

## PCP1 Semester Two OSCE Feedback 2016

I am writing to give you some feedback as a cohort on the PCP1 semester two OSCE. Overall the standard of clinical skills was very high and examiners and simulated patients alike were impressed with the performances they saw. However, there is always room for improvement. I have outlined the common problems with each station below to help as you move into PCP2 and practise these skills with real patients.

The Pass mark for each station has been set using the Borderline Regression method of standard setting. This method of establishing the Pass mark recognizes the ease or difficulty of each station, and also acknowledges that some tasks, such as physical examinations, should be performed at a high level to achieve a pass.

A breakdown of your PCP1 mark will be released on the grade centre on Friday 9<sup>th</sup> of December. You will notice that your final PCP1 mark is different to what you would get if you add all the components of your PCP1 assessment. This is because the overall PCP1 final mark has been calculated using the pass mark for each OSCE station. No adjustment has been made to your tutor marks.

Students who received a mark below the pass mark for a station will receive an email over the next few weeks giving them more feedback on how to improve on their skills. Students who performed well will not receive more feedback, as they have reached the standard we expect by the end of year one. Many opportunities for more feedback will occur in PCP2.

ASSESSMENT COMPONENT	<i>M</i>	<i>SD</i>	Median	MIN	MAX	N
OSCE 1 Headache (40)	32.5	3.62	33.0	21	40	344
OSCE 2 CVS Examination (40)	35.8	3.40	36.0	23	40	344
OSCE 3 Jaundice (40)	27.8	3.97	28.0	17	39	344
OSCE 4 Eyes (40)	32.6	4.59	33.0	19	40	344

### **Interview station: Headache**

Pass mark for this station: 26 out of 40 marks

Objectives: To take a focused history from a patient regarding headache and perform some basic clinical reasoning regarding the type of headache.

#### **What was done well:**

Students established good rapport and clarified the cardinal features of the patient's headache well.

#### **Suggested improvements:**

- Listen in full to the patient's opening statement or you may miss important information
- Ask about associated features and be aware that there is a difference between these and triggers.
- Avoid asking leading or compound questions

### **Physical examination station: Cardiovascular System**

Pass mark this station: 27 out of 40 marks

Objectives: To perform a basic examination of the cardiovascular system

This station was done very well.

#### **Suggested improvements:**

- Take more time doing a general inspection of the patient
- Determine the site of the apex beat and then establish its position in relation to the intercostal spaces and the mid-clavicular line
- Take plenty of time when listening in the various auscultation sites for the heart valves
- Check the auscultation sites for the lung bases

### **Interview station: Jaundice**

Pass mark for this station: 23 out of 40 marks

Objectives: To take a focused history from a patient with jaundice using effective communication skills and identify the most likely cause using the classification of 'pre-hepatic, hepatic or post-hepatic'.

#### **What was done well:**

Students used open questions effectively and assured the patient of confidentiality when asking questions of a sensitive nature.

Students asked about the important features such as pain, pruritus and change in colour of urine and bowel actions.

Students asked about the patient's travel and assessed the risk factors of viral hepatitis effectively

**Suggested improvements:**

- Ask about other associated features such as fever, rash, anorexia, joint pains etc.
- Ask about a history of gallstones
- Ask about a specific family history of liver disease or blood disorders

**Physical examination station: Eyes**

Pass mark for this station: 26 out of 40 marks

Objectives: To test the students' ability to:

Assess and record visual acuity

Assess a patient's visual fields

Assess ocular movements

Interpret the findings of abnormal visual acuity

This station was done well.

**What was done well:**

- communication with the patient
- systematic approach to testing visual acuity

**Suggested improvements:**

- Stand next to the Snellen chart (not the patient) when assessing and recording visual acuity
- Ensure that your fingers are half-way between the patient and yourself when testing visual fields
- Remember to ensure that the patient does not move their head when testing ocular movements and ask them to report any double vision

Once again, well-done and good luck for MD2.

Kind regards,

Helen Feniger  
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