

# EXAMINER GUIDANCE NOTES

## INTERCOLLEGIATE DO-HNS PART 2 (OSCE) EXAMINATION



## **EXAMINER GUIDANCE NOTES – DOHNS EXAMINATION**

### **INTRODUCTION**

The Intercollegiate DOHNS examination has been developed to provide an assessment of knowledge skills and attributes of Trainees in ENT surgery and also for doctors who are considering posts where ENT knowledge and skills will form a significant part of their work. This could include Primary Care Physicians with an interest in ENT Surgery and associate specialists. The examination has a syllabus which is available on the DOHNS examination web site and is also mapped to the early years syllabus, years 1 and 2, on the ISCP web site.

The examination is in two parts. Part 1 is a written examination paper which includes the assessment of knowledge and assimilation of data using MCQs and extended matching questions (EMQs). Passing this Part 1 Paper allows access to the Part 2 OSCE examination (objective structured clinical examination). The OSCE examination includes 25 active stations and several (usually up to 6) rest stations. There are 5 clinical/communication stations where actors or patients allow the candidates to take histories, undertake examinations for the stations, such that knowledge, skills and communications are assessed by observation by an examiner. There are a further 20 active stations where candidate skills in specific areas of ENT are assessed including otology, rhinology, laryngology, head and neck surgery, paediatric otorhinolaryngology, audiology, radiology, written communications, anatomy, physiology, pathology/histology and surgical instruments and ENT devices.

The domains within the examination are mapped with the GMC's Good Medical Practice document and include clinical knowledge, clinical skill, technical skill, communications, decision making/problem solving, organisation and planning.

## **THE OSCE:**

Each OSCE station is designed to take 7 minutes and a bell is used to notify the beginning and the end of the 7 minute period. Most examinations will last for approximately 3 hours and 20 minutes or less and this period will vary depending upon the number of rest stations provided. The rest stations allow candidates brief respite from the examination and also allows revision of previous answer papers. For some of the clinical stations there may be a preparation station prior to entry into the active station and this preparation station normally allows 7 minutes to read the instructions required for the following station, such that the candidate is fully aware of the task required in the active part of the following station.

### **Standard Setting:**

During each OSCE examination session the examiners will check each station including the props and tasks required. Each examiner will then determine a pass mark for each station using the following standard “the minimally competent junior doctor achieving a standard which would allow access to higher surgical training at the level of ST3”. This form of Angoff assessment will be used to determine the region of the pass mark which will finally be determined when the spread of marks for the examination has been identified.

### **Marking:**

Full details regarding the marking for each station will be identified at the examiners’ briefing prior to marking sessions. Normally there is a marking label placed on the reverse part of the candidate’s marking sheet. Each marking sheet is then marked by 2 separate examiners and where the marks coincide this will equal the final mark for this candidate’s mark sheet. Should there be a discrepancy then a third examiner will mark the sheet, such that the final mark can be determined.

The examiners and the actors/patients will be organised by the designated supervising examiner. Each full circuit of the examination will start with a briefing to the examiners by the supervising examiner, most particularly for the manned stations. During the examination it is possible that examiners will be relieved approximately half way through the examination, however there should be an overlap of at least 2-3 candidates where the examiners gain particular experience with the stations and such that continuity of standard is maintained for marking.

### **General Points for Examiners**

- Dress code: In line with current infection control guidelines it has been necessary to introduce a dress code both for candidates and examiners. For candidates the following dress code applies throughout; for examiners the dress code only applies to those stations involving the candidates' contact with patients/simulated patients and cadaveric material. Examiners may wear jacket and tie (or equivalent) at other stations. Examiners may also wear bow-ties or tuck ties instead of having a shirt open-neck.

The dress requirements are as follows:

- No jackets
  - Arms to be bare below the elbow
  - No jewellery on the 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, to have the sleeves rolled up throughout the examination.
  - Examiners must follow and not deviate from the instructions provided for each examination.

- Opportunity for examiner feedback will be provided and encouraged at the end of the examination in a debriefing session where each station is fully assessed and feedback noted by the supervising examiner.
- Examiners must not attempt to modify the station during the circuit/examination whilst it is in progress. Detailed instructions are provided at each station, such that there is continuity of instruction, and therefore prevention of bias, with each candidate.
- Timing is very important and candidates must be moved on at the end of each station whether the candidate has completed the tasks or not. The examiner should not engage the candidate in conversation where this is not required.
- In clinical stations the candidate will be given written instruction as to what physical examination or task is required. Examiners should simply watch and mark the examination and not interrupt or expect a running commentary. Candidates who give a running commentary should not be penalised for doing so. The candidate may then be asked to present their findings if this is required by the instructions for the station
- Examiners should observe the use of the hand gel by the candidates and should intervene requesting the use of hand gel where the candidate appears to be about to attempt an examination without first cleaning their hands.
- It is imperative that marks are entered in all the sections on the mark sheet for the examiners and that the candidate number is placed in the top right hand corner. Once the candidate has completed all the tasks for the station and if this is achieved before the end of the 7 minute session, the candidate can sit outside the station awaiting direction to the next station once the bell rings.
- Mobile phones must be switched off during the examination.
- Details regarding emergency evacuation of the building will be supplied to the examiner prior to the start of the examination.
- It is sometimes not necessary or practical to withdraw/arrange substitutes to avoid examining a candidate who is well known to the examiner. It is felt that the objective design of the

examination and the number of separate individual examiner marks will dilute any unintentional bias that could occur. The current ICBSE regulations governing examiner behaviour will apply.

**Feedback:**

No written feedback is required for individual candidates from the examiner. The candidates will receive a breakdown of their marks in four domains after the examination.

**Overview of the Examination:**

The Intercollegiate Diploma in Otolaryngology Head & Neck Surgery is in itself a stand alone qualification. However candidates who are ENT Trainees considering application for higher surgical training, may also undertake the Part A of the Intercollegiate MRCS examination and should this be successful then passing Part A and the Intercollegiate DOHNS examination can be used to apply for the Diploma of MRCS.

For candidates to progress from CT2/ST2 to ST3 through the national recruitment process in the United Kingdom then the candidate will require both parts of the IMRCS and Part 1 and 2 DOHNS examination and also apply for the Diploma of MRCS.