



OSCE Insights from OEBC Examiners

Tips to prepare for the OSCE

- As a confident professional optometrist, practice taking charge. Your instructor may ask for more details at school, but in an OSCE, the assessor remains silent and scores based on what you provide.
- Understanding of the competencies and their indicators as they reflect professional practice.
- Ensuring your knowledge and clinical skills align with the Blueprint's competencies and indicators.
- Integrating your clinical skills, reasoning, and professional judgment with entry-to-practice competencies outlined in the Blueprint.
- Practicing, including the indicators of the five practice areas in clinical settings.
- **Avoid depending on the experiences of past examinees, as every exam varies.**

Tips for taking the OSCE

- Carefully read case-specific instructions.
- Greet the examiner politely, then focus on the patient.
- Communicate with empathy and a patient-centred approach.
- Use safe methods for history taking.
- Be systematic during the physical exam to stay focused.
- Prioritize management and investigations.
- Ask about the patient's perceptions and any concerns with your plan.

Each case is crafted to let an examiner evaluate if you have the basic knowledge, skills, and abilities to practice the scenario safely and effectively. To assist in your preparation, we asked our examiners for their advice on the following four questions.

How should I approach the standardized patient and the examiner?

- *Read the instructions thoroughly.*
- *Have a tentative diagnosis after reading the exam question.*
- *It is best to greet the examiner when you enter the room and then forget they are there—an examiner is “a fly on the wall.”*
- *Don't rush to interact. Instead, take the time when you first enter the room to center yourself and have a plan to guide you through the interaction.*
- *The standardized patient is your priority. Professionally approach the standardized patient with your complete focus on the patient—figuring out how to address their known and unknown ocular issues. Interaction with actual patients (i.e., in a clinical internship or externship) should be the same as in previous clinical settings.*
- *Interact well with the SP, as you would in an optometry practice.*
- *Speak clearly and confidently. After finishing, review the information and restate the critical facts, perhaps adding extra details to give a well-rounded answer.*
- *Imagine that you have just finished an examination. Please educate the patient about their condition and develop a plan with as many options as possible.*

- *Focus on the patient. Look at the cues they are giving you.*
 - *Are they in visible distress?*
 - *Are they unable to look at you for some reason?*
 - *Always engage with the patient first and ask them for information even if you may be confident in your diagnosis--what is the valid question you are being asked?*
- *Stress the importance of avoiding jargon when explaining conditions to the standardized patients. Clear and straightforward explanations, without assuming their knowledge, are essential.*
- *Your assessment is based on your ability to deal with the scenario presented and react appropriately to the standardized patient responses.*
- *Emphasize the importance of clear and audible communication. Speak clearly and loudly enough for the examiner to hear, but direct all conversation to the patient. Communicating effectively is a crucial part of your competence as an optometrist.*

As Examiners, what are the biggest mistakes you have seen candidates make, and how should they overcome them?

- *Not reading the question or understanding the purpose of the interaction. You should reread the question at the end and ensure you have answered it.*
- *Lacking a plan. It's essential to structure the case logically and in order, beginning with the primary issue and concluding with potential treatment options.*
- *If a method does not go as planned, relax and try another approach.*
- *Some candidates overlook the patient, reciting facts about a condition without genuinely addressing the question. Engage with the patient and respond to the specific query in the case.*
- *Some candidates try to impress me (the examiner) with their knowledge. It would be best if you focused on solving the patient's problem.*
- *As a student, I thought I was being graded on many more fact-based points, but I learned that wasn't the case as an examiner. You believe you're being graded on certain things (i.e., mentioning that a point doesn't meet driving requirements due to their diagnoses), but these facts are not grading points — focus on the patient and their issue.*
- *Some candidates sit quietly, waiting for time to run out after they think they've finished speaking. Instead, it's beneficial to use the remaining time to inform the patient about differential diagnoses, potential symptoms, and related conditions.*
- *Some candidates quickly address the key points and then find themselves with surplus time, prompting them to seek additional information to share (which neither helps nor hinders). Use any extra time to educate the patient.*
- *Anxiety appears to be a constraint — stay calm. It's merely another typical clinic day for which you've adequately prepared. Avoid overanalyzing yet remain focused on the objectives outlined in the instructions.*
- *Some go down a rabbit hole on a detail the patient gives them that may be a red herring. You need to know how to properly and efficiently deal with real-life patient problems.*
- *Some candidates have poor eye contact/interaction with the patient. They are not listening to what the patient is saying.*

