

## **Objective Structured Clinical Examination (OSCE)**

### **Orientation Video for International Medical Graduates**

**00:00**

#### **Orientation to the OSCE Examination**

Welcome to this orientation about the OSCE examination. It has been prepared for The HealthForceOntario Marketing and Recruitment Agency, the Access Centre for Internationally Educated Health Professionals to help familiarize International Medical Graduates with this type of assessment, which is now the most commonly used method of testing clinical competence.

**00:36**

Please note, this program has been prepared for the use of Access Centre clients by independent medical educators. Its purpose is to demonstrate a general approach to OSCEs rather than preparation for any particular examination. It does not represent the opinion of HFO MRA or any other institution.

**00:58**

In this video you will be shown the basic structure of an OSCE, how it differs from traditional examinations and examples of the behaviours expected of a candidate taking an OSCE.

**01:10**

#### **Evaluation Methods**

##### Written examinations

- MCQ
- Key Features
- Short Answer

##### Performance-based examinations

- Long/short case method
- OSCE

There are two evaluation methods in common use today. Written tests, such as the Medical Council Part I, are intended to assess biomedical knowledge, although some questions, such as the key features component, may also test clinical reasoning.

**01:30**

## **Performance-based testing**

- Application of knowledge
- Clinical reasoning Skills
  - Clinical (e.g. physical examination)
  - Technical
  - Communication
- Professional behavior

Performance-based tests assess the application of knowledge, as well as other components of clinical competence such as technical skills, communication skills, and attitude, or professional behavior.

**01:43**

## **Why an OSCE?**

- Developed in the mid-1970s
- Addresses deficiencies in previous testing methods
- Adaptable to all levels of training and many health care disciplines
- Statistically reliable and valid

OSCEs have been used since the mid-1970s, and are now the most common type of performance-based assessment used in health care disciplines. While no single test fully represents the reality of clinical practice, the OSCE provides reliable and valid evidence of a person's competence, and sound decisions can be made based on OSCE results.

**02:05**

## **The OSCE and other clinical examinations**

## Long/Short

Candidates see different cases  
1-2 cases (small sample)  
Unobserved  
Questions variable

## OSCE

Candidates see same cases  
Many cases (large sample)  
Clinical skills observed  
Questions consistent

Let's compare OSCEs to traditional clinical exams. Many of you probably took a clinical examination during your training, which may have consisted of one or more cases, often called long or short cases. You saw a hospitalized patient, you took a history, and performed an examination. One or two examiners then asked you to demonstrate findings and discuss the case, as well as asking any other questions they wished.

These examinations differ from the OSCE in 3 major respects:

First, each student was examined on a different patient—some of whom had uncommon or complex problems, and some more common. If the patient had a problem with which you were familiar, you were lucky.

Second, your clinical skills may not have been observed—you spent your hour alone with the patient. The examiners may only have seen you demonstrate selected physical exam skills.

Third, as the examiners could ask any questions they wished, each student was asked different questions.

All of this makes the traditional examination quite variable. Each candidate got a different test, and the number of clinical domains tested, diabetes, abdominal pain, kidney failure, whatever, was also limited and different for each person. So these tests are not a particularly fair assessment of an individual's clinical skills. Because of these issues, another type of performance examination was required, and the OSCE was developed.

**03:45**

## What is an OSCE?

- Objective
- Structured
- Clinical
- Examination

It is Objective because it is not influenced by the individual variation in patient presentation or disease process, nor by the subjectivity of examiners choosing the questions to ask. Every candidate sees the same number of identical problems and is asked the same questions.

It is Structured because in order to obtain objectivity, cases are written or developed from a number of clinical domains. These cases are portrayed by Standardized Patients, who are trained to consistently do and say the same things with each candidate. Thus, each candidate performs the same task, which is specifically developed to address certain aspects of physician knowledge, skills or behaviors. The candidates are observed in each patient encounter by an examiner, who uses a checklist or a written guide to ensure that everyone is assessed using the same criteria. Examiners do not ask any question they please. Using identical tasks, and checklists reduces the variability in scoring, and makes the test fairer for all candidates.

The 'clinical' in OSCE, refers to the fact that this is a clinical assessment - the candidate is doing something involving interactions with patients. This assesses the application of knowledge to clinical situations, as well as skills such as communication, physical examination techniques, and ability to counsel patients.

