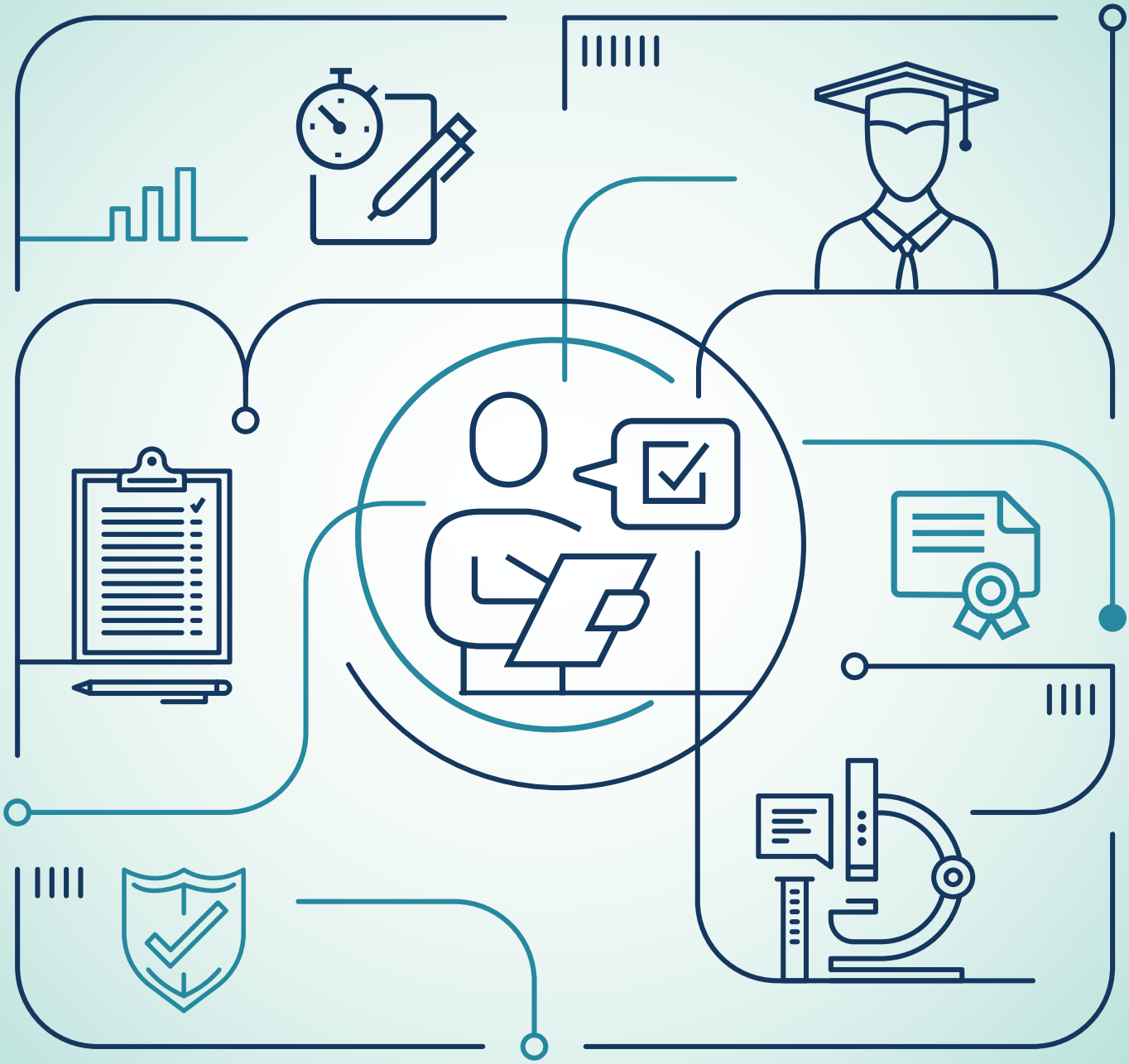
RACGP

Royal Australian College *of* General Practitioners

RACGP Education

Exam report 2019.2 OSCE



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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Contents

1. Exam psychometrics

Table 1 shows the mean and standard deviation of the entire cohort that sat the exam. These values can vary between exams. The reliability is a measurement of the consistency of the exam, with values between 0 and 1.

