ASSESSMENT UNIT.OSCE EXAM.
YEAR SEMSTER DATE STATION (--)

ORGANIZER FORM

STATION DISCIPLINE:
STATION SUBDOMAIN:
STATION DESIGNER /DOMAIN COORDINATOR: ----------
STATION TYPE:
(Clinical Task/ SP/Visual Recognition/ Written or Oral Task/ Linked Procedure)
STATION COMPTENCIES/ILOS :

Example:

- To assess the candidate`s skills to apply----------
- To assess the candidate's skills to perform ---------

Assessor: **One** Assessor must attend

Simulator: **None**/**One** simulator must attend

Time: **6** minutes

Resources and Requirements needed for setting up of the station:

(Patients/Simulated Patients, Beds, Room set-up, Equipment etc---)

- **Two/Three** chairs.
- **One** Desk
- **Instruction and marking forms:**

o **Candidate's instruction sheet if needed** (Rest station version) (**None/One** copy)

o **Candidate's instructions sheet** on desk (**One** copy)

o **Simulator Scenario sheet** (**None /One** copy)

o **Assessor instructions** sheet (**One** copy)

o **Marking sheets one hard copy will be provided for assessor and students** (google forms) (hard copies will be provided as spare if needed)

o **Requirements/Equipment** if needed (please state):

1-
2-

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ASSESSOR FORM

Time: 6 minutes

Assessor Instructions:

Assessors are requested to attend 20 minutes before the exam starts to revise their stations and counsel any comments with the domain coordinator.

Step 1:

- Kindly check the station instructions, and marking forms.
- Make sure that all required supplements for the station are available.

Step 2:

- Check the candidate's ID, Write the candidate's name and number on the marking sheet.

Step 3:

- Ask the candidate to read the instruction sheet and perform the requested actions accordingly.
- No facial expressions or performance remarks are allowed.
- Do not give the candidate any comment or clue to an answer.
- Candidate is not allowed to direct questions to you.
- Remind candidates that time is passing if they do not commence the test after two minutes.) may vary according to station form
- (If candidates do not begin their report by the last-minute prompt them by saying 'And what have you found'.) may vary according to station form
- Add questions here: Q1/Q2etc,,,

Step 4:

- Use the provided **Mark Sheet** to rate the candidate's performance.
- Rate the overall candidate performance using the provided scale.
- ***Checklist Rubric***
  - When only two points scale; it means either fully done or not done to fulfill minimum required
  - When multiple responses/ actions are needed give one mark for each response/ action
  - When a scale is used for marking certain skill: use the following descriptor for marking:

0	*Not done or* UNACCEPTABLE
1	BORDERLINE UNACCEPTABLE
2	BORDERLINE ACCEPTABLE
3	ACCEPTABLE
4	ABOVE the level expected

- **Feedback** notes are needed on candidates' performance. kindly provide in the supplied form. These notes might be discussed with candidate's post-exam especially underachievers.

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CANDIDATE FORM 1

Time: 6 minutes

Candidate Instructions

Scenario/Question

Your task at this station is to

Q1

Q2

CANDIDATE FORM 2

SUPPLEMENTARY MATERIAL (IF NEEDED)

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Marking Form

***Assessors should circle the appropriate score box for each* item of the checklist.**

Candidate's name:……	**ID number:……..……**

Checklist items	**Marks**				
Q1.					
	0	**1**	**2**	**3**	**4**
Q2.					
	0	**1**	**2**	**3**	**4**
Q3.					
	0	**1**	**2**	**3**	**4**
Q4.					
	0	**1**	**2**	**3**	**4**
Q5.					
	0	**1**	**2**	**3**	**4**
Q6.					
	0	**1**	**2**	**3**	**4**
Total Marks	/				

Candidate Performance Global rating				
1	2	3	4	5
Unsatisfactory	**Borderline (fail)**	**Pass**	**Good**	**Excellent**

Assessor Name: ----------	**Signature:----------**

SIMULATOR(STANDARDIZED PATIENT) FORM

ROLE

SCENARIO

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ASSESSOR FEEDBACK ON CANDIDATE PERFORMANCE FORM

No	ITEM	Yes	No
1.	**TIME: HE COULD PERFORM TASKS ON TIME**		
2.	**ATTITUDE: APPROPRIATE**		
3.	**TASK: HIS TASK PERFORMANCE WAS APPROPRIATE TO THE COMPETENCY ASSESSED**		

Candidates performed poorly in the following areas:

Recommendations for Improvement (If any)

Assessor name: Assessor Signature:

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ASSESSOR FEEDBACK ON STATION FORM

TIME ----------

SETTING ----------

CLARITY ----------

TASK DIFFICULTY ----------

APPROPRIATENESS OF TASKS FOR COMPETENCY ASSESSMENT AND COMPLETION----------

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APPROPRIATE PRE-EXAM ORIENTATION AND ORGANIZATION---

OTHERS----------

Assessor name: Assessor Signature:

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STATION STANDARDIZATION FORM (DESIGNER/ COORDINATOR)

STATION(1)/ MINIMAL ACCEPTABLE PASSING SCORE	RATER 1 (STATION DESIGNER)	RATER 2 (STATION REVIEWER)	AVERAGE SCORE
QUESTION 1			
RATIONALE			
QUESTION 2			
RATIONALE			
QUESTION 3			
RATIONALE			
QUESTION 4			
RATIONALE			
QUESTION 5			
RATIONALE			
QUESTION 6			
RATIONALE			
TOTAL SCORE			

MINIMAL ACCEPTABLE PASSING SCORE

REFERS TO THE LOWEST POSSIBLE SCORE ON A STANDARDIZED STATION ASSESSMENT THAT A BORDERLINE STUDENT MUST EARN TO "PASS".

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