

**INTERCOLLEGIATE DO-HNS
PART 2 (OSCE)**

**CANDIDATE GUIDANCE
NOTES**

Effective June 2011

INTERCOLLEGIATE DO-HNS PART 2 (OSCE) OBJECTIVE STRUCTURED CLINICAL EXAMINATION

CANDIDATE INSTRUCTIONS AND GUIDANCE NOTES

1. General Information

These guidance notes are intended to provide guidance for candidates who are taking the DO-HNS Part 2 examination. This examination is in the form of an *Objective Structured Clinical Examination* (OSCE). These notes will be updated periodically.

The purpose of the Diploma of Otolaryngology - Head and Neck Surgery is to test the breadth of knowledge, the clinical and communication skills and the professional attributes considered appropriate by the Colleges for a doctor intending to undertake practice within an Otolaryngology Department in a non-consultant career grade or trainee position. It is also intended to provide a test for those who wish to practice within another medical specialty which interacts with the field of Otolaryngology. In particular, it will be relevant for General Practitioners with a Special Interest in Otolaryngology

Though the DO-HNS is a stand-alone qualification, from August 2011 the DO-HNS Part 2 examination also forms part of the examination pathway leading to the award of the Intercollegiate MRCS (ENT). The MRCS (ENT) is available to candidates who have satisfied the examination requirements as described in the Regulations for the award of Membership to one of the Surgical Royal Colleges of Great Britain: MRCS (ENT), currently in force. For further information please go to

<http://www.intercollegiatemrcs.org.uk/DO-HNS/regulations.html>.

The Surgical Accreditation Committee has deemed that the possession of either the MRCS (ENT) or the MRCS plus the DO-HNS is required to allow access to the National Selection Process for transition from CT/ST2 to ST3. Candidates are advised to consult the ISCP website for the latest regulations (<http://www.iscp.ac.uk>).

2. Objective Structured Clinical Examination (OSCE)

2.1 Structure

The DO-HNS OSCE consists of up to 28 "Active Stations" and sometimes some "Preparation Stations" and "Rest Stations". The 28 Active Stations include approximately five stations designed to assess clinical skills, clinical examination, clinical history-taking and communication skills. These stations are manned by both a patient (or an actor playing the part of a patient) and an examiner. The candidates' performance is observed and marked directly by the examiner. There are a further approximately 23 stations where candidates are presented with questions to be answered on a written question/answer sheet. These stations allow assessment of anatomy and physiology, pathology/histology, audiometry, otology, rhinology, laryngology, neck conditions, written communication skills, radiology, ENT surgical/medical instruments and paediatric ENT surgery.

Some stations require the presence of a “Preparation Station” just before the active station. This Preparation Station provides instructions for the next station, so that the candidate is fully aware of the task which he/she will be asked to complete at the next station.

The examination is also likely to include a variable number of “Rest Stations”. During the rest stations, candidates may review their answer sheets from previous stations if they wish to do so.

2.2 Domains

The DO-HNS examination examines various areas of knowledge, skills, competencies and professional characteristics of the competent surgeon. These domains map both the GMC’s good medical practice (including the areas of clinical knowledge, clinical skill, technical skill, communication, decision making/problem solving and organisation/planning) and, also the year 1-2 competencies and knowledge in the ENT Curriculum, as described on the ISCP website (<http://www.iscp.ac.uk>).

2.3 Standard Setting

The pass mark for the DO-HNS OSCE examination is determined by the examiners attending the examination, and includes a modified Angoff process.

2.4 Duration

The candidates have seven minutes at each station to complete the task or the questions posed. A bell signals the end of each 7 minute period. At the sound of the bell, each candidate moves on to the next station. The examination will normally last approximately 3 hours 20 minutes.

2.5 Quality Assurance

Each candidate’s paper is marked by two examiners. Any discrepancy regarding the award of a mark is resolved by the Supervising Examiner.

3. Conduct of Examination

3.1 Proof of Identity

Candidates must bring proof of identity to the examination. Proof of identity must be an official document, such as a current passport or driver’s licence that includes the candidate’s name, signature and photograph.

