonstrate the station for you before the second attempt.

Practise until you get your station performance the best it can be. If you have done poorly in a practice session, then do it again and again until you gain the feedback that you have performed well.

Consider attending an examination preparation course

Attending an external examination course may be useful to consolidate knowledge and technique, to gain external feedback about your performance and to familiarise yourself with the usual OSCE processes. Consider your goals for attending a course and the various course formats, including the feedback you might gain. For example, a teaching course undertaken early in your examination preparation may help guide and direct your preparation over subsequent months. On the other hand, attendance at a course with a trial examination format may be helpful for you in the lead up to your OSCE, to gain valuable feedback as to whether you are yet consistently meeting the required standard and to build your confidence about your performance and standard in the (mock) examination context.

Please note that although ACEM does not review or endorse external examination preparation programs, it publishes **Good Practice Guidelines** for the conduct of such programs and you may ask your external provider if they adhere to those guidelines.

Remember that the best source of up to date factual information about the OSCE remains the [Fellowship Examination Resources](#) site. The site also publishes the document 'OSCE Facts and FAQs' that seeks to dispel many of the myths that have arisen in the past, about the ACEM OSCE. Should you become aware of advice about the OSCE that seems at odds with what a reasonable and fair assessment should look like, please contact the Examination Operations team at Fellowship.exam@acem.org.au.

It should be noted also that many trainees have passed the OSCE without attending a formal examination course, so do not be concerned if attending an external course is not a possibility for you.

4. Strategies to use during the examination

Reading time

Reading time is of four minutes duration. **Candidate Instructions** will be available outside the station prior to your entering and a copy will be available inside the station as well, so you do not need to memorise all of the information – you can refer back to it. You will not be able to take notes during reading time.

Use the reading time to read the **Candidate Instructions** carefully and to consider your approach to the station. Consider the tasks you are required to do, and the domains being assessed particularly. Examiners report that some candidates lose marks when they do not perform all the tasks that were required.

Avoid a scattergun approach

Ensure your actions to complete the tasks you have been asked to do are prioritised – always complete the most important things first. This is particularly important for treatment of critical illness and ordering investigations.

Speak normally for the context of the station

Speak clearly and precisely and at a moderate pace with the examiners, confederates (FACEM role players) or actor/role players with whom you will be interacting. Use language appropriate to the role of the person, for example if it is a patient, avoid using medical jargon. If teaching a junior doctor, provide information in a way an junior doctor can understand. If speaking to a consultant colleague, use appropriate language and knowledge. Do not speak as if you are speaking to the examiners in the room when role players are involved. Examiners often report that candidates lose marks when they speak very fast, as confederates and role players may find it difficult to understand what is being said and may miss or misinterpret dialogue pertinent to the station.

Actively listen to the confederates/role players

The examination is an interactive process with examiner, role players and candidates exchanging information during the encounter. Candidates are advised to listen carefully to the role players' responses and questions and to act/respond accordingly. In their feedback to unsuccessful candidates, examiners frequently note that the candidate did not answer the role player's question or that they ignored a prompt. Questions and prompts provided by role players are designed to help you to achieve the requirements of the station, so again, be prepared to listen carefully to these and respond appropriately.

Approach the examination systematically

The examination requires that both information gathering and management of a patient will be approached in a systematic way, appropriate to the available time. Be very clear as to the specific information you are requesting and what investigations or actions you wish to take. If a role player finds your requests unclear, he/she will ask for clarification.

If information is not available, continue managing the case

If the role player indicates that some information is not available, proceed with the case as you normally would without that information. The role player will not deliberately withhold information if it would normally be available.

Interpretation of X-rays, ultrasound films, ECG tracings, etc.

It is not necessary to provide a verbal interpretation of these unless this is requested in the **Candidate Instructions** or verbally by the role player or examiner.

Know commonly used dosages

The examiner will expect you to know the correct dosage for commonly used drugs and in particular those drugs that might be used in time critical situations. It is permissible for you to say that you would normally look up dosages of unusual drugs or other infrequently used information. You should behave as you should in normal clinical practice – do not suggest a drug dose unless you are sure it is correct. Any error in drug dose that could cause patient harm will be considered as a serious 'Area of Concern'.

5. Strategies for particular station requirements

Review the applicable domain criteria that may be assessed within the following station types in the resource, **OSCE Domain Criteria** and work with your DMT and colleagues to practise these and other components.

Communication

Your communication skills, together with your medical expertise should be at an appropriate standard for the situation. Modify your language to suit your audience. When communicating with 'patients', take an empathic approach and use jargon-free language to deliver important information. If you do use medical terminology, provide an explanation in lay terms. When communicating with other health professionals, be clear and concise in demonstrating the application of your knowledge and skills to the case.

Examiners on occasion report candidate difficulty with more challenging patient interactions such as delivering bad news or negotiating with a non-compliant patient. It is important to practise the more 'difficult' interactions and to ask for feedback from your DMT or a colleague on your communication skills.

History taking

History taking is an important element in communication and it forms the basis of the diagnostic process. You are required to demonstrate that you can 'elicit a thorough, relevant and accurate medical history' in a 'focused and timely manner', 'while acknowledging the patient's other expressed concerns', (FACEM Curriculum). If done well the history will provide a sound basis for the remainder of the station.

Physical examination

Refer to the document **OSCE Physical Examination Station Guidelines** available on the [Fellowship Examination Resources](#) site.