A candidate must achieve a score equal to or higher than the pass mark (or 'cut score') in order to pass the exam. The Objective Structured Clinical Examination (OSCE) pass mark is determined by the accepted borderline group method (refer to the RACGP Education *Examinations guide* for further details).

The 'pass rate' is the percentage of candidates who achieved the pass mark.

The Royal Australian College of General Practitioners (RACGP) has no quotas on pass rates (ie there is no set number or percentage of people who pass the exam).

Table 1. 2019.2 psychometrics

Mean score (%)	68.77
Standard deviation (%)	6.16
Reliability	0.75
Pass mark (%)	63.21
Pass rate (%)	82.60
Number sat	983

2. Candidate score distribution

The histogram below shows the range and frequency of final scores for the 2019.2 OSCE. The vertical blue line represents the pass mark.

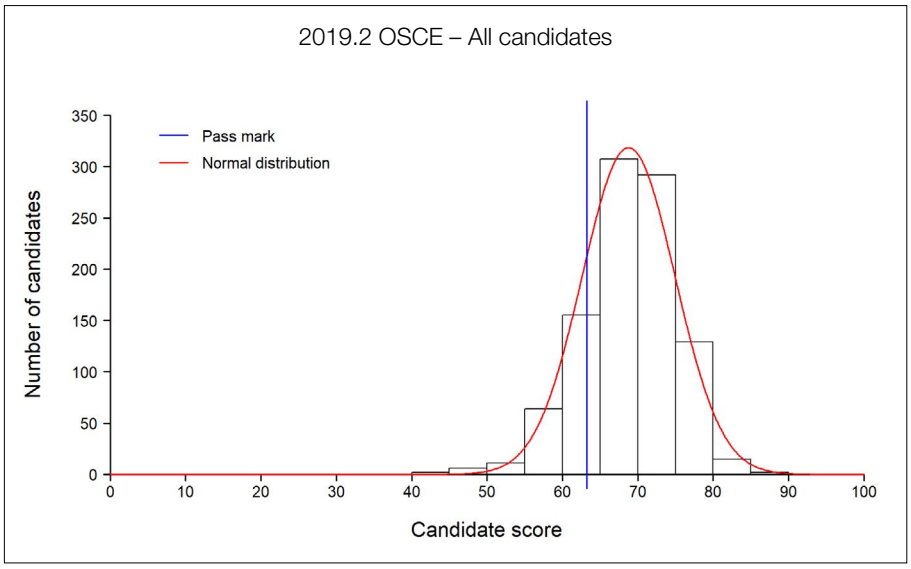

Figure 1. Final 2019.2 OSCE score distribution

3. Candidate outcomes by exam attempt

Table 2 provides pass rates displayed by number of attempts. A general trend suggests candidate success diminishes with each subsequent attempt. Preparation and readiness to sit the exam are paramount for candidate success.

Table 2. 2019.2 OSCE pass rates by number of attempts

Attempt	Pass rate (%)
First attempt	85.1
Second attempt	71.7
Third attempt	70.3
Fourth and subsequent attempts	50.0

4. Preparation for the OSCE

Preparation for the OSCE should be focused on practice, with candidate performance being observed and feedback provided. Performing well in practice makes it easier to translate this performance into the exam situation. Strategies for preparation are covered in the RACGP Education *Examinations guide* and in the open letters to candidates.

Specific activities available through RACGP state faculties include candidate preparation workshops and practice exams ('mock OSCEs'). In the practice exams, candidates are provided with feedback on performance.

Although practice exams are not designed to provide a mark, they can give an indication of whether a candidate is likely to pass. On the basis of candidate feedback, the RACGP highly recommends attendance at one of its exam preparation workshops and completion of a practice exam.

5. Feedback report on the 2019.2 OSCE

This feedback document has been published in conjunction with candidate results.

OSCE examiners are experienced general practitioners (GPs) who are trained in assessment. One of the strengths of the OSCE is that candidates are assessed by 25 or more examiners, whose ratings (marks) make up each candidate's total score.

Candidates were rated on how they assessed and managed different clinical situations; that is, the competencies (rating areas) in different consultations.

Every OSCE station had individualised rating criteria that corresponded to the tasks identified in the candidate instructions, and examiners rated candidates on these specified criteria. Feedback from the examiners noted that it was very important for candidates to read the instructions carefully and understand the tasks in each case.