Candidates are observed in each patient encounter by an examiner who uses a checklist or written guide to ensure that everyone is assessed using the same criteria. Examiners do not ask any question they please. Using identical tasks and checklists reduces the variability in scoring and makes the test fairer for all candidates.

## 05:22

### The Structure of the OSCE

- Many clinical tasks (cases): Stations
- Timed: Buzzers, bells, whistles
- Short encounters: 5-12 minutes
- Tasks are focused: Stems

In order to obtain the objectivity required in an OSCE, a very precise kind of practical structure is required. Instead of seeing just one or two patients, each candidate sees several, and is instructed to do a different clinical task in each station. Thus, the sample of an individual's skill set is much larger.

Because candidates go thru OSCE stations one after the other, they must be timed quite precisely, and this is done by bells or buzzers. Candidates stand outside the

station room, and read the instructions about what they are supposed to do in that particular room, or station. They are prompted by the bell or buzzer to move into or out of the station.

Because each station, or clinical encounter is short – from 5 to 12 minutes in most OSCEs, the tasks are carefully designed to be able to be accomplished in the time allotted to each station. Usually, only a specific component of the history or performing a physical exam, etc. is required in any station.

One of the aspects of OSCEs that people find most difficult to adjust to is the idea of focus: that you don't have to do a full workup in each station. It is important to do what is asked, but only that—you don't get more marks for putting in extra things that were not requested as part of the station instructions. Those instructions, called stems, are posted on the outside of the station, and they tell you the specific task you are supposed to perform.

**07:09**

## **Types of Clinical Tasks**

- Take a history
- Perform a physical examination
- Take a history and perform a physical examination relevant to the history
- Counsel a patient
- Deal with more complex interviewing situations, such as sexual, or ethical issues
- Address a patient's concerns
- Manage an urgent situation
- Stations with a question(s) at the end of the station.
- Post Encounter Probe stations (PEP)
- Rest station (you sit and do nothing)

Now that we have a general idea of how the OSCE differs from more traditional written or clinical examinations, let's look more closely at the way an OSCE is put together.

Here are the kinds of clinical tasks you may be asked to do:

Remember, because the individual stations are usually quite short—commonly from 5 to 12 minutes, each is carefully designed to assess just part of a clinical task—one that can be completed by a competent candidate within the allotted time.

Let's go through the day of your OSCE and look at some of the types of stations you may see.

**08:26**

## **A Typical Station – outside the station**

- Station Stem
- Station Number

This is what you will find in a typical station.

First, let's look at the outside of the station. Stations are usually numbered. You will be assigned a starting station at one of the stations. It may be any station in the track. You will pass through all the remaining stations in the track.

The stem is the instruction sheet posted outside the station. It usually gives you some background information about the patient you are to see, and tells you what to do. There will be another copy of the stem inside the room, and you can refer to it if you need to.

## **A Typical Station – inside the station**

- Furniture
- Standardized Patient (SP)
- Examiner
- Equipment

Inside, there is an examiner, who will observe and assess your performance, and one or more standardized patients. There may also be physical exam equipment, which you may or may not need to use. Generally, the chairs, examining tables, and other furniture are arranged for you in order to interact appropriately with the patient. Often, the examiner will sit where he or she will not distract you. If you must perform an examination, be sure to wash your hands or use the hand sanitizer provided.

**09:43**

## **Standardized Patients**

- Trained to play role consistently
- As with 'real' patients, they respond to your interviewing skill
- May simulate or have physical findings (no rectals, vaginals)
- Treat SPs as real patients, and as real people!

A major difference between OSCEs and other kinds of clinical exams is in the use of standardized patients, or SPs. These are actors who are trained to portray a patient consistently for each candidate. They respond to questions and tell their story just like real patients. And just like real patients, they will respond your interviewing technique realistically. That is, if your question is vague, unclear or you use jargon, the response may be different. This is important, as most OSCE have a section for the assessment of your communication skills, so don't blame the SP if you think you are not getting the information you require. Again they are trained to be consistent in their response to questions and cues from the candidate.

They also will undergo the physical exam, if that is required. Remember, they may have physical findings, so don't assume that because they are SPs, there is nothing to find on examination.

SPs are real people, and you should treat them as you would real patients. They will interact with you just like any other patient, except for certain restrictions. Ordinarily, in the physical exam you will not do rectal, vaginal, or corneal examinations. If you think any of those are indicated, state that to the examiner, who will either say something like "So noted, move on", or may give you findings if there are any. The other difference between SPs and other patients is that in some OSCEs, if a question is to be asked by the examiner, the SP will not interact further with you after the question is asked. Do not be surprised by this.

