



Information about the Fellowship Examination – Clinical (OSCE) 2018

This document contains information about the structure and content of the OSCE and has been prepared to support trainees intending to sit the Clinical Component of the Fellowship Examination from 2018. Information on strategies to assist candidates to prepare for the examination may be found in the document: *Preparing for the Fellowship Examination - Clinical (OSCE) 2018*.

General Information

The clinical component of the Fellowship Examination (FEx-Clin) follows an Objective Structured Clinical Examination (OSCE) format. Candidates move through a series of clinical examination stations in a timed fashion.

The OSCE assesses the application of knowledge, skills and abilities detailed in the eight domains of the ACEM Curriculum Framework, to clinical scenarios that candidates would expect to see as part of their work.

The eight curriculum domains are:

- Medical Expertise
- Prioritisation and Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management
- Health Advocacy
- Scholarship and Teaching
- Professionalism

The Examination Format from 2018

From May 2018, the Fellowship Clinical Examination will consist of twelve (12) single stations, conducted over two days. The OSCE will be of 132 minutes duration, spread across the 12 stations. From May 2018 candidates will be scheduled to attend a part of their examination on each of two (2) consecutive days.

Each of the 12 single OSCE stations will be of 11 minutes duration. This will include four minutes of reading time followed by seven minutes of assessment.

The types of stations will be similar to those presented in the OSCEs of recent years, however resuscitation or simulation stations will now be undertaken as single, rather than as double stations, and a new type of station (Standardised Case-Based Discussion) will be introduced.

Candidates will be required to achieve a 'Just at Standard' or above assessment, in a minimum of eight (8) stations and to also achieve the examination passing score, in order to achieve a pass in the examination.

As per current practice, the passing score for the examination will be the 'cut score' plus one (1) Standard Error of Measurement (SEM).

From time to time, small adjustments may be made in the number and timing of stations and enrolled candidates will be advised of such changes well in advance of their examination.

Type and format of stations

In the examination you should expect to encounter a range of OSCE stations and tasks.

The examination will consist of a variety of clinical stations based on scenarios that candidates would expect to see as part of their work in the Emergency Department – history taking, physical examinations, communication, procedural skills, simulations, resuscitation, teaching, managing the ED, team work, case synthesis, creating management plans and interpreting investigation results. However, any simulation or resuscitation station will now be tested in a single, rather than a double station as occurred previously.

The examination will continue to include stations that involve the candidate interacting with and/or talking to actors or role players, who may play the role of simulated patients, team leaders, nurses, medical students, etc. or to FACEM Confederates or examiners, who may play the role of junior or senior colleagues.

Of the twelve stations, there will be a minimum of one of each of the following type of stations:

- History taking
- Physical examination
- A challenging communication situation: patient/relative/staff member
- Team Based Simulation
- Teaching/advice to junior staff
- Standardised Case-Based Discussion

The newly introduced Standardised Case-Based Discussion (SCBD) station is a slightly different type of station and will involve the candidate having direct interaction with an examiner. The purpose of the SCBD station is to allow enhanced depth of assessment within the domains of Medical Expertise and Prioritisation and Decision Making. There may be up to three of these stations in each examination from 2018.1. In the SCBD stations, the candidate will be asked to outline their approach to assessment and/or management of the clinical situation presented and to outline their reasoning or rationale behind their decision making, where asked or required. The candidate will be asked to respond to further information as additional information is provided.

These stations are similar to stations in previous OSCEs where candidates have been asked to discuss or explain a particular case that has occurred in the Emergency Department to an examiner or other FACEM confederate, who has acted as a FACEM colleague. In the SCBD stations however, candidates will be discussing and answering standardised questions directly to an examiner about the clinical case presented rather than a FACEM role player. The case is designed to explore a candidate's knowledge and reasoning through direct questioning. The reading material outside the station will clearly indicate what is expected of the candidate. As per other OSCE stations, the station will be marked independently by the examiner(s) in the room.

Video and written examples of OSCE stations are available on the ACEM website under [Resources](#).

There will be either one or two examiners in each station to mark and observe, as appropriate to the case. There may also be actors, simulated patients, nurses and other role-players (who may be FACEM) present as necessary.

Examination Procedures

From 2018 candidates will receive an email on the day applications for particular examinations are open, advising them of the opening of applications and also the closing date. All applications must be submitted online via the ACEM portal. You will receive confirmation of your place in the OSCE once eligibility to sit has been confirmed by the College. You will then be invited to submit any relevant conflicts of interest.

Closer to the scheduled examination, you will receive an email detailing the schedule and times for your examination and the OSCE Candidate Handbook which gives all necessary information about what to expect at the examination. You should be aware that quarantine arrangements may be in place before the start or at the conclusion of your examination session, which may add to your waiting time.

