Examinations at ACEM 2019

Welcome

Presenters:

Dr Barry Gunn, Censor-In-Chief, Chair Council of Education

A/Prof Gabriel Lau, Deputy Censor-In-Chief, Chair, Specialist Training and Assessment Committee

Dr Jo Dalgleish Chair, Examinations Committee

ACEM Examiners and FACEMs

Goals

This session aims to provide an update of ACEM examinations for trainees, DEMTs & FACEMs to better understand:

— ‘the facts’ behind the examinations

— recent changes

— the path to ‘best practice’ in ACEM exams

Recent enhancements in examinations

General

- Examiner recruitment and training for new and existing examiners
- Changed examiner calendar for a more logical flow of examinations

PE Viva

- A new model for the scoring introduced for an aggregated rather than global score

FE Written

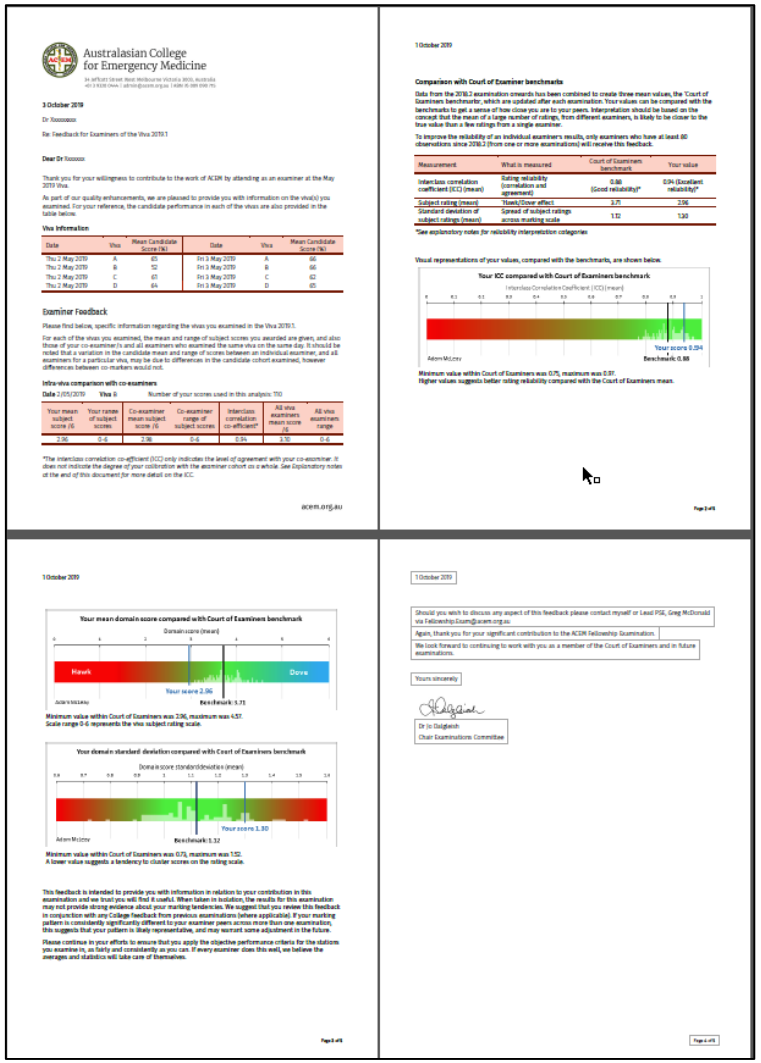
- SCQ – Question bank enhanced: all questions reviewed coded for blueprinting and regional question writing workshops held
- SAQ - Trial of online format – for implementation in 2020
- All SAQ papers are double marked at Marking Centres – with an online marking platform