**11:37**

## **Examiner Tasks**

Observe and assess your clinical skills:

- checklist
- global rating scales

In most Canadian OSCEs, physician examiners assess candidate performance, and not the SPs. Examiners use a combination of content checklists and global interaction scales to rate candidates. The type of assessment procedure differs among OSCEs. The amount of writing an examiner does during the station is no monitor of how you are doing. Do not focus on examiner behavior. Examiners do not interact with or speak to candidates except in the following:

## Examiner Tasks

- ID labels
- Redirect if you are off topic
- Report findings
- Observe physical exam demonstration
- Ask post encounter question(s) if any
- Will not interact with candidate socially!

They take your identification labels. Be sure to offer them to the examiner when you enter the station.

They may redirect you if you are not following the instructions on the station stem. They will do this by saying something like: “Please read the instructions again”.

If there are findings to be reported, once you have indicated your intention, such as “I would take the blood pressure” or “I would do a rectal”, the examiner will give you the findings. Do not fish for information. If there are no findings the examiner will not respond, or may simply say “OK” or “Move on”.

If you are to do a physical examination, you are expected to explain what you are doing to the examiner, and report any findings. If you forget to do this, the examiner may remind you.

The examiner may also ask questions at the end of the examination if this is part of the station design.

### 13:09

Now it's time to start the examination.

There is usually an orientation to how the OSCE will be conducted. Since each one is a little different in detail, listen carefully to the instructions.

Now let's listen to a sample orientation:

Okay everybody, welcome to the Green Track.

There are five stations in this track, right down the corridor here. Each one of you will start in front of one of those green doors and you'll rotate clockwise around until you've done all 5 stations.

The stations are each 10 minutes long and you'll hear a buzzer, a long buzzer to start which sounds like this (buzzer sound). Okay, you won't have any trouble hearing it.

At the 8 minute mark, you'll hear this sound: two buzzers (buzzer sounds twice). The two buzzers at 8 minutes means one of two things: either you've got 2 minutes left to wrap up whatever your task is in that station, or if the station has a question at 8 minutes that's when the examiner will ask it of you. Not before, not after.

So, remember two short buzzers: either you've got two minutes left and it's a warning, or there's a question.

There's another long buzzer at the end which sounds like this (buzzer sound). At that point whatever you're doing, you stop, you get up, you leave the station. You rotate clockwise one station, there's a stem outside. You'll have 2 minutes in between to read the station, figure out what you're going to do, and write any notes before you go in.

Any questions? This is a good time for a bathroom break. You won't get another one until the stations are done.

Okay, good luck.

## Orientation Details

- How many stations are there?
- How long is each station?
- How much time is there between stations to read the stem?
- Is there a bathroom break at some point?
- What is the buzzer/whistle system?
- Do I have labels to give the examiner?
- Will I be sequestered after the examination? For how long?

If that had been the orientation to your OSCE, could you answer these questions? Keep in mind what we just observed was a sample orientation. Not all and not all OSCEs are the same. Stations may vary in length from 5 to 12 minutes or even longer. For instance, you might have an examination in which each station is 7 minutes long with 3 minutes of questions in each station. In another exam, you may have a 5 minute encounter with a patient, followed by a 5 minute written station related to that patient.

So again, listen carefully to instructions, so you will be prepared, and not surprised. If there is something you don't understand, the orientation is the time to ask a question and get clarification. Once the exam has started, it is too late.

Not, let's begin the exam and look at some of the stations.

(Buzzer sound)

You will each be given a starting station, and will then rotate from station to station in a designated order until you have done all of the stations. This group of stations is usually called a 'track'. If you are not sure of what station you should be going into, ask exam staff for guidance.

Let's look at a candidate going through some of the stations.

**16:48**

## **Station 1**

Stem:

You are about to see Janice Foster, a 47 year old woman who comes to your clinic with a complaint of heavy menstrual periods.

Take a focused history.

This is a 10 minute station. At 8 minutes, the examiner will ask you 2 questions.

Jacque reads the station, then 'thinks aloud':

OK, 47, has menorrhagia. Probably is perimenopausal. I'll need to do a complete workup. The examiner will ask questions. Probably something about using HRT.