- *If it looks like a duck, swims like a duck, and quacks like a duck, it probably is a duck! Don't overthink it!*
- *I've seen candidates use technical language from books to explain conditions. It's better to focus on solving the patient's issue and use terms they understand to involve them in the solution. There's often no need to stray from the primary task in instructions.*
- *Some candidates let the Q&A of the exam take them on an extended tangent to the goal of the exam. READ the INSTRUCTIONS*
- *Break down the answer to the exam question into 3 or 4 sections and explain it to the patient.*
- *Many candidates find it challenging to present a clear plan. They often jump between points or use overly technical jargon, sometimes contradicting themselves. It seems they are responding to a university exam rather than addressing a real-world scenario involving an uninformed patient. While the examiner may grasp their explanation, it is difficult for a patient to understand or follow their instructions. Candidates must remember that their diagnosis explanations should be comprehensible to individuals without medical training. The advantages and disadvantages of not receiving treatment should be communicated so that patients can make informed choices.*
- *Some candidates appear too assertive, often interrupting patients before they can express themselves. Listening carefully and focusing on what the patient is communicating is essential.*
- *Some candidates wait for feedback from the examiner, which an examiner does not give. Instead, ask the patient if you have solved the issue and understand the treatment.*
- *During technical sessions with model eyes, candidates should handle them like human eyes. Some are too harsh, making it hard for the examiner to deem the procedure safe.*

What do I need to do for you to rate my overall performance as "Exceeds Expectation?"

- *Besides meeting the case's requirements, you should display your personality — empathy, sympathy, and humour. While showing human traits and smiling during a stressful exam is challenging, some candidates meet expectations but appear robotic. This can come across as cold, detached from the patient, and insincere, possibly due to nerves or indicative of future practice style.*
- *Thoroughly address all questions related to the content. Maintain control and ensure patient cooperation during the interview. Please communicate with the patient to ensure they fully comprehend your explanations.*
- *Display confidence and charisma during the encounter.*
- *Become the associate I would instantly choose to employ! Be assured in your diagnoses and treatment plans. If uncertain, demonstrate your willingness to seek the appropriate course of action.*
- *Provide the patient with additional relevant information.*
- *Connect subsequent thoughts to the problem you are addressing, not merely the issue.*
- *Ensure there are no major diagnostic oversights or risks to the patient.*
- *Demonstrate understanding of various alternative solutions to the patient's issue.*
- *Achieve all the station's systemic objectives.*
- *Meets all criteria on the assessment form and builds rapport with the patient.*

- *Focused on the task, asks for clarification or provides additional explanations when needed.*
- *Shows empathy and listens well throughout the interaction.*
- *Explains clearly to the patient, adjusts appropriately to the standardized patient, and anticipates concerns when presenting the treatment plan.*
- *Adheres to a standard close to current practice in a non-testing context.*

What would cause you to rate my performance as "Below Expectation?"

- *Failing to solve or communicate the problem effectively.*
- *Ignoring the patient's specific issue.*
- *Appearing unsure of your actions.*
- *Missing objectives and poor patient communication.*
- *Rude or interruptive behaviour towards patients.*
- *Misinterpreting clinical information and critical assessments.*
- *Abusing the patient.*
- *Providing unsatisfactory care, leading to incorrect diagnoses and treatments.*
- *Struggling with diagnosis and treatment.*
- *Alarming the patient and failing to build comfort.*
- *Making numerous content mistakes, poor communication, and causing harm.*
- *Poorly understanding and conveying exam questions.*
- *Giving vague summaries without details.*
- *Missing critical procedures or questions.*
- *Being incoherent, contradictory, and inconsiderate.*

What one piece of advice would you have for me to succeed at the OSCE?

- *Stay calm and rely on your training. You've got this!*
- *You've made it this far; you know what you're doing. So, please do it!*
- *Continuously practice with friends and family and seek candid and sincere feedback.*
- *Trust your skills and perform as you would in a clinical environment. If the task seems simple, it probably is; deal with the issue accordingly. Focus on treating your patient and ignore the examiner's presence.*
- *Stay calm, take deep breaths, and maintain a pleasant demeanour even if you feel terrified.*
- *Prepare effectively by honing clinical skills, and then trust that preparedness. Relax.*
- *Make sure to shadow at a clinic an OD known for excellent patient care, not just the basic standard. Follow these expectations to exceed the minimum requirements.*
- *Upon completion, if time permits, reflect on whether you addressed the question posed about that session.*
- *Be confident and thoroughly consider the case to ensure you don't overlook any key aspects. Cultivate strong communication skills with patients. If you aren't prepared yet, take some additional time to practice and get ready.*

- *Imagine you are caring for a beloved family member. Provide your patient equal respect and dedication, offering the same information and attention.*
- *Carefully read the question before discussing it with the patient to review the information provided. If it's a diagnosis or treatment case, brainstorm possibilities and use your conversation to pinpoint the issue. Take notes, if necessary, then concentrate on what you need to do.*
- *Don't remain silent; engaging, educating, and explaining the condition to the patient can elicit more information and make them feel more comfortable.*
- *You've completed rotations and encountered many patients. Trust your knowledge and try to forget it's a test, which might help you stay calm. The testing stress can sometimes lead to simple errors.*
- *Keep your composure and organize your thoughts before speaking. There's ample time to explain things to patients or complete tasks. Rushing can lead to mistakes that may be hard to fix.*
- *Understanding the rationale behind the required testing and interpreting results is crucial for effectively communicating with patients.*
- *Practice delivering diagnoses and information to patients clearly and with empathy. Address the cases methodically:*
 - *What is the problem/issue?*
 - *What evidence tells you that is the problem?*
 - *How do you plan to solve it? (i.e., referring, treating or monitoring)*