

# Y4 Must Read

Oct 2018

## Coming Soon:

We will be holding some interactive webinars in Nov so you can ask any assessment-related question you may have. You can also send us your questions in advance (see email addresses below)

Full details to follow...

**If you have any assessment-related queries at any point and can't find the answers on 1MedInfo then do not hesitate to get in touch with the assessment team:**

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## Welcome to the latest edition of Y4MR... this month we focus on assessment and think ahead to OSCEs

In this Y4MR we have included news on some changes to the exam processes – find these on page 2. On page 3 we have collated our top tips to help you prepare for the Winter OSCE.

The best place to go for more information is our 1MedInfo pages on Year 4 assessment:

<https://www.onemedinfo.manchester.ac.uk/blog/topics/assessment-in-year-4/>

There is a range of resources available online to view relating to both your Progress Test (and additional 50 questions in May) and the OSCEs. Please do spend time reading the Y4 OSCE blueprint information which details the station types that will be included in your OSCE with helpful guidance on common mistakes that students have made for each. We also have more 'top tips', a detailed FAQ and information relating to the process of the OSCE overall.

# MBChB Assessment Update

## Update to candidate adherence with infection control measures within the OSCE

You will be aware from previous OSCE briefings that examiners are instructed to dock 1 mark from your global score if candidates fail to use alcohol before and after patient contact (which applies to both consultation and examination stations). However based on recent feedback from both students and examiners we have updated the guidance to be more encompassing of infection control measures more widely. The updated examiner instructions now state:

*"This is an interactive station and so the candidate should adhere to standard infection control practices (i.e clean hands with alcohol upon entering AND before leaving a station that involves a (simulated) patient, even if no physical contact made with patient / cleans (if used) stethoscope / is bare below elbows etc). If the candidate is in breach of any/multiple infection control measures in this station then please dock one point from their global mark and remind them of the importance of this in their feedback."*

## Mitigating Circumstances

We have made some changes to the process for letting us know about mitigating circumstances relating to assessment this year. Full details can be found in the [MBChB Programme Handbook](#). Two key updates have been made. The first relates to increasing importance placed on adhering to timescales for submitting evidence in order for mitigating circumstances to be considered. The second change is that all student submissions for mitigating circumstances will now be reviewed to determine if particular students may benefit from additional support (previously it was only submissions from students who had failed an assessment that were reviewed). Full details of these processes are in the MB ChB Mitigating Circumstances Regulations policy in the handbook.

## Raising a Concern relating to assessment

Again in response to student feedback, we have updated our process of raising a concern. Although we anticipate this will be used infrequently, we are keen that students have a clear and transparent process by which they can raise any problems that arose. Full details once more are in the Programme Handbook or by [clicking here](#).



## OSCE Update

### OSCE News! More Prep Time!

We've listened to feedback from students and examiners asking for more time between stations to prepare for the task to come and to allow examiners more time to provide more detailed feedback on your performance to help you develop. As a result, we are pleased to announce that as from this academic year, we are increasing the time between stations from 60 seconds to 90 seconds. This will take effect from the Winter OSCEs this year (December 2018) and will also be in place for all OSCEs in years 3-5.

# Clinical Examinations

A guide for Year 4 medical students at the University of Manchester



**iBook:** Hopefully most of you are finding the Y4 iBook useful. Our block (specialty) leads wrote this with Nick Smith in response to feedback from the previous year. It summarises examination routines as recommended by our specialists, and is the standard that we will expect (and benchmark to) in your OSCE.

Get it via our iTunesU site:

<https://itunesu.itunes.apple.com/enroll/KZH-LHV-J35>

## Y4 Top Tips for OSCE preparation

Drs Matt Jones and Pippa Watson

### Placements are important OSCE preparation:

The best way to prepare for these exams is getting involved in the clinical environment - assessing patients, interpreting results and explaining things to patients. Remember the standard we are looking for is that of a safe FY1 doctor. You may not get the chance to do some of the specialities again prior to starting work so make the most of the opportunities and get involved.