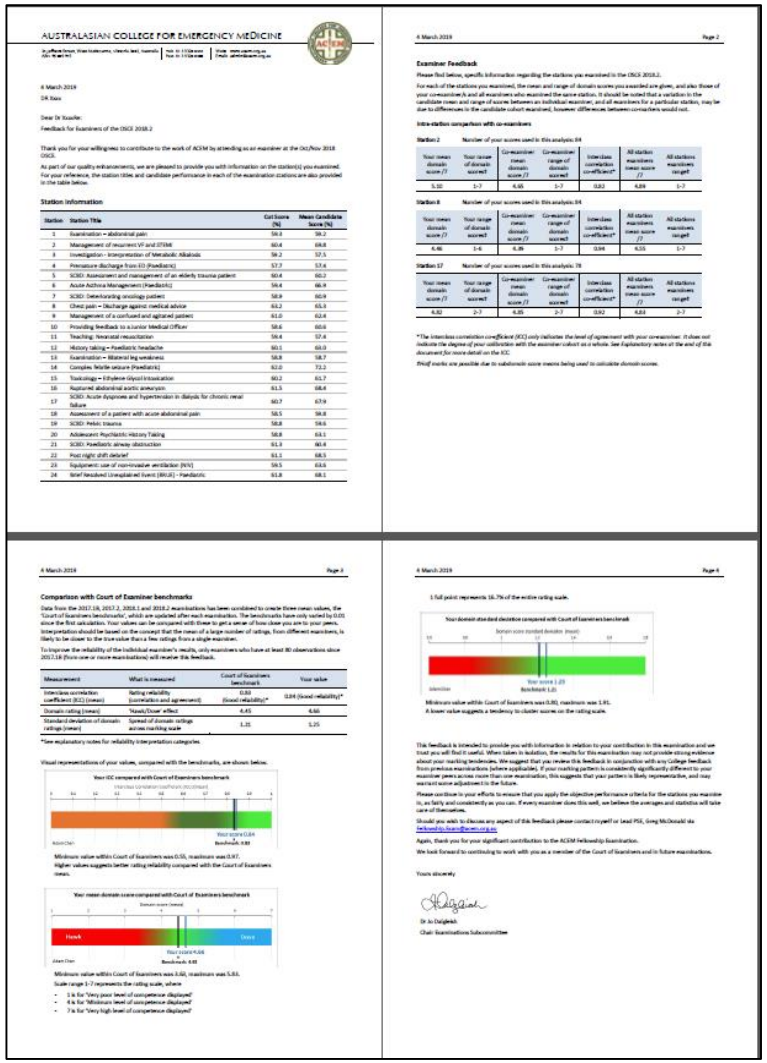
FE Clinical (OSCE) …

OSCE enhancements

- New station type introduced, the SCBD, updated ‘examination’ station guidelines
- Reduction of station number and examining days (12 stations over 2 days)
- At least two examiners mark every station for each candidate
- Station workshopping and calibration occurs each day
- Enhanced feedback provided to unsuccessful candidates
- ‘Area of Concern’ feedback provided to all candidates
- Comprehensive OSCE reporting: OSCE Report, Candidate Feedback Response
- Comprehensive feedback to examiners
- Station recording implemented 2019.1
- Published OSCE resources for trainees
- OSCE preparation workshops

Examiner feedback on examining patterns





Enhanced feedback to unsuccessful candidates

Australasian College for Emergency Medicine

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13 November 2019

Dr Xxxx Xxxx

ACEM Membership number: 00000

RE: Fellowship OSCE 2019.2

Dear Dr Xxxx

This letter contains information about your performance in the Fellowship Clinical Examination, OSCE 2019.2.

It is expected that you will use the feedback provided to assist you in your planning for any future examination attempts and help you to address the areas where you did not perform at the required standard. You are strongly encouraged to discuss your results and the feedback provided with your DEMT, a Fellow of the College or mentor, who is supporting you in your training.

After all Fellowship Examinations, questions and stations are analysed for reliability, validity and performance. Following this analysis, a question or station may be excluded from the examination cut score and result calculations. The College ensures that no candidate is disadvantaged in this process. In the Fellowship Clinical Examination of 2019.2, no station was removed from the examination.

The College uses the Borderline Regression standard setting method to determine the passing score at each examination sitting. The standard setting process is described in the document Standard Setting for the Fellowship Examinations that is published on the Fellowship Examination Resources page of the ACEM Educational Resources site.