In the OSCE, you will be expected to perform tasks including physical examinations and performance of procedures as you would when at work in the ED. You should dress appropriately for your own comfort and also to meet usual workplace standards. Wearing scrubs without your name or your hospital's name being displayed is allowed.

You will be asked to ensure you are familiar with and adhere to the requirements of the Code of Conduct for Candidates sitting the OSCE. ([Resources](#))

The Examination Day

Arriving for the OSCE

On arrival at the examination venue, the AMC National Testing Centre, you are required to register, to show suitable identification and surrender your mobile phone (switched off) and any other electronic communication devices. These will be returned to you when you leave the centre at the conclusion of the examination and the completion of any required quarantine time.

After registration you will be shown to a waiting room or the quarantine area to await the commencement of the examination. Lockers will be available for you to store personal items. If you are quarantined for any length of time, food will be provided.

When it is time to commence the examination, you will be called to a briefing room and then to the examination area to commence the examination.

Outside the OSCE Room

During the initial four minutes of reading time outside the station, an electronic screen will display information about the station and the situation you can expect, the tasks you will be expected to perform and the relative weighting of the domains that will be tested. Other relevant information about the station content (e.g. the context and relevant lab results and scans etc.) will also be provided.

You will not be expected or permitted to make notes during the reading time. However, there will be another large screen inside the examination room with the same information, which you may refer to and also a printed copy of the information. You will enter the examination room when you are instructed to do so.

The OSCE Station

Examples of OSCE tasks you will encounter include focussed history taking, focussed examination, creating management plans, interpreting investigation results, teaching, managing the ED, resuscitation and procedures and those outlined on page 2 for the SCBD.

OSCEs may involve the candidate interacting with a simulated patient, colleague or staff member (e.g. junior doctor or Fellow consultant) or directly with an examiner. Role play is typically undertaken by simulated patients (actors), health professionals or FACEMs.

If more than one examiner is present in the OSCE station, one may interact with you such as in an SCBD station as described above. You should not interact with the examiners unless they are actively involved in the station or there are explicit instructions in the reading material for you to do so. In many OSCEs there is no direct interaction with the examiner(s), and hence no requirement for you to introduce yourself to them, unless directed to do so.

In stations where a simulated patient or actor is playing the role of the patient, the candidate's communication skills may be assessed. Communication skills being assessed will usually include how the candidate relates to the patient and/or family and the ability to lead discussion, listen to the patient, avoid medical jargon and negotiate an agreed, patient-centred plan.

In stations where simulation is used, the simulated patient will respond like a real patient in that his/her condition will deteriorate or improve depending on their management. In acute cases, vital signs may change and you will be told of these changes. You may ask for vital signs at any time. Subsequent laboratory investigations will realistically reflect deterioration or improvement of the case. The response of a simulated patient to changes in therapy is usually more rapid than in real life.

The Candidate is in Charge

You should not assume that the role players and 'hospital staff' will do anything unless you specifically request or direct them to do so; the candidate is in charge.

Ending the Station

Prior to the end of the station you will hear a one minute warning signal and a different signal when the station has ended.

You must remain in the room until the signal specifies the station has ended. If you finish early, you may add further information relevant to the last encounter until you hear the signal for the end of the station.

When the end of station signal is given you should leave promptly, leaving all case material at the examination station. You should not ask for feedback on your performance or continue with any discussion.

On leaving the station you will proceed as directed by examination invigilators to the next station, and proceed in this way until the end of the examination.

The Conclusion of the Examination

At the completion of all OSCE stations within the examination, you are required to remain in the specified location and may not leave the examination centre until instructed.

You may not remove any written materials from the examination area at the conclusion of the OSCE.

Results and Feedback to Candidates

Approximately six weeks after the examination, the College will publish the individual results of all candidates. Individual results are published in the 'Results' tab in the Fellowship Exam section of the ACEM website, which requires candidates to log into the website using their College ID and password. On occasion the results are published earlier than advertised. In that case candidates will receive notification from the College at least 24 hours before the results are published.

From OSCE 2018.1, to be deemed successful in the OSCE, your total OSCE score must match or exceed the total pass score for the examination and you must achieve a 'Just at Standard' or above assessment, in a minimum of eight (8) of the twelve stations.

Candidates who are not successful in the Fellowship Clinical Examination will receive written feedback on their relative performance in each station that they were deemed to have performed 'Just at Standard', 'Below Standard' or 'Well Below Standard', with a breakdown of marks for all domains or sub-domains tested.

Feedback from Candidates

Following the conclusion of the exam, candidates will be invited to provide feedback about the OSCE in general as well as specific feedback about each of the OSCE stations. The College is committed to continuing to improve examinations and assessment and all constructive comments will be fed back to the relevant parties.

Education and Training Directorate/Assessments Department

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