

## Examiner top tips on how to avoid common errors in the Part 2 exam

We cannot give you individual feedback on your performance in the OSCE, but examiners have noted a number of mistakes that candidates make frequently. At best, you will waste your time in the station. At worst, you will be marked down.

### Listen to what the patient has to say

#### Do

- Examiners are looking for real interaction with the simulated patient. This means candidates asking questions that patients can understand, listening to patients and responding clearly and sensitively. We have assessed your knowledge in the Part 1 exam and you will not gain marks for telling the simulated patient all you know about a specific symptom or illness. You should concentrate on showing the examiners how you interact with patients.
- Sometimes candidates appear to be using stock phrases, which they may have learnt on courses and are just copying. These can sound out of place, insincere and odd if just repeated. Examiners are aware of set phrases that are used by some candidates and often in the wrong context. If the examiner thinks you are using such learned behaviour without interacting with the patient in front of you, you can lose marks for interaction. You will however gain marks for listening carefully and responding to the patient.
- You are expected to deal with the patient exactly as you would if you were the junior doctor seeing her or him in clinic. The clinical situations in the stations are designed to be within the capability of a junior doctor.

#### Don't

- Don't say 'Everything you tell me will be kept confidential'

While medical students who talk to patients for their own learning benefit are taught that they must explain 'everything you say will be kept confidential within the medical team', patients can assume that doctors will keep details of the consultation

confidential. You therefore do not need to say this, and indeed it could sound odd to a patient. There may however be particular circumstances where it would be appropriate to say this. For example, if a patient is worried about telling you something and you think this is because of confidentiality.

- Don't say 'May I ask you a personal question?'

Signposting when you are changing the line of questioning can sometimes be helpful; for example when moving from asking about symptoms to lifestyle habits. 'I'd like to ask you about lifestyle habits'. However asking 'May I ask you a personal question?' followed by questions such as 'Do you drink alcohol?' or 'Do you smoke?' can seem odd. Because many adults in the UK drink alcohol and smoke you could be seen to be implying it is something to be embarrassed about by highlighting it as 'personal'. If you think the patient was offended by a question, apologise and explain that you are asking to help get a clear understanding.

- Don't say 'May I ask you some questions?'; 'Is that OK?'

As in real life, you can assume that patients (unless detained under the Mental Health Act) have sought the consultation with you. They will expect a doctor to ask questions and they will generally wish to be cooperative. In routine consultations expressions such as 'May I ask you some questions?' or adding 'Is that OK?' to statements can sound odd coming from a doctor.

It is however appropriate when examining a patient to say 'I would like to examine you, is that OK?' to check implied consent before proceeding.

- Don't refer the patient to the internet.

The stations are designed to be within the capability of a doctor at the level of the beginning of Foundation Year 2 in the UK and the examiners want to hear what your advice is. There will not be any circumstances under which this is an appropriate response. Similarly, be wary of telling patients that you will discuss with a senior colleague. You will not gain any marks if this is not an appropriate response.

## Check that you understand what you are being asked to do

### Do

- Make sure that you read the station instructions carefully. Examiners have noted that candidates have not fully grasped what the station is about. Do not assume that you know what the station is about because we have a number of different variations on particular topics.
- The station instructions are also available in the room. Do not be afraid to look at them again if you are unsure. You will not be penalised for this.
- Make sure you prepare for psychiatric stations. Being able to assess suicide risk, for example, is a very important skill in the UK.

- Be wary of offering analgesia. If the station is to elicit where there is pain and which movements provoke it, you will gain no credit for offering painkillers.
- If a child is being discussed, make sure you get the sex of the child right and use the correct pronoun, he or she. The instructions will tell you if this is a male or female child.