In order to pass the examination, candidates are required to achieve a total score that is equal to or greater than the passing score for the examination that includes 1 Standard Error of Measurement (SEM). The application of the SEM is standard practice in high stakes examinations and is applied as a quality assurance measure to ensure that the candidates deemed to have passed the examination have attained the minimum standard considered necessary to maximise patient safety in the community that we serve.

The final passing score for Cohort 2 of the Fellowship 2019.2 OSCE was 64%.

Your score was 1-5% below the passing score.

For this examination, each of the stations assessed up to four domains, including sub-domains. Examiners were asked to give candidates a rating of 1 through to 7, as assessed against the objective marking criteria, for each of the domains or their sub-domains. To achieve a rating of 4, in a domain or sub-domain, a candidate was required to demonstrate the 'minimum level of competence', which is considered to be the minimum level for safe independent practice as a newly graduated FACEM, as per Figure 1 below.

Figure 1: Domain assessment rating scale

Examiners were also asked to give a global rating of the candidate's OVERALL performance for each station, as per Figure 2 below.

This global rating is used in standard setting and does not contribute directly to a candidate's examination mark.

In terms of a safely practising junior emergency physician, select the ONE option that best reflects the candidate's performance in this station:	Well Below Standard	Below Standard	Just At Standard	Above Standard	Well Above Standard
	○	○	○	○	○

Figure 2: Global assessment rating scale

Table 1 below, provides a summary of your relative performance, in each of the 12 stations.

For each station, you have been provided with your ratings for each of the domains, or sub-domains, as per Figure 1. All stations are scored by at least two examiners marking independently. The scores below are the mean of their scores.

	Brief description of each station	Domain	Domain rating (1-7)
13	SCBD: Cardiac arrest management	Medical Expertise: Assessment & Diagnosis	3
		Medical Expertise: Management	2.5
		Prioritisation & Decision Making	2.5
14	Simulation: Paediatric head injury	Medical Expertise	4
		Teamwork and Collaboration	4
		Prioritisation and Decision Making	4
15	Examination: Cardiac failure	Medical Expertise: Examination Skills	5
		Medical Expertise: Examination Interpretation	5.5
		Prioritisation and Decision Making	6
16	Communication: Paediatric otitis media complication	Communication	5
		Medical Expertise: Management	3
		Leadership and Management	5
17	Interpretation and management: ECG in chest pain	Medical Expertise: ECG Description & Interpretation	6
		Medical Expertise: Management	6
		Prioritisation and Decision Making	6
18	Teaching: Tracheostomy management	Medical Expertise: Assessment	5
		Medical Expertise: Treatment	5
		Scholarship & Teaching	4
19	History taking: Sexual assault	Medical Expertise: History Taking	3
		Medical History: Management	4
		Communication	4.5
20	Assessment and management: GI bleed	Medical Expertise: Management	2.5
		Medical History: Assessment	3
		Prioritisation & Decision Making	4
21	SCBD: Paediatric – LP decision making	Medical Expertise: Assessment & diagnosis	4
		Medical History: Procedural Expertise	3.5
		Prioritisation & Decision Making	5
22	Communication/leadership: Feedback to JMO regarding performance	Communication	4
		Leadership & Management: Exploration of performance	2.5
		Leadership & Management: Management plan	3.5
23	SCBD: Organophosphate toxicity	Medical Expertise: Differential Assessment	5.5
		Medical History: Management	5.5
		Prioritisation & Decision Making	5.5
24	Assessment: Syncopal event with injury	Medical Expertise: History	4.5
		Medical Expertise: Examination & Bedside Ix	3.5
		Prioritisation and Decision Making	4.5

Table 1: Domain assessment ratings

There is no minimum number of stations that must be 'passed' in order to pass the examination. Each station contributed equal weighting to the examination, no matter how many domains were assessed.

