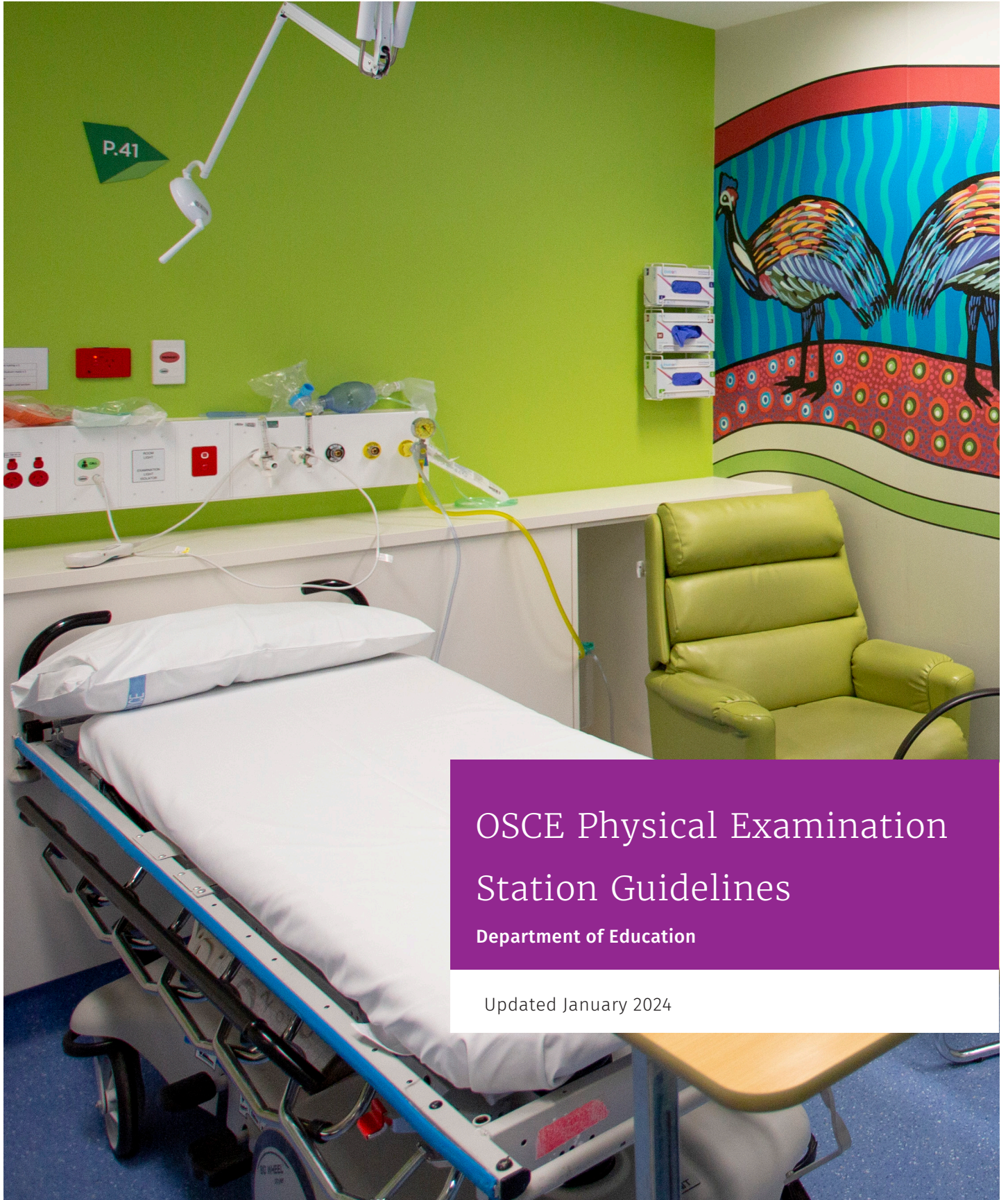


Australasian College for Emergency Medicine

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OSCE Physical Examination Station Guidelines

Department of Education

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1. Introduction

This document provides information about the OSCE Physical Examination (PE) stations for candidates preparing to sit the Fellowship Clinical Examination.

The conduct of a clinical physical examination is a core emergency medicine skill and as such you should expect this to be assessed in the OSCE.

2. Aim of the PE station

The aim of a PE station is to assess that you can competently perform a physical examination to:

- Establish/clarify the most likely diagnosis from several differentials
- Establish the severity of a condition/ injury
- Confirm or exclude potential complications e.g. of an injury.

3. Format of the PE station

The PE station was changed in 2020 to remove the need for a role player and change to describing rather than performing an examination. From the 2023.2 Fellowship OSCE onwards, these stations returned to the previous format with the use of a role-player.

You will most likely take instruction from and communicate directly with the lead examiner for the station. One role-player will usually be present for you to demonstrate the physical examination on.

You will usually be asked to demonstrate a physical examination on a 'normal' role-player with no signs or symptoms. Role-players in PE stations should not be expected to 'act' any pathology or to answer questions about or describe abnormal findings when they are examined.

Some stations assessing the domains of Communication or Teaching involve discussing the findings of a physical examination with a role-player, for example as a junior doctor. In such stations, there would normally be no role-player present to demonstrate the physical examination on.

