OSCEs differ between medical schools, but the following tips should help you in psychiatry stations, wherever you are.

**Before the exam**

**Get feedback before it is too late**

There is little benefit in discovering during the OSCE that your ‘bedside manner’ is an unbearable form of torture; find out and fix problems early on.

- See as many patients as you can and ask them afterwards how they felt you did and how you could improve. Patients are your experts.
- In pairs, take turns to observe and give feedback on each other’s bedside manner.
- Change, according to your feedback, especially if there are recurring themes.

**University rules**

- Ensure that you know the format of the exam, timings, bells, and rules about entering and leaving stations, as well as the potential for rest stations or double stations.
- Find out how your university writes their instructions—in particular, which line is the Task Line (see below).

**Practise OSCEs**

Practising OSCEs with your friends is essential. Take turns to act, interview, examine, and give feedback to fine-tune your skills. The role-plays at the end of the chapters, along with a small selection available on the online resource centre, should help you.

- Time stations accurately to set your internal clock to the OSCE length.
- Do more than one OSCE at a time to help practice pressurized entrances and exits. Learn how to block out a ‘bad’ performance and move on to the next station.
- The bigger the audience, the better. If you can cope with a few people watching, the actual station will be less frightening. Practising alone in front of the mirror can only help so much.
- If you worry that other candidates’ noise will distract you through the thin cubical walls, try practising with the radio on in the background.
- Filming your performance will help you spot your own strengths and weaknesses.

**In the exam**

**A. Read the instructions**

Although it is very brave to attempt a station without the assistance of instructions, it is unhelpful. Read the note outside the station.

- e.g. ‘You are a third-year medical student attached to a GP surgery. Gregory Pearce is a 19-year-old student who has been having a stressful time at college. He has attended because his parents are worried about him. The GP has asked you see him and take a history of psychosis.’

Find out how your university writes their instructions—in particular, which line is the Task Line. This may be the first line, but can be the last line of the instructions, following a chunk of writing about this patient and their issues. If you read the Task Line first and then read the rest of the story, you will be in the right frame of mind to take in the relevant information, and won’t be thrown by an unexpected task (especially if there is a lot of information about the patient).

In theory, as you stand there you should run over the main topics you would like to cover. Unfortunately, this is the point where most students draw a complete blank, rather than a mind-map. Don’t panic. Instead:

- Learn the patient’s name (Gregory Pearce).
- Memorize the reason for attending (his parents are worried).
- Pick up clues (stress at college).
- Prepare your introduction.
- Prepare your first open question.
B. Beginnings

An OSCE student once interviewed his patient from behind, simply because this was the position of the chairs when he entered the room. Move the chairs if you need to!

1. Walk in and succinctly introduce yourself.
   
   Introduction = greeting + their name + your name + your status.

   You: Hello, Mr Pearce? I’m [insert your name] a third-year medical student.
   Greg: Hi.

   Ask permission to sit down, rather than standing over your patient: tell them who you are and why you’re there. Getting to the same height as the other person will stop you seeming threatening or overbearing.

2. Explain why you are there.

   You: The GP’s asked me to have a quick chat about how things have been recently. Is that OK with you?
   Greg: OK.
   You: Thank you.

   This has gained Mr Pearce’s consent for the interview; there is usually no need to expand on consent (or confidentiality) unless you are asked to.

3. Ask a relevant open question.

   • I understand that you’ve come in because your parents are worried about you. What do you think they are worried about?
   • Your doctor told me that you’ve been having a stressful time at college. What’s been happening?

4. Settle back and listen.

   The classic response to ‘What brought you here today?’ is ‘An ambulance, Doctor’. This is not funny, especially in an OSCE.

C. Main body

1. Believe that your actor is a patient and that you are doing this for real—or you will under-perform. Include things that you would do in a real situation, such as offering to find patient information leaflets or website addresses. Don’t mime handing over invisible leaflets or tissues (it looks silly). Always say that you would ask a senior if you have been asked to make a decision that you feel is beyond your capabilities; this is what you would do in real life.

2. Stay calm and confident (this relaxes patients and examiners alike). If you are working within your limitations you have nothing to worry about—your university is looking for safe doctors, not perfect doctors. If you don’t know the answer to a question, say so rather than making one up.

   • I don’t know—but I’ll check with my consultant and let you know.

3. Use your skills:

   • Active listening and body language
   • Ask questions (open, closed, clarifying)
   • Get the story (curiosity, links, detective work)
   • Empathize and show empathy
   • Rescue skills (reflection, concerns, summary, questions)

D. Endings

Most universities give some kind of one-minute warning. This is the time to rein in the interview, if you haven’t already started to draw things to a close. Cover anything critical. For example, if you are talking to a depressed patient and you have not asked about suicide, ask now. Quickly clarify any important points you’ve missed, but try to finish the consultation:

   • Final summary
   • Ask for questions and answer them
   • Ask for concerns and address them
   • Thank you and goodbye

   Do not leave early. A full psychiatric history can take more than an hour, so there will always be more questions to ask (and marks to gain) in an OSCE. In some medical schools you are not allowed to leave until your time is up, which can leave you feeling rather awkward if you try to leave and can’t. On the other hand, do not procrastinate once the bell goes or you may be manhandled out of the station by the examiner.

E. Afterwards

No matter how badly things go, never dwell on the nightmare of the previous station. Unless you walk into your next station with a black eye and bloody nose, the new examiner will be unaware of your track record. Each station is a fresh challenge.

Further reading