Buzzer sounds, Jacque goes in.

MD: Hello Mrs. Foster, I see that you are having heavy periods.

Patient: Yes, I was hoping that maybe you could figure out what's going...

MD: Can you tell me how long this has been going on? Did it start recently?

Patient: Well, I guess about 3 months...

MD: 3 months, OK, now how has your health been in the past? When did you start having periods?

Let's stop this candidate and look at her performance. She is clearly nervous, and she seems to be rushing through her agenda. Did you notice that she interrupted the patient, and has asked a series of disconnected questions? Those questions may be on the checklist, but the examiner will also note her problems with organization and interaction with the patient. A better approach to the station starts with reading the stem. Let's watch our candidate do this station again.

Back to outside the door, with Jacquie reading stem and 'think aloud':

You are about to see Janice Foster, a 47 year old woman who comes to your clinic with a complaint of heavy menstrual periods. Take a focused history. This is a 10 minute station. At 8 minutes, the examiner will ask you 2 questions.

Age 47 - menorrhagia. Probably perimenopausal, but I better make sure other courses are ruled out. It's a focused history, so no physical, and it's just about this complaint. I should get details of the bleeding, her obstetrical and gyne history, make sure I ask about meds, and any other bleeding tendencies. Oh, and does she have symptoms of anemia. 8 minutes—that should be time enough.

Buzzer sounds, Jacquie goes in.

MD: Hello, I'm Dr. Brown, and you are Janice Foster?

Patient: Yes.

MD: How would you like me to address you?

Patient: Oh, Mrs. Foster is what I like.

MD: Well, Mrs. Foster, I understand that you have been having heavy periods. Can you tell me more about that?

Patient: Yes, I've always been regular, and with what I thought was an average flow, but lately I don't know when it will come, and it's very heavy.

MD: When you say 'lately' what do you mean by that?

Note the difference in the candidate's behavior. Although nervous, she was better able to control it, and therefore to focus on the patient. She had read the stem carefully and made a plan for her conversation with the patient, making fewer assumptions about the purpose of the station.

Notice also, how much information she obtained by listening to the patient and following her cues. Since most OSCEs have a communication or patient interaction component to the station score, your ability to establish rapport with the patient using good interviewing skills is quite important.

**20:56**

## Station 2

Stem:

This 65 year old man presents to an urgent care centre, saying that he has been staggering and having difficulty walking for about one month. He has fallen 3 times, most recently yesterday.

Take a focused history, and perform a relevant physical examination. Describe what you are doing, and any findings. Do not do a mental status examination.

You have 12 minutes.

Jacque reads the station, then 'thinks aloud':

Oh boy, a neuro case. I was afraid of that. It's a history and physical, but I have 12 minutes and I can still get history while I do the physical. So, the causes of staggering - cerebellar, of course. I must ask about alcohol...

In the station:

MD: I think I have a good idea of the problems you're having with walking. Have you been having any trouble with your memory?

Patient: I don't think so, of course you forget a little as you get older.

MD: Let's do a little test of your memory. I'm going to say three words, and I want you to remember them—I'll ask you to repeat them later, OK?

Examiner: Would you please re-read the stem?

MD: Ok, sorry. We won't be doing that mental test right now. I think I will go on to examine you now OK?

Just try to relax. Ok well, could you please stand up for me now.

Examiner: Please describe what you are doing and your findings to me.

MD: I'm using reinforcement to see his reflexes.

Let's look at what happened in that station. After gathering some information, the candidate begins a mental status examination, and the examiner asks her to reread the stem, a copy of which is inside the station. Note that the examiner does not tell the candidate what or what not to do. However, if an examiner does this it is usually because you are doing something unnecessary. In this case, even tho a mental status exam might be medically indicated, in the interests of time the candidate has been told in the stem not to do one.

Later, while doing her physical exam, the candidate forgets to tell the examiner what she is doing, and to report any findings she might have. The examiner reminds her to do this.

**20:55**

## **Station 3**

Stem:

Mr. Burbu is a 45-year-old man in the ER brought in by EMS after falling off a ladder. He is conscious and complains of severe pain in his left side and between his shoulder blades.

You have 7 minutes to perform an appropriate emergency assessment of this patient and initiate management.

Jacque reads the station, then 'thinks aloud':

Mr. ...who? he's a 45 year old man, brought in by EMS—what is that? is it important? conscious, back pain, only 7 minutes.

