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# Guidelines for the drafting and selection of OSCE practical clinical examinations

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## Art. 1 Principles

<sup>1</sup>These guidelines regulate the drafting and selection procedure for Objective Structured Clinical Examinations (or OSCE), as well as the training of simulated patients within the context of the Master of Medicine of the USI Faculty of Biomedical Sciences.

<sup>2</sup>The drafting of the clinical examinations and their implementation comply with the principles, provisions and operating methods set out by the Federal Office of Public Health (FOPH) and the Institut für Medizinische Lehre (IML) of Bern with regard to the OSCE federal examinations for human medicine.

## Art. 2 The OCSE examination

<sup>1</sup>The practical examination is defined as the Objective Structured Clinical Examination or OSCE examination.

<sup>2</sup>The OSCE examination consists of a series of tests, called workstations, to be tackled by the students one after the other.

<sup>3</sup>The number of workstations, and the content is selected based on the learning and teaching goals set out in the Master's curriculum.

<sup>4</sup>At each workstation, the student is presented with a predetermined task, which is identical for all students in terms of duration, content, sequence, method and assessment criteria.

### **Art. 3 Scope**

<sup>1</sup>The practical OSCE examinations consist of a series of workstations. At each workstation, the student is required to carry out the assigned task in a maximum of 13 minutes.

<sup>2</sup>There are 3 practical OCSE examinations in the three-year Master's programme. The first and second examinations each have 8 stations, i.e. 4 stations at the end of each semester.

The third examination has 12 stations, is held at the end of the sixth semester and simulates the federal examination.

<sup>3</sup>The assessment of the first examination is formative, whereas the assessment of the second and third examinations are summative.

<sup>4</sup>The practical OSCE examination is passed if the student:

- a) achieves the minimum grade established by the Examinations Commission;
- or
- b) passes at least half of the stations.

### **Art. 4 The clinical OCSE examination**

<sup>1</sup>The course director sends at least three topics that they intend to develop as OSCE clinical examinations to the OSCE Unit annually, in compliance with the established teaching and learning goals.

<sup>2</sup>The topics selected in advance by the course director must be sent to the OSCE Unit at least 12 months prior to the OSCE examination.

<sup>3</sup>The course director - or one of his/her senior colleagues that teaches within the Master's programme - draws up the OSCE clinical examination on the basis of the content and criteria described in the "Form for the drafting of an OSCE examination":

<sup>4</sup>The OSCE Unit provides the necessary operational support in the preparation of the OSCE clinical examination, placing attention on consistency with pre-established teaching goals and the feasibility of the implementation of the examination.

<sup>5</sup>The final version of the OSCE clinical examination is validated and approved by the course director or one of his/her delegates.

<sup>6</sup>Once the OSCE clinical examinations have been validated and have final approval, they are entered into the so-called "Portfolio of OSCE clinical examinations", a computerised and adequately secure database, accessible only to the persons authorised by the OSCE Unit.

## **Art. 5 The Examination Board**

<sup>1</sup>The Examination Board (EB) is made up of 4 full professors that are course directors, the head of OSCE examinations and the Examinations Officer (EO) who chairs the Board. The Board defines the examinations programme in all its details and in the first instance decides on any disputes relating to the examinations.

<sup>2</sup>The main tasks of the EB within the context of OSCE examinations are:

- the selection and approval of the OSCE clinical examinations;
- the notification of the Dean of any disputes with the student concerning the assessment of results;
- proposals to revise and amend these Guidelines.

## **Art. 6 Operating methods of the Examination Board**

<sup>1</sup>The EB usually meets at least three months prior to the date of the OSCE examination.

<sup>2</sup>One month prior to the meeting, the members of the EB receive the authorisation to access a special computer programme containing the final version of the clinical OSCE examinations for each individual module of the semester in question.

<sup>3</sup>At the same time the members of the EB also receive an Excel table with the request to assess the clinical examinations individually, on the basis of the following:

- pertinence of the examination: relevant - questionable - inappropriate;
- relevance of the examination: high - average - low;
- difficulty of the examination: difficult - average - easy;
- time necessary to complete the examination: too long - adequate - too short;
- any specific comments.

<sup>4</sup>The EB members send the completed Excel table to the OSCE Unit, which then summarises the received results.

<sup>5</sup>During the EB meeting, and also on the basis of the overall results attributed to each clinical examination, a final selection is made of the individual cases that will be used during the exam session. Any problems or difficulties in the selection of the examination cases must be resolved by consensus.

