

Regulations and organization of the Objective Structured Clinical Examination (OSCE) for students of the 6th year of the medical faculty in the academic year 2023/2024

1. To participate in the exam, it is necessary to obtain a passing grade in the subjects covered by the exam.
2. The OSCE exam will be held on the dates specified in the Examination Calendar. In the winter session, it will cover Gynecology and Obstetrics, Family Medicine and Psychiatry, and in the summer session, it will be Surgery, Internal Medicine, Emergency Medicine and Pediatrics.
3. Each student shall report to the exam no later than 30 minutes before the start of the exam for the turn to which he/she has been assigned, change into the appropriate uniform in the locker room and proceed to the exam waiting room.
4. The examination schedule will be published no later than 2 weeks before the exam.
5. The student is bound by the rules of preparation for hospital work, that is:
 - a) uniform in accordance with the regulations of the Medical Simulation Center (available on the CSM website and as an appendix to the interdepartmental regulations),
 - b) identification with the student's diploma number (to be picked up at the CSM on the day of registration),
 - c) footwear in accordance with health and safety standards for medical footwear,
 - d) pinned up hair,
 - e) no ornaments on the wrists and hands,
 - f) short nails,
 - g) possession of a pen.
6. Structure of the OSCE:
 - a) the exam is organized in the form of stations with a specific task to be performed
 - b) the number of stations – 3 paired stations (complex activities) in the winter session and 4 paired stations (complex activities) in the summer session.
7. The range of stations for subjects:
 - **in the field of Surgery**
 - a) conducting a surgical physical examination with the patient,
 - b) diagnostic and therapeutic actions taken on the patient
 - c) monitoring and responding to the patient's condition,
 - d) ability to establish contact with the patient and the ability to recognize the causes, symptoms, principles of diagnosis and therapeutic management of the most common diseases requiring surgical intervention, including in particular acute and chronic abdominal diseases;
 - **in the field of Internal Medicine**
 - a) conducting a physical examination (including assessment of the most important parameters for the patient's condition),
 - b) diagnostic measures and interpretation of the obtained test results,
 - c) making the right diagnosis(s),

d) proposing a proper therapeutic procedure;

- In the field of Gynecology and Obstetrics

- a) external obstetric examination – assessment of fetal position and alignment,
- b) internal obstetric examination – assessment of the degree of cervical dilation, fetal position,
- c) gynecological examination with the use of a speculum,
- d) cytology collection;

- in the field of Emergency Medicine

- a) conducting an assessment and examination of the patient's condition in a life and/or health threatening condition,
- b) undertaking appropriate monitoring of the patient's condition and responding adequately to changes in the patient's vital signs,
- c) ability to make therapeutic decisions on pharmacotherapy and electrotherapy of emergency conditions,
- d) to make therapeutic decisions under stressful conditions and under time pressure towards a patient in a life and/or health threatening condition,
- e) use of communication skills that allow one to competently lead an interdisciplinary therapeutic team;

- in the field of Family Medicine

- a) conducting a medical consultation with a patient using a patient-centered medical management method,
- b) gathering a history with the patient in a holistic manner, taking into account chronic diseases, risk factors, family and work situation, the impact of the presented problems on the patient's life,
- c) making an initial diagnosis, implementing treatment as needed, planning further management of the patient, giving recommendations in a way that the patient understands,
- d) establishing satisfactory contact with the patient during counseling using verbal and non-verbal communication techniques;

- in the field of Pediatrics

- a) conducting an interview with the patient's parent and/or with an older teenage patient,
- b) conducting an examination of the patient, taking into account possible difficulties arising from the age of the patient (infant, pre-school child – limitation of verbal contact, lack of compliance with instructions, fear of examination),
- c) interpretation of available results of additional tests (laboratory, imaging, endoscopic and histopathological tests),
- d) planning the diagnostic procedure,
- e) planning and discussing therapeutic procedures with the patient's parents;

- in the field of Psychiatry

- a) conducting a psychiatric examination with a patient with whom verbal contact is limited,
- b) diagnostic and therapeutic actions taken on the patient,

- c) monitoring and responding to the patient's condition,
 - d) educating the patient about mental disorders and therapeutic procedures,
 - e) ability to establish psychotherapeutic contact and an empathetic attitude toward the patient.
8. All students have the same tasks (procedure type) to perform within the same time frame and according to the same grading criteria (standardization of the exam).
 9. The content of the task at each station will be communicated to the student, either orally or in writing, prior to the start of the station, and will include those skills that were taught in the clinical classes of each subject.
 10. Each station may be attended only by the students who are performing a given task.
 11. The duration of one station is 10 minutes, and the break between stations is 5 minutes.
 12. Each task will be evaluated according to a separate checklist. The performance of the various elements of the task will be evaluated on a scale of 0-1 points, where "0" means the absence or incorrect performance of an element, and "1" its correct performance.
 13. After completing the assignments, the student leaves the building where the exam is held.
 14. Detailed results of the exam, with a list of grades, will be provided up to 3 working days after the exam.
 15. If a student receives a failing grade at any station, he or she is required to take a make-up exam in the subject within the time limits provided by the academic year schedule.
 16. Make-up examinations will be conducted orally by examiners selected by the subject coordinator.

 17. The result of the OSCE is an integral part of the exam for each subject: Surgery, Internal Medicine, Gynecology and Obstetrics, Emergency Medicine, Family Medicine, Pediatrics, and Psychiatry.
 18. The final grade in each subject will be calculated in the case of a passing grade in each part of the OSCE.
 19. A negative grade from any part, means failure of the exam in a particular subject. The student then receives a failing grade from the 1st term, with an entry in the WU system.
 20. In the case of a positive result from both parts of the OSCE, the final grade (WK) for the subject will be calculated as the arithmetic average of both grades, according to the formula:

$$\mathbf{WK = 0.5 \times OSCE + 0.5 \times test}$$

Rating in words	Rating in numbers	Percentage range
unsatisfactory	2.0	less than 60
sufficient	3.0	60 – 67
satisfactory	3.5	68 – 75
good	4.0	76 – 83
good plus	4.5	84 – 91
very good	5.0	92 - 100