Can you tell me how to pronounce his name? And what does EMS mean?

Monitor: I can't interpret the stem for you. Just do the best you can.

Buzzer sounds, Jacque goes in.

MD: Hello Mr. Bubble—I'm Dr. Brown.

Patient: Can you give me something for this pain? It's terrible. And it's Burbu.

MD: OK, in a minute. I'm just going to check your blood pressure first.

Examiner: The blood pressure is 90 over 60, and the pulse is 120 per minute.

MD: Sounds like he is going into shock. Do we have an EKG or x-rays on him?

Examiner: Please carry on.

MD: OK, well, I would put in an IV of normal saline to start, and then I will do a quick examination, starting with ABC's. He can talk, so his airway is probably OK, but I would auscultate the lung fields, and then look at his abdomen.

Examiner: Please demonstrate any exam maneuvers you think are necessary.

MD: Oh. Normal breath sounds bilaterally. He appears to have severe pain to light palpation, as well as guarding in the left upper quadrant. Mr. Burbu, when you fell off the ladder, did you land on your left side?

This sample station brings up several important points. First, hall monitors cannot provide any information related to the station.

This station shows two examiner interventions. The candidate initiates taking the blood pressure, and the examiner stops her, and provides findings. If no findings were available, the examiner would say "So noted, move on". This indicates to the candidate that she need not take the blood pressure, but will get credit for it if it appears on the checklist. The candidate must indicate that she intends to do the manoeuvre before the examiner will intervene. Again this is in the interest of time. The candidate then tries unsuccessfully to get additional information from the examiner. There is none in this scenario.

Second, the candidate starts telling the examiner what she would do, but does not demonstrate the skill, and the examiner reminds her. Skills must be demonstrated satisfactorily for the candidate to obtain credit. This may mean that the patient is caused some simulated discomfort. While avoiding unnecessary pain, you must act as you would in a real life situation. Note also that the examiner gets up to see the examination manoeuvre performed. This is to be expected, and should be no cause for alarm on your part. Finally, the candidate also gathers history while doing her assessment. This is appropriate, as the stem does not say either history or physical, but rather 'assessment'. The candidate must decide what to do.

**29:59**

## **Station 4**

Stem:

You are about to see Alice Black, who comes to the clinic asking to speak to a doctor. You have 8 minutes to address her concerns.

We come into this station about half way through the conversation. Note that the stem contains almost no information about the task, so the candidate has to find out what the patient's 'concerns' are. Our candidate has correctly decided that this station is designed to emphasize communication skills and rapport with the patient. Let's see how she does this.

Patient: I am feeling so tired lately.

MD: Do you think that you are feeling tired because of a lack of sleep?

Patient: Maybe... I can't fall asleep, watch the clock for hours and am up before the alarm.

MD: So with that little sleep, how is this affecting your daily activities?

Patient: I'm not sure...

MD: What about at work?

Patient: Yes, I am having to have my boss repeat instructions and I feel overwhelmed all the time.

MD: And at home?

Patient: I just can't seem to cope at home, I'm crying all the time.

Note how the candidate gathers important information by listening to what the patient says, and following where that leads. By guiding gently, and letting the patient tell the story, even psychosocial or other complex problems can be dealt with in a relatively short time. A checklist type of approach asking specific questions about the medical symptoms of depression would not elicit this information. That information is also important, but not to the exclusion of the patient's experience.

**32:07**

## Station 5

Stem:

This 40-year old man comes to your office complaining that yesterday he noticed blood in his urine. Take a focused history of this problem.

You have 5 minutes.

In the next station you will be asked questions about this patient.

This is an example of a typical short station with a post encounter probe. In 5 minutes, the task is to gather sufficient biomedical information, so the story is unlikely to be complicated. Focus and organization are important. In the second part of the station, you will write answers to questions based on the patient you just saw. There may also be additional information for you to interpret, like lab results or x-rays.

Even in a 5-minute station, you may finish early. Notice how the candidate handles this. She has just finished her interview and the buzzer has not yet sounded.

MD: Oh, I just thought of something I forgot. Do I still have time to ask questions?

I forgot to ask you if you had any unusual exercise lately, like a long run or something.

Finishing early is not necessarily a cause for alarm, that you did badly.

As long as the final buzzer has not sounded, you may resume your questioning, or physical examination. The only time this may not occur is if the examiner has asked a question at the end of the station. In most OSCEs, after the question, you cannot reengage the patient, and the SP will not respond.