Although the tasks within each case were specific, candidates were expected to exhibit a 'whole-of-patient' approach by demonstrating the core general practice skills found in the RACGP's Curriculum for Australian General Practice.

The following is a selection of cases from the 2019.2 OSCE in which candidates have underperformed. These examples help to illustrate how a candidate should approach the tasks.

Example 1

In this case of a young adult Aboriginal woman whose tiredness was getting worse after she was commenced on pharmacological treatment for management of depression, a number of candidates underperformed in the history-taking competency.

More candidates underperformed in the management competency, where the rating criteria required:

- an adequate, plain-language explanation of probable causes for the symptoms
- discussion of need for investigations
- discussion of antidepressant medication change, including wash-out period
- reinforcement of psychologist role, addressing of the multiple social aspects that contributed to her tiredness
- structuring of follow-up within two weeks.

Example 2

A child aged six years was well until one week ago. She presented moderately ill with recent-onset fatigue, fever and a number of vague complaints. Physical examination revealed widespread lymphadenopathy with hepatosplenomegaly.

A number of candidates underperformed in history-taking of a recent-onset febrile episode, failing to enquire about a broad differential diagnosis of fatigue, including psychosocial factors and sleep disorders.

A number of candidates then underperformed in the selection of initial investigations, where the competency criteria were:

- appropriate virology
- liver function
- blood counts with inflammatory markers
- fasting blood sugar/glycated haemoglobin (HbA1c).

Example 3

A fit and physically active person aged 23 years presented with acute-onset breathlessness, noticeable with exertion and vague chest discomfort.

Most candidates performed well in history-taking and physical examination aimed at eliciting features of relevant diagnoses in this age group, such as asthma, thromboembolic disease and infection. Despite having gathered the required information and clues, a number struggled to formulate their provisional and differential diagnoses.

After diagnosis was confirmed by the chest X-ray, many candidates underperformed in the management, where the required competency criteria were:

- an adequate, plain-language explanation of the diagnostic condition with an outline of cause/s
- clear, specific safety-netting instructions relevant to the diagnosis of a spontaneous pneumothorax, including early review, when to attend hospital, and follow-up chest X-ray in 2–4 weeks.

Example 4

In this case of a patient with an acute abdomen, a good history that incorporated a safe diagnostic strategy was essential. History should have clarified the pain symptom and elicited associated symptoms (gastrointestinal symptoms, fever), a gynaecological history, a history of alcohol use and a medication history.

This woman aged 29 years volunteered information of a very recent gynaecological intervention, egg retrieval as part of in-vitro fertilisation (IVF) treatment. This should have led to further enquiry regarding the stage of IVF treatment, temporal relationship of the abdominal symptoms to human chorionic gonadotrophin (HCG) administration, and her previous experience with infertility, polycystic ovarian syndrome, and clomiphene treatment.

A number of candidates underperformed in the history-taking competency. This compromised formulation of their provisional and differential diagnoses.

Example 5

In this case of an 11-month first-born infant of parents who are of small stature, the criteria for failure to thrive is met on the growth charts (height, weight, head circumference). The candidate is required to list the provisional and differential diagnoses for the infant not thriving.

It would have required a careful enquiry into the feeding of the infant to arrive at a provisional diagnosis of inadequate intake. A malabsorption disorder had to be considered, as well as metabolic causes. If a candidate had enquired, the developmental milestones were normal; this made chromosomal and developmental abnormalities less likely.

Competency in management required an adequate coverage of:

- specific advice/suggestions for increasing calorie intake
- structured close follow-up (such as weekly weighs) to monitor response to initial management.
- a food diary and nutritionist referral provided useful reinforcement of the information given to the patient.

Example 6

This woman aged 30 years presented for a pre-conception visit. She was aware she would need to cease alcohol if she were to become pregnant, but was nevertheless ambivalent about giving it up.

Many candidates underperformed in the management competency. Competent candidates were required to adequately cover:

- unequivocal advice to cease alcohol, outlining reasons why (ie effects on fetus and mother)
- engaging patient in a pros-and-cons discussion of change versus no change
- clear advice on contraception until alcohol and smoking cessation
- implementation of regular review.

Other rating criteria included enlisting support for the patient, and appropriate dietary supplementation as she was planning pregnancy.

6. Further information

Refer to the RACGP Education *Examinations guide* for further exam-related information.

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