OSCE Station 20

Domain: Medical Expertise (Management)	
Recognise the importance of concurrent assessment and management	Not adequately addressed
Undertake appropriate critical steps in resuscitation	Not adequately addressed
Undertake steps to seek correct coagulopathy	Not adequately addressed
Detail medications required to prevent recurrence and/or complications	Adequately addressed
Domain: Medical Expertise (Assessment)	
Identify important historical details (red flags) diagnostic of an important condition	Not adequately addressed
Identify signs on physical examination that indicate patient is at risk	Adequately addressed
Offer an investigation plan appropriate to this patient	Not adequately addressed
Domain: Prioritisation and Decision Making	
Recognise high-risk features identified during initial patient assessment	Adequately addressed
Recognise the urgency of involving other teams for definitive care	Adequately addressed
Identify indications for urgent endoscopy	Adequately addressed

Examiners' additional comments

Did not ask for history of anticoagulants.

No crossmatch on investigations. No activation of massive transfusion protocol. Limited detail in management regarding targets.

Inadequate management of coagulopathy: nil vitamin K, nil doses of fresh frozen plasma and platelets.

Nil antibiotics, nil dosing of octreotide.

OSCE Station 21

Domain: Medical Expertise (Assessment & Diagnosis)	
Identify key features on examination to help differentiate a well from unwell infant	Adequately addressed
Identify appropriate investigations	Adequately addressed
Elicit a relevant focused history	Not adequately addressed
Domain: Medical Expertise (Procedural Expertise)	
Identify indications for a specified investigation	Not adequately addressed
Identify contradictions of the specified investigation	Adequately addressed
Determine whether or not to use the specified investigation with sound rationale	Adequately addressed
Domain: Prioritisation and Decision Making	
Demonstrate knowledge of risks of infection in the patient cohort	Adequately addressed
Provide a rationale for prioritising a certain diagnosis	Adequately addressed
Provide a rationale for decisions about ongoing assessment	Adequately addressed

Examiners' additional comments

Stated use of indications for lumbar puncture being focal neurology and low Glasgow Coma Scale which is incorrect.

OSCE Station 22

Communication	
Demonstrate a supportive and non-judgemental approach with an emphasis on performance improvement and behaviour	Adequately addressed
Identify and communicate specific concerns	Adequately addressed
Elicit and explore junior doctor's perspective	Adequately addressed
Domain: Leadership & Management (Exploration of performance)	
Explore reasons for performance issues	Not adequately addressed
Identify underlying issues driving behaviour	Not adequately addressed
Explore factors that are potentially contributing to performance	Adequately addressed
Domain: Leadership & Management (Management Plan)	
Clearly communicate that behavioural change is required	Adequately addressed
Generate a plan that specifically addresses identified issues	Adequately addressed
Address underlying concerns of the JMO	Not adequately addressed

Examiners' additional comments

Failed to pick up on multiple clues from role player. Didn't listen.

Didn't explore previous negative experience as driver for anxiety.

OSCE Station 23

Domain: Medical Expertise (Differentials/ Assessment)	
Generate a relevant list of differential diagnoses for a clinical situation	Adequately addressed
Formulate the correct provisional diagnosis	Adequately addressed
Adequately describe expected findings on physical examination	Adequately addressed
Domain: Medical Expertise (Management)	
Outline an appropriate overall plan for resuscitating a patient	Adequately addressed
Recognise specific interventions for the clinical situation	Adequately addressed
Identify any inadequacy in treatment administered	Adequately addressed
Domain: Prioritisation and Decision Making	
Recognise high-risk features identified during initial assessment	Adequately addressed
Provide appropriate rationale to explain and justify decisions regarding management	Adequately addressed

Examiners' additional comments

#

Area of Concern

In the following station(s) examiners reported that you made a serious error which, if made in actual practice, would have the potential to cause significant harm to the patient.
The examiners' comments were:

Station 14
No specific treatment for raised intracranial pressure. Needs to be more assertive with instructions.

Station 20
Didn't recognise that the patient was unstable.