### Skills Check:

Are you on track with your UPSAs, prescribing and medicine safety and core skills? Practising these will help with OSCE preparation and is something that you must achieve, so grab any opportunities you are given.

### Preparation steps from our students:

1. Use the iBook as a guide to your examination routines.
2. Start revision early! Team up with a partner, or form a study group.
3. Practice a lot. For examinations keep going until you can do them smoothly. Make sure to practice on patients as well as each other. It's really important that you can detect important signs, not just go through the motions.
4. Remember that the OSCE isn't just about history and examination- check out the blueprint and practice for other stations such as explaining procedures and results to patients, prescribing, and interpreting investigations.
5. For stations involving history taking and examination remember to practice the whole station, including summarising at the end. Take turns to ask each other questions e.g. what is your differential diagnosis and why? What would you do next?
6. Take every opportunity you can to get feedback- from your study partners and anyone else who watches you interact with patients. Be critical (but kind) when feeding back to others. "That was great" doesn't help someone to improve...
7. Be careful not to work too late the night before your exams. Last minute cramming is unlikely to help and being clear headed is important to allow you to think clearly and show what you can do.



Dr Beth Jameson

## Update from MFT-ORC team

Congratulations, you are half way through the first semester! I hope you are all enjoying the course and that you are keeping on top of your studies, UPSAs and prescribing skills but also ensuring you make time for yourself. We have received very positive reports from clinical placement and TCD supervisors so keep up the good work.

This edition's theme is assessment – a topic close to all of your hearts I'm sure! While the prospect of the December OSCEs is no doubt daunting remember we all want you to pass and the OSCEs are not designed to trick you. We will be running a wellness day in November in the run up to OSCEs following the success of last year's event. The date has yet to be confirmed but posters will appear in the common room and you'll receive notifications.

Robert, Elizabeth and I met with Calisha who provided us with the feedback you had sent to her via the survey monkey and this is detailed below. We are very grateful to you for taking the time to complete the survey so that we can address any issues as quickly as possible and we encourage you to feedback anything at all.

Block	You said	We did
MSK	<p>Too clinic heavy and generally I feel there wasn't enough time allocated for private study</p> <p>The rooms do not fit the assigned number of students - currently in MSK but similar issue in ophthalmology/ENT</p>	<p>MSK, especially rheumatology, is an outpatient specialty and so clinics provide a good insight in to the specialty. The private study time is equitable across all blocks.</p> <p>We will discuss this with the Placement Supervisors</p>
Neuro & Special Senses	<p>More clinics needed in ENT</p> <p>Too many students booked into clinics with not enough nurses/doctors/pharmacists to accommodate.</p>	<p>The number of clinics may vary depending upon annual leave, etc. We will review the timetable.</p> <p>This should not be an issue unless there is unexpected leave. We will discuss with placement supervisors.</p>

Topic	You said	We did
eforms	Issues with submitting forms if the session does not start or end at the specified time.	This was discussed at the Y4 operational working group and the response from Tim Cappelli is: "Students can submit an attendance form for mandatory sessions at <i>any point</i> during the session and they have 7 <i>days</i> after the event to do this. Students cannot submit an attendance form <i>before</i> a session starts"
Other Feedback	<p>ILOs more obvious</p> <p>Intercalation graduation potentially clashing with OSCE</p> <p>Why is the re-take of OSCE in the last week of the elective?</p>	<p>The ILOs for each block should be made clear at the time of block induction. In addition the ILOs can be found at the bottom of the online cases on 1MedLearn or via the Curriculum Mapping Tool</p> <p>I have contacted Dr Thampy and he has replied saying he is looking into this. I will let you know the outcome once I hear back.</p> <p>The timing of the re-sits is determined by the need to process results through the exam board meeting. The re-sits must take place and be reviewed so that students have enough time to know what they are doing following re-sit results.</p>