Also, when the final buzzer does sound, stop what you are doing and leave, so that you have adequate time to read the next station's instructions. You do not need to wrap up the encounter with medical or social statements. After the buzzer goes, the examiner will stop marking. The following, for instance, is not necessary and will not win you extra points.

MD: So I'm thinking blood in the urine can be serious, but I can't tell with you until we do some tests, and I'll need to do a physical as well...

Examiner: I'm sorry your time is up, please move to the next station.

## 34:39

Let's go over some of the important points in the scenes we just watched:

### Review

- Hall monitors
- Instructions on stems

- ID labels
- Organize time wisely
- Standardized Patients
- The end of the OSCE

## **Hall Monitors**

Hall monitors are there to help you, and direct you to your next station, to retrieve anything you left in your last station by mistake, or if you absolutely have an urgent need for the bathroom, to escort you. They cannot interpret stems or help you with anything related to the content of the station.

Hall monitors are also responsible for exam security. If they find you talking to another candidate during the exam, they will intervene. You should write only in the booklet provided, which must be returned intact. Monitors may ask to see what is in your coat pocket if they see unusual behavior. You may just be reaching for a cough drop, but they are required to check. Any breach of professional behavior such as communicating with outsiders or writing in anything other than the test booklet may be grounds for invalidating your results.

## **Instructions on Stems**

Read the station stem very carefully, and do what it says. You do not get bonus points for doing things that are not required in the station. Many candidates who do not appreciate this try to do too much, perhaps in the hope of somehow covering whatever is on the checklist. This is not a good strategy, and you may lose credit if you are unable to show you can focus on the issue. Demonstration that you can focus, that you can distinguish relevant from less relevant information in a particular context, and that you are organized and can manage time, is just as important as ticks on a checklist.

## **ID labels**

Remember to give the examiner your labels when you enter the station. If you forget, speak to a hall monitor during the interval between stations.

## **Organize time wisely**

Take your time. The stations are designed so that the task can be completed in the allotted time. However, good candidates may finish early. If you do finish early, you must stay in the station until the final buzzer. Do not try to converse with the examiner.

If a question has not been asked, you can go back to your conversation with the patient if you have forgotten to ask something. The SP will respond as if nothing has changed.

When the final buzzer sounds, get up and leave. Closing social statements are not required in this context, and you will not be penalized.

## **Standardized Patients**

Treat the SPs with respect, like real patients. Your professional interpersonal skills are part of what is being assessed. If you are doing a physical examination, be sure to use hand sanitizer.

## **The end of the OSCE**

At the end of the examination, you will return your test booklet. In some national examinations, you may be sequestered and unable to communicate with people outside, until the exam has started in other parts of the country. Tell your relatives not to come to the exam site or call until the exam is completely finished for your group.

### **37:59**

Now that you have seen what an OSCE is like, let's go over some practical points about the day of the examination.

## **Instructions from the Examining Institution**

- Location of exam
- Time to arrive/leave
- What to bring - equipment, ID

You will have been sent instructions about location, start time, and what to bring. Read them carefully.

Dress comfortably, especially in shoes that are suitable for walking, but remember, this is an examination of professional competence, so very casual clothes like shorts, jeans or sneakers, may not be suitable. Usually, you need a white coat, either long or short, it doesn't matter, and your personal stethoscope. In some exams you may be asked to bring other equipment, such as a pen light, otoscope, or reflex hammer. Bring only what you are told to. Any other physical examination equipment will be provided.

Don't forget the registration card for the examination. Often you will need photo ID as well. You will be allowed to keep your wallet and any necessary medical supplies, but

everything else should be left at home or in your bag and will be locked up for the duration of the exam.

You ordinarily are not allowed to bring pens, paper, and communication devices like cell phones or Blackberries into the examination site.

**39:19**

## **CEHPEA**

Centre for the Evaluation of Health Professionals Educated Abroad

[www.cehpea.ca](http://www.cehpea.ca)

## **MCC**

Medical Council of Canada

[www.mcc.ca](http://www.mcc.ca)

When preparing for your OSCE, check and see if there is a website. Both the CEHPEA and MCC sites have information about their examinations along with sample stations. Be cautious of advice from commercial sites. They may not provide good suggestions or correct information.

Most importantly, try not to be nervous, so that you can show your true clinical skills to best advantage.

And good luck.

**39:48**

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