Examiners' reflections

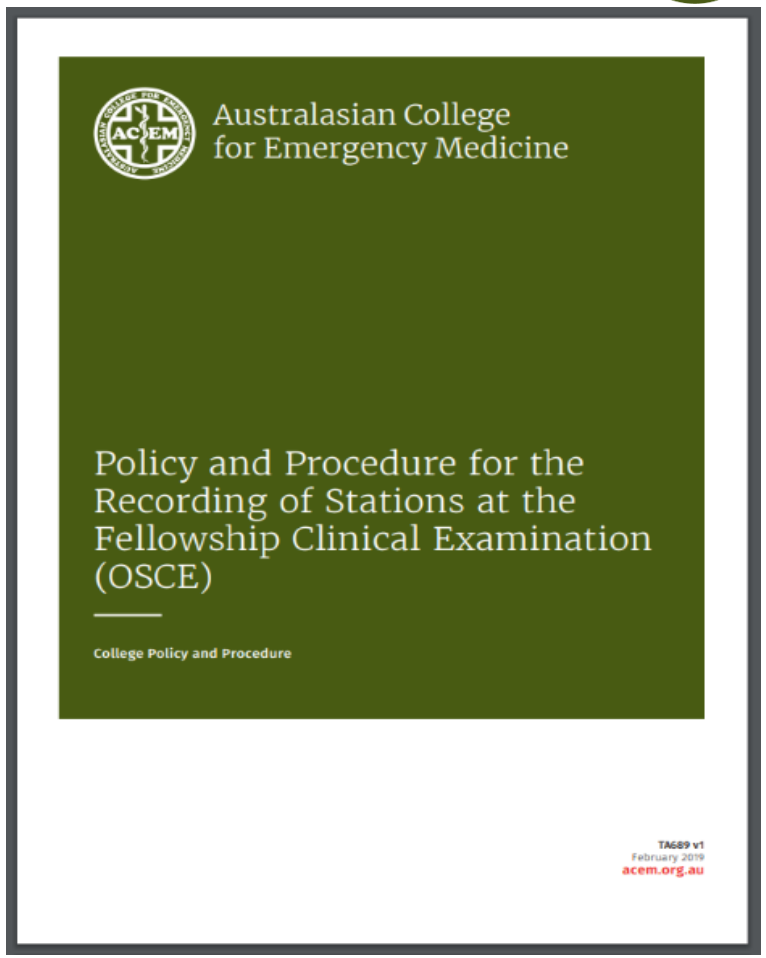
Examiners speak about their experiences:

1. How long have you been an examiner?
2. What do you enjoy about examining?
3. What's the biggest challenge?
4. What's your best tip for a candidate preparing for the OSCE?
5. What key thing can a supervisor do for an OSCE candidate?

Station recording

Allowable uses of recordings:

1. Training purposes
2. Quality assurance and continuous improvement
3. Review of the results of borderline candidates
4. Candidate feedback after a third unsuccessful attempt
5. Review in the event of a candidate complaint
6. Reconsiderations, reviews and appeals



Sample station recording

OSCE 2019.1 Station 21

Station documentation has been published on Fellowship Examination Resources.

Station 21

Activity

- Read the **Candidate Instructions**
- Consider your approach to the station
- Discuss your approach with the person next to you
- View the recording
- Review the candidate's performance

Candidate Instructions 1/2

This is a 7 minute station.

It is 0800 and you have taken handover from the night team in the short stay unit.

You are about to review your first patient for the day. The medical notes are as follows:

Medical Record – Night registrar G. Smith

19 year old male, 'Ben' brought in by police for assessment at 0030.

Found wandering the streets, agitated and disorientated. No identification on patient.

Breath alcohol 0.0.

No signs of trauma.

Became aggressive in department and required sedation - droperidol 10 mg IV at 0100.