<sup>6</sup>Experts with consolidated knowledge in the field of OSCE examinations and active in other Faculties of Medicine in Switzerland may be invited to take part in this selection procedure.

<sup>7</sup>In the event of a tie, the final decision concerning the selection of the clinical examination will be taken by the Chairperson of the EB.

### **Art. 7 Simulated patients**

<sup>1</sup>The expression “simulated patient” means a person who has been specifically and appropriately instructed on how to simulate a "real" patient. A simulated patient is therefore a person trained to reproduce the clinical history, personality and emotions of a real patient at a certain stage of an illness, reproducing the clinical signs of his/her suffering and adopting the corresponding body expression.

<sup>2</sup>The training of the patient selected to simulate a specific clinical case is ensured by an interdisciplinary team made up of doctors and teachers from the Accademia Teatro Dimitri.

<sup>3</sup>Simulated patients will never be asked to have clinical examinations carried out on their private parts, nor will they be subjected to manoeuvres or invasive acts. In these specific cases, dummies will always be used.

### **Art. 8 Recruitment procedure for simulated patients**

<sup>1</sup>Candidates of both genders aged at least 18 years old, resident in Switzerland or with a valid work permit, can apply to be simulated patients.

<sup>2</sup>The candidates must fill in a questionnaire and pass a brief medical check-up, as well as act out the role of a patient.

<sup>3</sup>The successful candidates are confirmed as simulated patients once they have signed the consent form and the confidentiality statement.

<sup>4</sup>The data of the simulated patients is recorded on a database, accessible only by the responsables for the programme, who are subject to professional secrecy obligations. The database contains the contact information (email address, phone number, home address, etc.), payment information (bank details, social security number, study or work permit) and personal information (age, weight, marital status, clinical history, language skills, etc.) required for the correct assignment of the roles to be interpreted. This data is treated with the strictest confidence.

<sup>5</sup>The simulated patient can withdraw at any time. This decision must be communicated in writing to the person in charge appointed by the Dean of the Faculty of Biomedical Sciences.

<sup>6</sup>The selected simulated patients are paid an hourly rate of CHF 30.- for the trials and for the examinations.

### **Art. 9 Training procedure for simulated patients**

<sup>1</sup>The recruited simulated patients participate in an introductory training event lasting approximately three hours, led by designated instructors (so-called SP-Trainers) from the Accademia Teatro Dimitri and colleagues from the OSCE Unit.

<sup>2</sup>The simulated patients selected to interpret a role in the OSCE examinations then take part in two half-days of training specific to the assigned clinical examination. These training sessions will be held in the month prior to the OSCE examinations session.

<sup>3</sup>The simulated patients receive adequate warning of the description of the role ("script"), which is to be read and tested prior to the training session.

<sup>4</sup>The script is practised, checked and improved during the training session.

<sup>5</sup>The simulated patients interpreting the same roles attend each other's performances and may make comments.

<sup>6</sup>The team that usually trains the simulated patients for the roles assigned to them for interpretation in the clinical examination is made up of the following:

- a trainer from the Accademia Teatro Dimitri (SP-Trainer);
- a doctor responsible for the course or his/her senior representative who has participated in the drafting of the clinical examination;
- a doctor unconnected to the clinical discipline of the examination, ideally a general practitioner.

<sup>7</sup>The OSCE Unit is in charge of the organisation, coordination and supervision of the training of the simulated patients.

<sup>8</sup>Experts with consolidated knowledge in the field and active in other Faculties of Medicine in Switzerland may join the team that is responsible for training the simulated patients.

### **Art. 10 Professional secrecy and confidentiality obligations**

<sup>1</sup>All those involved directly or indirectly in the activities described in these Guidelines are obliged to guarantee compliance with the professional secrecy obligations and confidentiality of the information sent and communicated to them respectively in this regard.

<sup>2</sup>The simulated patients sign a consent form in which they undertake to observe strict confidentiality regarding the roles envisaged for the examination, the documents received and the interaction with the SP-Trainers.

<sup>3</sup>The USI Faculty of Biomedical Sciences undertakes to keep the personal and medical data of the simulated patients secure and confidential.

**Art. 11 Effectiveness**

These Guidelines, approved by the Council of Professors on 31 August 2020, shall enter into force immediately.

**DISCLAIMER:**

These Guidelines for the drafting and selection of OSCE practical clinical examinations have been drawn up in Italian. A non-legally binding English translation has been provided for information purposes only. The Italian version shall prevail over the English translation.