4. Steps in the PE station

The PE OSCE station will usually follow a series of steps:

1. You will be presented with a 'Clinical Problem' in the Candidate Instructions available during reading time.
2. You will be asked to perform a relevant and focused physical examination on a 'normal' role-player (without signs) and to provide an explanation to the station lead examiner as the station progresses.
 - Your examination must be competent: You must demonstrate an examination technique which would be expected to reliably detect relevant examination findings. The question for examiners to decide is: ***'Did the candidate perform the relevant examination competently such that they would have found the pathology if it was present?'***
 - The examination standard expected is that which a competent FACEM would perform in the workplace, faced with a similar presentation. Candidates are not expected to perform a complete 'Medical Student Short Case system-based exam'. They are assessed on the focused examination they chose to perform to answer the clinical question provided.
 - Your explanation should include ***'What you are examining for', 'What the different potential findings might be/might look like', and 'What the different potential findings would mean in terms of differential or provisional diagnosis'***.
 - The question for examiners is: ***'Did the candidate know what examination findings they were looking for, what these would mean and why they were relevant?'***
3. After you have completed or as you are performing the physical examination, the lead examiner will usually present the 'Examination Findings' to you and may ask further scripted questions. This is to assess your ability to synthesise examination findings to produce a provisional or differential diagnosis and to justify your conclusions. You may at times be asked for plans for further investigation or management. The question for examiners is: ***'Did the candidate interpret the examination findings correctly to make an appropriate provisional/differential diagnosis or plan?'***

In some PE stations you may be asked by the lead examiner to outline your 'differentials' before you perform the physical examination. Then you may be asked to ***'Examine the patient to clarify your differential'*** or later in the station, asked ***'How would you now examine for your other differentials?'***

Relevant historical information that outlines the patient issues will normally be provided in the Candidate Instructions available during reading time. You will not usually be required to take a clinical history in a PE station, unless this is specifically stated in the Candidate Instructions. History taking skills are usually assessed in other stations of the OSCE.

5. The examiner's role

The examiners will make every effort to ensure that you have a fair opportunity to display your knowledge and competence in the PE station. The examiners will stand, move and position themselves appropriately to best observe your examination during the station.

The lead examiner will manage the flow of the station, moving you along as needed to assist you to complete all stages of the station. They may provide prompts as instructions or questions, such as '**Demonstrate your examination**', '**Explain what you are doing/looking for**,' or '**What would that mean?**'

If a lead examiner attempts to change your direction with a prompt such as '**What else would you like to examine?**' you should take this as your cue to move on. It may be you have covered all that is needed in that area or that you are on the wrong track. The examiner will be trying to ensure you have the opportunity to cover all the required areas of assessment.

If the lead examiner feels that time is short, they may not ask for further physical examination but follow up with a question such as, '**What would you be looking for?**' so that you have an opportunity to cover more essential content.

It is important that you take note of lead examiner prompts. The examiners are trying to assist you to cover every aspect of the station.

6. PE station conduct

You should expect to perform a focused physical examination as you would 'at work' but to explain every step as you do it, throughout the examination. The examiner will find it difficult to assess whether you know what you are doing unless you describe and explain as you go.

The lead examiner may provide reminders if they feel you are not describing your examination adequately. For example, if you state that you are, '**Testing dermatomes**', but you do not explain which dermatome you are testing when you touch different areas of skin, the lead examiner may say '**Explain what you are testing as you go.**'

It is important to recognise that both your examination technique and the explanation you give as you go along will contribute to your score in the assessed domains.

7. Presentation of clinical findings

The lead examiner will usually provide clinical findings to you when you have completed part or all of the physical examination. These will be presented verbally and/or in a printed handout at a pre-determined stage of the station.

On occasion, clinical findings may be provided in real time as you are performing the examination, in order to reflect examination findings in the ED. Use these findings to determine your further examination choices. For example, if sensation is being assessed, the lead examiner might say '**Pinprick sensation is intact,**' or '**Pinprick sensation is reduced,**' and may also indicate the relevant examination area on the 'patient'.

You should not expect to be given findings for something you have not covered in your examination.

8. Marking criteria

The PE stations will assess a selection of the OSCE Domain Criteria from the FACEM Curriculum.

A sample of the Domain Criteria that you may expect to be assessed against in a PE station are shown below:

Medical Expertise - Assessment and Diagnosis

Generic criteria, (initial assessment)

- Identifies the elements that must be sought on initial assessment to formulate an initial management plan
- Seeks evidence of time critical diagnoses when performing assessment
- Generates a relevant list of differential diagnoses after synthesising clinical information found on initial assessment
- Formulates a provisional diagnosis to match the immediate issues
- Identifies risks of deterioration in the patient

Physical examination

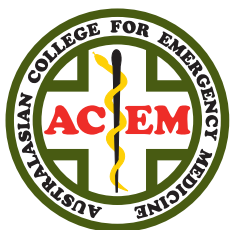
- Performs a focused structured and relevant physical examination
- Performs a proficient examination technique to elicit physical signs
- Describes expected physical signs for a diagnosis
- Differentiates expected physical signs for different conditions

Prioritisation and Decision Making

Prioritising patient assessment and management

- Highlights high-risk features identified during initial patient assessment
- Explains the rationale for prioritising a particular diagnosis over others
- Prioritises a differential diagnosis list to determine the most likely diagnoses in a patient

To ensure you know what will be assessed in the station and plan your approach to the station appropriately, you will need to read the 'Domains Assessed' section of the Candidate Instructions available during reading time.



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