Plan:

Watch overnight

Psychiatry review in the morning

Medically clear

His current vital signs:

HR	110 bpm
BP	160/90 mmHg
Temp	37.2 oC
RR	20 /min
SaO2	98 % in room air
BSL	6 mmol/L

A copy of this case information is provided in the examination room

Candidate Instructions 2/2

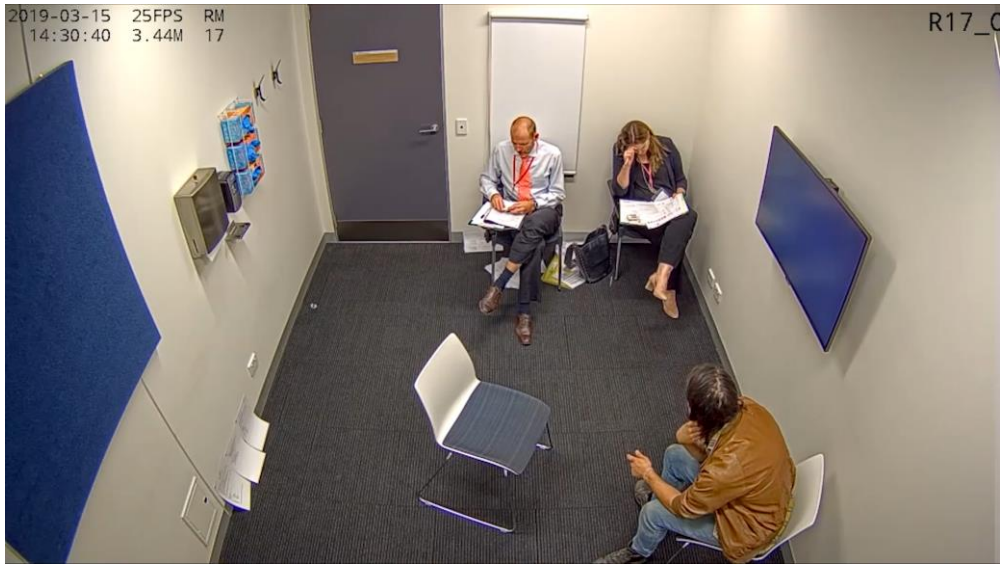
Your tasks are to:

- Take a history from the patient and explain your management plan to them
- When prompted, present the following to the examiner:
  - **The findings of your assessment**
  - **Your differential diagnoses**
  - **Your ongoing investigation and management plan**

You will NOT be required to examine the patient.

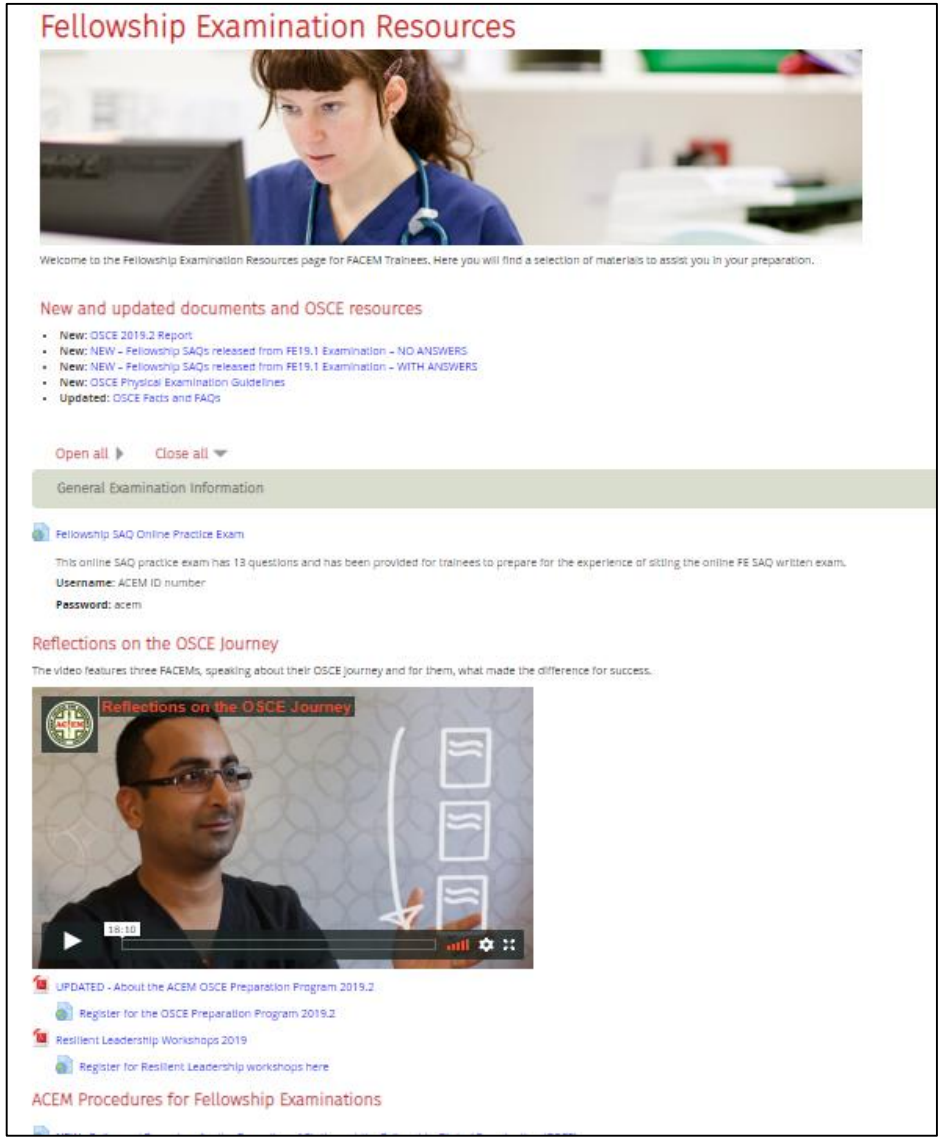
This OSCE will assess the following domains:

- Medical Expertise – 80%
  - **Assessment and Diagnosis (50%)**
  - **Investigation and Management (30%)**
- Prioritisation and Decision Making – 20%



OSCE resources for trainees

- Procedures for OSCE processes: personnel recruitment and training, minimum competence criteria, standard setting
- Candidate guides:
  - About the OSCE
  - Preparing for the OSCE
  - The OSCE Preparation Checklist,
  - OSCE Domain Criteria
- Complete OSCE stations – 2 released per year
- OSCE Facts and FAQs
- Videos: Reflections on the OSCE Journey and Psychological Preparation for the OSCE (NEW)
- The OSCE Preparation Program



Countering the myths

Don’t wear black scrubs!

Australasian College for Emergency Medicine

OSCE Facts and FAQs

June 2019

Trainees have reported erroneous impressions gained either from informal sources, or at forums and courses in preparation for their OSCE. Unfortunately, some of these courses and forums aren't endorsed by the College, so we can't guarantee the advice given is accurate or is consistent with the College's processes and procedures.

Let's clarify some OSCE procedures and correct a few misconceptions regarding the ACEM Fellowship Clinical Examination.

How do examiners score the OSCE?

Within each station of the OSCE, examiners will observe your performance and allocate a score for each of the domains assessed within that station, on a seven point scale. Usually, three domains or subdomains are assessed in a station.

Examiners determine to what extent a candidate has met the documented domain criteria for the station. This includes a defined standard for safe independent practice, as a newly graduated FACEM.

On this basis they allocate a domain score in accordance with the defined scoring guidelines. These guidelines are published in the document: *OSCE Domain Criteria* on the Fellowship Examination Resources page of ACEM's Education Resources site.

The objectivity of the scoring of the OSCE is documented in the *ACEM Procedure for Determining Minimally Competent Criteria for the FEx OSCE* on the Fellowship Examination Resources site.

What feedback will I get from the examiners?

Examiners will provide feedback on whether or not you were judged to have adequately addressed a representative sample of the domain criteria of the station. On occasion they may add additional comments.

Candidate feedback is provided to assist unsuccessful candidates in preparing for a further attempt and should be viewed as an opportunity for them to identify patterns and shortfalls in need of attention. This feedback can't be used to challenge the scoring of a station.

Where a candidate has made an error in a station that would result in a seriously adverse outcome for a patient, examiners will report an 'Area of Concern'. All candidates, whether they are successful at the OSCE or not, are notified of any Area of Concern reports that have been received.

Is it possible for an examiner to control whether I pass or fail a station by using the Global Score?

After allocating scores for each domains, from a station, examiners will allocate a Global Score on a five point scale. This score is used to calculate the station 'cut score' for all candidates in the cohort.