## **Don't**

- If you are asked to suggest a likely diagnosis to the examiner, do not direct these comments to the patient. Give the examiner the reasons for your conclusion.
- Do not invent a previous consultation or test results which will help you with the station. Examiners will interpret this as avoiding the task required in the stations and penalise you.
- If the child is not a baby, do not refer to it as 'baby'. The instructions will tell you if this is a baby or child. Make sure you ask questions appropriate to the age of the child. For example, do not ask how a baby is getting on at school.
- The station instructions will tell you how to explain what you are doing when examining a manikin. Unless it says to do so, do not talk to a manikin.
- In emergency management situations, candidates do not always know the correct protocols. It is necessary not only to be familiar with these to pass these stations but also to know how to apply them effectively.

## **Behave as you would in real life**

### **Do**

- As far as possible, you should behave as you would normally do with your patients. Although the examination is an artificial environment, the examiners are judging how you would perform the tasks in the stations in real life. Examiners will not be impressed by a rehearsed preamble to the consultation. Candidates who act and speak naturally will impress examiners most.

### **Don't**

- Don't pretend to do things. For example, you will not gain marks by pretending to draw a curtain around the patient - the station is already private. Also be wary of offering analgesia that you are unable to administer. The role player may accept your offer.

- You don't need to pass a tissue to someone who is not showing signs of tears, just because you are conveying bad news, you will not gain marks for handing the role player a tissue if it is not appropriate.
- Don't show mock empathy or false emotion – you should listen and show proper support to patients.
- Don't invade the role player's personal space; remember to sit at an appropriate distance from the role player and to be aware of their body language. If you move too close and the role player moves back, you are too close.
- Don't tell the examiner how you would carry out a physical examination - if you are asked to perform a physical examination, make sure you do so. The examiner will see if you do not examine the patient properly. Telling the examiner what you would do will not gain any marks.
- Don't start the consultation with 'how may I address you?' This is likely to sound strange and it would be more natural to say something like 'what would you like me to call you?'
- Don't refer to patient with a title and their first name. For example, if your patient's name is John Smith and he has agreed that you should call him John, it would not be considered normal to address him as Mr John.
- Don't over-simplify names for parts of the body. Most patients will know the commonly-used names for parts of the body, so there is no need to over-simplify unless you think the patient has not understood. For example, it would be reasonable to expect most people to know the terms 'bladder', 'ovary' and 'vein'. Expressions such as 'water bag', 'egg-producing gland' and 'blood channel' are likely to sound odd. If you doubt that the patient has understood what you are saying, check.

## Make sure you know why you are doing something

### Do

- In clinical examination stations, it is obvious that some candidates have learned the sequence of actions by rote and do not really understand why they are performing a particular action. Make sure you are clear about how to examine a patient and why you are undertaking each action.

### Don't

- In stations examining practical skills such as suturing, candidates do not always consider preparation and the safety of the patient and others. It is important to cover these as well as the correct technique. Do not waste time telling the examiner what

you would say to the patient or by repeatedly cleaning the model. You are being marked on the practical skill. Some candidates do not give themselves enough time to complete the task because they have spent time telling the examiner what they would say to the patient, for which they have gained no marks.

## An organised consultation

### Do

- Remember, we expect you to deal with the patient exactly as you would if you were the junior doctor seeing her or him in clinic. The clinical situations in the stations are designed to be within the capability of a junior doctor. Candidates do not always go about their consultation in a logical and organised manner. Candidates who ask a question and then do not follow it up risk being seen as acting by rote.

### Don't

- If you are asked for a differential diagnosis, do not give all the possible causes for the condition you have examined in a random order that you have learnt. You will lose marks even if the correct possible second diagnosis is in the list.
- Do not ask irrelevant questions, particularly where they could offend patients. You should keep your questions focused and to the point. You will not gain credit simply for asking lots of questions.
- There is time to complete each station, provided you approach the station logically and calmly. Some candidates spend the final 30 seconds stating what they would do without getting on with the task in hand. Many spend too long on the inspection part of a clinical examination to the detriment of the remainder of the examination.
- If you do run out of time, do not stay in the station after you have been told to move. You will not gain any marks and your time would be better spent reading the instructions for the next station.