

MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM

OBJECTIVE METHODS OF ASSESSMENT

The Institute follows the competency table recommended by the National Medical Commission where competencies and learning objectives are matched against the teaching-learning methods and assessment methods. The University has also recommended introduction of OSCE and OSPE in the formative and summative assessment.

In view of this, the Medical Education Unit trains faculty in designing and conduct of objective structured clinical examination (OSCE) and objective structured practical examination (OSPE). Faculty are trained in designing and validation of checklists.

Besides these several faculty have undertaken educational projects and introduced Workplace based assessment methods like mini-clinical evaluation exercise (mini-CEX) and DOPS in their department.

Faculty have been trained in construction of higher order multiple choice questions.

TRAINING SESSIONS ON OSCE and OSPE by MEU













CHECK LIST FOR STATIONS

STATION 1

Procedure Station:

Visual Acuity Assessment Mark Sheet

Learning Objective: The student must be able to record Visual Acuity for any patient who has come for eye examination.

Preparation Required: A resident is trained to act as Simulated Patient (SP), Trial Frame, Occluder, Pin Hole, Torch.

The observer can mark on a checklist as to how many required questions the student o asked him, and give marks accordingly

Question: ABC has come to the eye OPD with complaint of diminution of vision. Please record his vision.

	STUDENTS'								
	ROLL								
	NUMBER								
Score is halved to give	Marks given								
marks	if done/ not								
	done								<u> </u>
1. Greets the patient and	+ ½ / 0								
explain the procedure	. ,2 , 0								<u> </u>
2. Asks which language	$+\frac{1}{2}/0$								
the patient can read well	. ,2 , 0								<u> </u>
3. Makes the patient sit at	+1/0								
6m from the chart	, -								<u> </u>
4. Puts the trial frame on	+1/0								
the patient.									
5. Starts with the Right	+1/0								
eye of the patient									<u> </u>
6. Occludes the left eye	+1/0								
with Occluder									-
7. Asks the patient to read									
the 6/60 line and then	+1/0								1
read slowly downwards &									
records VA									-
8. Repeats for the other	+1/0								
9. Checks aided VA,									-
Pinhole VA	+1/0								1
10. Checks for projection									
of rays	+ 1/0								1
11. Records visual Acuity									
on paper	+1/0								ĺ
Total score	10								
Total marks	05								
i Otal Illaiks	03								<u> </u>

STATION 2

Procedure Station: Installation of Drops

Learning Objective: To instill Eye drops

Preparation Required: Mannequin, Eye drops, bed , hand wash bowl with Savlon

solution.

Question: Instill drops for this patients suffering from conjunctivitis.

Check list for observer

	Marks								
Score is halved to	given if								
give marks	done/ not								
	done								
1.Greets the patient and explain the procedure	+1/0								
2. Makes the patient lie									
down in a well lit	+1/0								
place	11/0								
3. Starts with the Right	1.0								
eye of the patient	+1/0								
4. Pulls lower lid and	+2/0								
ask patient to look up	+2/0								
5. Instills only one									
drop into the	+2/0								
conjunctival sac									
6. Closes the lids and									
asks the patient to	+1/0								
close the eyes									
7. Repeats for the other	+1/0								
eye									
8. Washes hands	+1/0								
Total score	10								
Total marks	05								

OSCE Station

Skin Suturing

Checklist for Station

- 1. Suturing Board
- 2. Needle Holder
- 3. Toothed Forcep
- 4. Sponge holder
- 5. Gloves
- 6. Scissor
- 7. Suture Material silk 2'0 or vicryl 2'0
- 8. Bactorub / betadine
- 9. Inj Xylocaine 2%
- 10. Syringe 5 ml & 2 ml
- 11. Dressing tray- with Gauze pieces, cotton, adhesive tape
- 12. Saline
- 13. Instruction Sheet for Candidate
- 14. Observers Sheet
- 15. Table /Chair

Instruction Sheet For Candidate

Time: 10 Minutes

TASK

A 30 yr old male patient presents in Casualty with a lacerated wound of 4 cm size.

You are required to suture the wound and dress it.

Prepare and perform the task

Observers Sheet

OSCE Station SUTURING

Date

Station No Name of Candidate Roll No

SN	Skills	Marks
1	Introduces Self & obtains Consent	1
2	Selects Proper Instruments & Suture	1
3	Washes hand and wears Gloves	1
4	Cleans the wound with betadine and Bactorub	1
5	Injects Local anaesthesia For testing Sensitivity	0.5
6	Gives local Anaesthesia to edges of wound	0.5
7	Sutures the wound Properly	2
8	Cleans the wound with Saline after suturing (no mark if cleaned with	1
	Bactorub or Betadine	
9	Dresses Properly	1
10	Gives Post op Instructions	1
	Total Marks	10

Name of Observer

Signature

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6m from the chart	, -								<u> </u>
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place	11/0								
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5. Instills only one									
drop into the	+2/0								
conjunctival sac									
6. Closes the lids and									
asks the patient to	+1/0								
close the eyes									
7. Repeats for the other	+1/0								
eye									
8. Washes hands	+1/0								
Total score	10								
Total marks	05								

Counselling the relatives of a child admitted in PICU with acute encephalitis syndrome and taking consent for mechanical ventilation.

Checklist for station-

- 1. Instruction sheet for a candidate
- 2. Observer sheet
- 3. Subject as a relative
- 4. Assessor /examiner
- 5. Table, chairs
- 6. Informed consent form
- 7. Paper, pen

Instruction sheet for the candidate

NAME- Roll No-

Task

Amar, 3 years old child is admitted in PICU since one day with acute encephalitis syndrome. He is showing signs of clinical deterioration and is in need of mechanical ventilation.

Question-

How will you counsel the parents of Amar and proceed to take the consent for mechanical ventilation?

OBSERVER'S SHEET

Name of the candidate

Roll No-

Date-

Checklist for counseling and taking consent

Points to be observed	Marks allotted	Marks obtained
Preparation-consent form, pen, paper	2	obtained
2. Greets the parents and call patient by his name	2	
3. Self-introduction		
4. Assure the comfort of the relatives		
Verbal communication	2	
1.tone-reassuring		
2.simple local language without too many medical words		
3.simple way to explain –content		
4.encorage them to speak to ask their questions		
Non -verbal communication	2	
1.eye contact		
2.avoids distractors-phone call, other communication		
3.shows concern, empathy		
4.body language		
Counselling process for prognosis	2	
1.appropriate counselling		
2.clarify their questions		
Counciling process for consent for machenical ventilation	2	
Counselling process for consent for mechanical ventilation 1.Need explanation	2	
2.pros and cons clarification		
3.clear their concerns		
4.help them to take the decision		
Documentation	2	
1.informed consent form explained and shown	_	
2.taken their signature		
3. concluding remarks.		

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8	Cleans the wound with Saline after suturing (no mark if cleaned with	1
	Bactorub or Betadine	
9	Dresses Properly	1
10	Gives Post op Instructions	1
	Total Marks	10

Name of Observer

Signature