The global score has no impact on whether or not a particular candidate will pass a station, other than as part of the collected scores for all candidates in the cohort, that are used in the Borderline Regression standard setting process. Up to 90 candidate scores are used in the Borderline Regression calculation to determine the cut score for each station.

Historically, there has been some confusion about the role of the Global Score, with many trainees believing examiners did have pass/fail autonomy over and above the domain scoring. ACEM is working to ensure this misconception does not persist by publishing documents to clarify the OSCE marking, as in ACEM's *Procedure for Determining Minimally Competent Criteria* for the FEx OSCE on the Fellowship Examination Resources site and by presenting a session on the 'OSCE Mechanics' at the OSCE Preparation Program.

The examiner I had did not smile or look at me. What does this mean?

Whether an examiner smiles or not, isn't a helpful indicator of what mark they will allocate.

Although an examiner may not look at you throughout the whole station, this does not mean that they are not concentrating or carefully listening to what you are saying. **It is most likely that they are looking at the marking criteria for the station** to determine if you have met the required criteria or are trying to ensure the timing and sequence of the station is being followed as per the workshopping of the station.

acem.org.au

The OSCE Preparation Checklist

May 2019

Australasian College for Emergency Medicine

Domain Criteria

A resource for the Fellowship Clinical Examination

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, identifying the domains to be assessed should ideally occur early in the writing process. The domain criteria provided in this resource will assist station writers in standardising the initial terminology used to create the finalised marking criteria for domains assessed across different OSCE stations and scenarios. This resource will also assist in consistency of terminology and defining examiner expectations of candidate performance within OSCE.

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 during their construction, 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 should be clearly seen on the OSCE mark sheet or marking tablet and hence may be used in part or in full for the purpose of providing specific feedback to candidates on their performance.

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.

The pages that follow provide examples of domain criteria for the ACEM Curriculum Framework key domains, Teamwork and Collaboration, Communication, the Teaching aspect of Scholarship and Teaching, Prioritisation and Decision Making, Medical Expertise, Leadership and Management, Professionalism and Health Advocacy. It is expected that this document will be 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.

Domain Criteria

Teamwork and Collaboration - Teamwork

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.

Example of an OSCE scenario: Team based resuscitation simulation.

Key areas to be assessed may include:

Confirming team member roles and skills

- Performs/confirms introductions of team members
- Establishes/takes on the team leadership role
- Allocates/confirms team roles
- Establishes/confirms skills of team members

Psychological preparation for the OSCE

Prof Jill Klein

Melbourne Business School
The University of Melbourne

How can a candidate manage their examination anxiety?

The OSCE Preparation Program (OPP)

Two OPP workshops were held in 2018 and in May & November 2019. The OPP is to continue in 2020.

Program:

- OSCE marking, standard setting and key resources
- Examination psychology – Resilience and the Growth Mindset
- Hearing from new FACEMs who passed their OSCE after more than one attempt
- The OSCE essentials, from an examiner perspective
- OSCE station demonstrations - discussing candidate performance in small groups
- OSCE station role-playing in small groups
- The examination preparation necessities – the checklist

What was the most useful aspect of today's sessions?

- *That I need a structure in the OSCE*
- *Info from past recurrent OSCE sitters. Domain importance. Jill. Practice viewing/doing OSCEs and reviewing marking*
- *The examiner insight and priorities for OSCE prep.*
- *Mindful session by Jill. Run OSCE stations with examiners*
- *Hearing from people who have been unsuccessful previously was useful and motivating … Jill was great.*
- *More clarification of marking percentage*
- *Insight into the examiner's mindset and point of view*
- *Mindset and resilience – great!*
- *Meeting and Q & A with examiners*

ACEM Examinations Open Forum

Your questions, comments and suggestions are invited

Our thanks to:

OSCE recording participants:

OSCE 2019.1 Buchanan Prize recipient: Waseem Hassan

FACEM Examiners: Rachel Rosler, Colin Banks

HEAL Role Player: Elliott Raphael

Prof Jill Klein

Our presenters and forum participants

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