

MRCs OSCE mark scheme, domain descriptors, and positive and negative characteristics for marking

Mark scheme

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| Fail | 1 | Display of negative characteristics is dominant. |
| Borderline fail | 2 | Display of negative characteristics is predominant by a very small margin. Some positive characteristics are displayed but they are not in the majority or decisive. A minimum level of competence is in doubt. |
| Borderline pass | 3 | Display of positive characteristics is predominant by a very small margin. Some negative characteristics are displayed but they are not in the majority or decisive. A minimum level of competence is demonstrated. |
| Pass | 4 | Display of positive characteristics is dominant. |

Domain descriptors and positive and negative characteristics for marking

| Domain | Generic domain descriptors | Domain-specific positive characteristics | Domain-specific negative characteristics |
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| Clinical knowledge and its application | Possesses the clinical knowledge specified in the syllabus. | Demonstrates knowledge in the essential areas tested. Demonstrates knowledge in the majority of areas examined. | Does not demonstrate knowledge in essential areas. Does not demonstrate knowledge in the majority of areas examined. |
| | Able to understand, synthesise and apply knowledge in a clinical context. | Demonstrates the ability to synthesise knowledge and apply it in a clinical context. Knowledge is well organised. | Does not demonstrate the ability to synthesise knowledge and apply it in a clinical context. Knowledge is not well organised. |

MRCOS OSCE mark scheme, domain descriptors, and positive and negative characteristics for marking

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| Clinical and technical skill | Capable of applying sound clinical knowledge, skill and awareness to a full investigation of problems to reach a provisional diagnosis. | <p>Elicits necessary detail/information from patient/colleague.</p> <p>Accurately identifies key clinical signs.</p> <p>Accurately interprets key clinical signs.</p> <p>System-specific inspection and palpation are satisfactory.</p> <p>Has a systematic, complete and organised approach.</p> <p>Handles the patient gently and with consideration and respect.</p> <p>General assessment of patient is satisfactory.</p> | <p>Does not elicit necessary detail/information from patient/colleague.</p> <p>Does not identify key clinical signs accurately.</p> <p>Does not interpret key clinical signs accurately.</p> <p>System-specific inspection and palpation are unsatisfactory.</p> <p>Has an unsystematic, incomplete and disorganised approach.</p> <p>Does not handle the patient gently and with consideration and respect.</p> <p>General assessment of patient is unsatisfactory.</p> |
| | Able to perform manual tasks related to surgery that demand manual dexterity, hand/eye coordination and visual/spatial awareness. | <p>Achieves tasks effectively according to expert benchmark.</p> <p>Completes tasks in a timely manner.</p> <p>Shows an organised approach to tasks.</p> <p>Shows clear dexterity in completing the tasks.</p> <p>Shows good hand/eye coordination.</p> | <p>Fails to complete tasks effectively according to expert benchmark.</p> <p>Fails to show an organised approach.</p> <p>Has poor manual dexterity even where tasks are achieved.</p> <p>Shows poor hand/eye coordination.</p> |
| Communication | Able to assimilate information, identify what is important and convey it to others clearly using a variety of methods. | <p>Uses technical language appropriately and correctly</p> <p>Establishes whether there is common understanding.</p> | <p>Uses technical language inappropriately and incorrectly.</p> <p>Fails to establish whether there is common understanding.</p> |
| | Capable of adjusting behaviour and language (written/spoken) as appropriate to needs of differing situations. | <p>Adapts language/behaviour as needed and adjusts style of questioning/response as appropriate.</p> <p>Establishes relationship of respect with others without being patronising or domineering..</p> | <p>Is unable to adapt language/behaviour as needed or adjust style of questioning/response as appropriate.</p> <p>Is patronising or domineering when communicating with others.</p> |
| | Actively and clearly engages | Demonstrates clarity and focus in communication (written/spoken). | Is imprecise, rambles in communicating and lacks focus. |

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| | patient/carer/colleague(s) in open dialogue. | Demonstrates active listening towards others. Is able to express ideas clearly to others (written/spoken) | Fails to demonstrate active listening. Confused/ambiguous verbal and written communication. |
| Professionalism Decision-making, problem solving, situational awareness and judgement | Demonstrates effective judgement and decision-making skills. | Considers all the facts before reaching a decision. | Does not consider all of the facts or integrate information effectively. |
| | Considers all appropriate facts before reaching decision. | Responds flexibly, redirecting thinking when situation demands. Able to sift peripheral information to detect root cause. Generates workable solution. | Shows poor understanding of the merits of different options. Makes immediate assumptions about problem. Focuses on peripheral issues, and is unable to identify root cause. Is unable to suggest 'workable' outcome. |
| | Makes the best use of information and is able to think beyond the obvious. | Shows awareness of wider needs of situation. Attempts to think 'around' issue. Is able to explain and justify decisions. | Shifts focus largely to immediate worries/needs. Is defensive or uncompromising. |
| | Is alert to symptoms and signs suggesting conditions that might progress or destabilise. | Is alert to symptoms and signs suggesting conditions that might progress or destabilise. | Lacks awareness of symptoms and signs suggesting conditions that might progress or destabilise. |
| | Is aware of own strengths/limitations and knows when to ask for help. | Involves others in the decision-making process as required. Seeks help when necessary. | Does not involve others in the decision-making process as required or seek help when necessary. |
| Organisation and planning | Is able to accommodate new or changing information and use it to manage a clinical problem. | Is able to accommodate new or changing information. | Is unable to modify a plan when challenged with new conflicting information. |

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| | Anticipates and plans in advance. | Plans ahead, identifies requirements and prioritises accordingly. Demonstrates strategic and tactical planning ability. | Fails to recognise available resources or utilise them effectively. Requests support or information too late. Has an unstructured and ad-hoc approach to the completion of tasks. |
| | Prioritises conflicting demands and builds contingencies. | Anticipates needs and builds contingencies to deal with shifting demands. Is able to recognise and manage complex and competing needs. Negotiates effective solutions in the face of conflicting demands. | Appears unwilling to change a plan in the light of new evidence. Offers no effective compromises in the face of conflicting demands. |
| | Demonstrates effective management of time and resources | Manages time and resources effectively. | Records, coordinates and uses information unsystematically or inaccurately. Does not include others in planning where necessary to do so. Is unable to coordinate activities effectively. |
| Patient safety | Is aware of need to put patient safety first. | Considers whether the plan is in the best holistic needs of patients. Puts patient safety foremost when planning. | Concentrates on process rather than people. Has a focus on tasks irrespective of their effects on individuals. |