Stations involving physical examination will usually involve a 'model' (i.e., a role-player who will follow your instructions but otherwise not interact with you) on whom the physical examination will be performed, and you will more often be asked to communicate your findings directly to the examiner rather than a role player. The **Candidate Instructions** will state clearly how the station is expected to proceed.

You will need to be well practised in undertaking a focused physical examination, which encompasses a range of skills including undertaking the examination, eliciting signs, synthesising the findings, and any additional requirements described in the **Candidate Instructions**. Remember to present your findings in a clear and focused manner to the examiners or other personnel. Take any questions or prompts very seriously and respond to them.

Procedural skills

Any procedure listed in the FACEM Curriculum is examinable in the OSCE at the mastery level assigned to that procedure as outlined in the framework. Ensure you pay attention to the particular wording of the tasks required, in consideration of the time frame allowed.

Teaching

In a teaching station you may be required to interact with a junior or senior colleague (role player) and to provide information about a case or instruct the colleague in a procedure. It is important to prepare for the examination by revising and practising the elements of good teaching practice as described in the FACEM Curriculum and in the resource, **OSCE Domain Criteria**. Effective teaching is much more than simply 'telling'.

Standardised Case-Based Discussion (SCBD)

Refer to the document **Standardised Case-Based Discussion (SCBD) General Instructions and Example** that is available on the [Fellowship Examination Resources](#) site.

SCBD stations involve candidates having direct interaction with an examiner. In the SCBD stations, the candidate will be asked by the examiner to discuss their approach to the assessment and/or management of the clinical situation presented and when asked, to outline their reasoning or rationale behind their decision making. The candidate may be asked to respond as additional information on a case is provided throughout the station.

6. Additional assistance

As well as expert assistance from your colleagues, peers and FACEMs, it is advisable to consider the expertise that is also available from other sources.

Other specialties

You and your study group may benefit from discussions and activities with colleagues and trainees from other specialties, as many other accredited specialist colleges have similar processes and requirements as ACEM and there are often connections with other specialties in patient care. Sharing resources and experiences with colleagues external to ACEM may assist you in areas you feel need strengthening, for example in examination technique, mental health assessments, oncological emergencies etc.

Professional development

It is advisable to broaden your OSCE preparation to areas other than the format of the OSCE. Additional benefit may be gained from experience in activities such as presentations in the ED, hospital forums, case presentations and M&M meetings, teaching including BLS/ALS and other professional activities. Such activities will serve to broaden your knowledge base and to build confidence in your ability to present information to other professionals.

Health professionals

Other non-medical health professionals may be able to provide valuable assistance during your examination preparation, such as a psychologist or communication skills professional. It is important to recognise areas where you feel additional support would be beneficial and to seek avenues to gain this support.

Reviewing your OSCE recording

As from OSCE 2019.1, all stations of the OSCE are video recorded, in accordance with: [The Policy and Procedure for the Recording of Stations at the Fellowship Clinical Examination \(OSCE\)](#).

Candidates who are unsuccessful at an OSCE, resulting in them having been unsuccessful at the OSCE a total of three or more times, are eligible to view the recordings of their stations in their most recent OSCE attempt, in accordance with the policy. Contact the Examination Operations Team at Fellowship.exam@acem.org.au if you believe you may be eligible to view the recordings of your OSCE stations.

7. Are you ready?

You may be ready to undertake the examination when you and your DEMENT/other FACEM supervisors/ examination tutors believe you will achieve 'Above Standard' or 'Well Above Standard' on the majority of practice OSCE stations.

Being at a 'Just at Standard' level in practice is rarely sufficient to ensure success in the OSCE. Your performance in the Fellowship Written Examination and WBAs should **not** be considered as indicators of your degree of preparation for the OSCE, as the OSCE assesses a broader range of skills and knowledge than those tested in those modalities.

Seek objective feedback from your tutors, based on their observations of your performance in a range of trial practice OSCE stations, to determine if you are consistently reaching the 'Above' or 'Well Above Standard' in most practice OSCEs. Attempting the OSCE without evidence that you are meeting this standard is likely to result in disappointment.

Experience has shown that being unsuccessful in the OSCE can have a significant impact for you personally and on your confidence in preparing for subsequent attempts. An unsuccessful attempt may require a period of recovery that may delay subsequent OSCE preparation and a further attempt.

The maximum number of attempts at the OSCE is four, so you will need to ensure you are fully prepared for an attempt, to maximise your prospect of being successful at the examination.

Please think very carefully and seek expert advice about whether you should sit this time – or give yourself more time to optimise your OSCE preparation and confidence.

8. Additional ACEM resources

The [Fellowship Examination Resources](#) site has a video resource: Preparing for Examinations: The psychological aspects. The video which is presented by Professor Jill Klein of Melbourne Business School/Melbourne Medical School, covers examination anxiety and the strategies you might use to reduce this.

The ACEM website has information for members requiring support on aspects such as managing stress and enhancing health and wellbeing. This can be found at:

<https://acem.org.au/Content-Sources/Members/Member-Wellbeing.aspx>

Mentoring has been identified as an important learning and development strategy for emergency physicians. The ACEM Mentoring Network is an online space for FACEMs and trainees to engage in focused discussions with, and receive support and encouragement from, other FACEM mentors. This can be found at: <https://elearning.acem.org.au/course/view.php?id=629>

If you have further questions about the OSCE that are not covered in this document or in the resources available on available on the [Fellowship Examination Resources](#) site, please email your query to Fellowship.exam@acem.org.au

We wish you well as you prepare for your OSCE sitting.

Dr Jo Dagleish, Chair, Examinations Committee

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