For the purposes of visual identification, any candidate sitting the examination may be required to remove any clothing and/or other item which covers all, or part of, the candidate’s face. The Colleges will observe sensitivity in the visual identification of candidates.

3.2 Dress Code

In line with modern infection control practices, and in view of the variety of stations and the limited time available between them, it has been decided to adopt a standard dress code for all stations in order to ease the pressure

upon candidates who would otherwise be required to modify their dress between stations. The dress requirements for candidates are as follows:

- Arms to be bare below the elbow
- No jewellery on hands or wrists with the exception of wedding rings/bands
- No tie

An acceptable form of dress would be a conventional short-sleeved shirt/blouse, open at the neck or for a long-sleeved shirt / blouse with the sleeves rolled up throughout the examination. Tee-shirts and polo shirts are not acceptable dress.

Candidates with religious or cultural reasons for not observing this code for all stations will be expected to comply with the dress code for those stations involving the physical examination of patients/actors.

To facilitate the assessment of non-verbal communication skills and interaction with the examiner and patient (or actor in the role of the patient as the case may be), the colleges reserve the right to require candidates to remove any clothing and/or other item which covers all, or part of the candidate's face.

3.3 Briefing

All candidates will undergo a detailed briefing by a member of the examination administrative staff, and sometimes the Supervising Examiner, prior to the commencement of the DO-HNS Part 2 (OSCE) examination. It is very important that candidates listen carefully to the information that they are given at the briefing and also follow any instructions that they are given by the administrative staff during the circuit. The briefing will cover the checking and issuing of candidate numbers, layout of the stations, rest stations, the candidates' starting position, timing arrangements and arrangements for emergency evacuation of the centre. Candidates must make sure that they fully understand how the examination circuit is to be run. At the end of the circuit there will be a debriefing session and candidates will be invited to complete a feedback form.

3.4 Equipment

All equipment required for the tasks set in each station will be supplied. Candidates are not required to bring any equipment for their own use.

3.5 Mobile Phones

Mobile phones or any similar electronic device must not be carried by any candidate during the examination circuit. These items must be switched off and left in the candidates' bags in the designated area. Any candidate who is found to be in possession of a mobile phone or similar electronic device after the start of the examination will be subject to disciplinary action.

4. Candidate Instructions

Each station has specific candidate instructions. It is important to read each instruction carefully as this will describe precisely the task(s) that each candidate is required to undertake at each station. Should the candidate complete the task at one of the clinical stations within the seven minute period, he or she may move outside the station and sit on a seat provided until the bell signals the beginning of the next station.

In stations involving the examination of patients or actors the examiner will usually watch candidates conducting the required task. Candidates will not be prompted and will not be required to give a running commentary. If the examiner judges that a candidate is not performing the task requested, the candidate may be prompted to re-read the instructions for the station. Hand gel is provided for the use by candidates where contact with patients or other clinical material requires hand cleaning

5. Examination Papers

It is essential that where necessary, candidates mark their candidate numbers in the top right hand corner. Papers with no candidate number will not be added into the examination results. Candidates should ensure that their writing is legible. Abbreviations for medical terms are best avoided. In common with current clinical practice, the words "Right" and "Left" should be written in full. If a question requires a candidate to state laterality, then marks will not be awarded for the use of "R" and "L". Where a question requires a candidate to list, for example, three items of information, but the candidate lists six items of information, then only the first three will be marked.

5.1 Results

Details about the release date for the results will be given to candidates at or around the time of the examination.

5.2 Feedback

Candidates will receive a breakdown of their marks for the content areas (otology, rhinology, laryngology/head and neck and clinical/communications skills) with their overall result. No further feedback will be available.

5.3 Discipline

This examination will be conducted according to the disciplinary procedures published by the Intercollegiate Committee for Basic Surgical Examinations. If a candidate is suspected of any malpractice the Supervising Examiner may make reasonable enquiries at the time and will notify the candidate of what the concerns are and how the matter will be resolved.

Note: All parts of the examination will be conducted in English and will use terminology and procedures relevant to the NHS in the UK. Candidates should be familiar with UK guidance issued by NICE or SIGN.