Supporting Neurology Residents through their Graduation and Beyond
What is the prepOSCE Program all about?
Background

**Canadian Residency Training***

- >70% report that training programs exceed 60h/wk
- >50% experience symptoms of burnout
- Medical residents have very little time to prepare for their exam

**Royal College Examination**

Components

- Written Examination
- Objective Structured Clinical Examination (OSCE)

- Residents lack confidence in their practical abilities to complete the Examination
- No comprehensive neuroscience review program exists to help them prepare

Canadian neurology residents would benefit from a virtual practice OSCE session to prepare them for the Royal College Examination.

We will mimic a Resident’s experience of a LIVE OSCE, virtually

~3 hours

Each station is built on a case scenario and will have an evaluator

- Station 1: 15 mins
- Station 2: 15 mins
- Station 3: 15 mins
- Station 4: 15 mins
- Station 5: 15 mins
- Station 6: 15 mins
- Station 7: 15 mins

Scenario info
Rest Station

Source: Format of the Comprehensive Objective Examination in Neurology (Adult and Pediatric), www.royalcollege.ca
Example Station

Evaluator:
Mediate between the patient and the examinee. All questions directed at the patient are answered by the evaluator

Evaluation Checklist to mark the examinee

Tool: A buzzer to mark the end of the Station

History of present complaint: Ms. Walker, 40 year old female, presents to the clinic with a chief complaint of “my legs are giving out.” Patient states that during the past week, her legs became weak twice which caused her to fall on the elevator yesterday and she also fell at home today. She is still experiencing weakness in the clinic. Patient states that her feet are also numb and it feels like she is "walking on cotton." She states that she has had similar symptoms during the past three years (about every 6 months) and each episode gradually resolved over several weeks. She denies any seizure activity or any recent medical illnesses, back or neck trauma. About 5 years prior to episodes of falling, she noticed that she was getting blurred vision in one eye that was getting worse with each passing day. The blurring "maxed out" in about a week, but never progressed to complete blindness.
When do we conduct the prepOSCE sessions?
We are aiming at the last week of April/early May.

The OSCE component of the Royal College examination is scheduled for May 26, 2021.

<table>
<thead>
<tr>
<th>Neurology</th>
<th>Written</th>
<th>April 15, 2021</th>
<th>April 16, 2021</th>
<th>AM (Morning)</th>
</tr>
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<tbody>
<tr>
<td>Neurology</td>
<td>Applied</td>
<td>May 26, 2021</td>
<td></td>
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[https://www.royalcollege.ca/rcsite/credentials-exams/exams-dates-locations-e#spring](https://www.royalcollege.ca/rcsite/credentials-exams/exams-dates-locations-e#spring)
We will plan for ~10 prepOSCE Sessions from late April to Mid-May

- In order to reach 72 Residents, we will need to conduct 10 prepOSCE sessions
- A session can be conducted only if 7 Evaluators are available at the same time
- You can share your availability for multiple sessions

| Dates   | Sessions   | Dr A | Dr B | Dr C | Dr D | Dr E | Dr F | Dr G | Dr H | Dr I | Dr J | Dr K | Dr L | Dr M | Dr N | Can we Run a prepOSCE Session? |
|---------|------------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------------------------|
| 29-Apr  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
|         | 5pm to 8pm | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
| 30-Apr  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
|         | 5pm to 8pm | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
| 06-May  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | NO                         |
|         | 5pm to 8pm | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
| 07-May  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
|         | 5pm to 8pm | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
| 13-May  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
|         | 5pm to 8pm | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |
| 14-May  | 9am to 12pm| 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | YES                        |

Number of Sessions Signed up for:
- 4
- 4
- 5
- 5
- 5
- 5
- 6
- 6
- 5
- 5
- 5
- 5
- 5
- 5
- 6

Time commitment for Evaluation:
- 12
- 12
- 15
- 15
- 15
- 15
- 18
- 18
- 15
- 15
- 15
- 15
- 15
- 15
- 18

Honorarium earned:
- $1,800
- $1,800
- $2,250
- $2,250
- $2,250
- $2,250
- $2,700
- $2,700
- $2,250
- $2,250
- $2,250
- $2,250
- $2,250
- $2,250
- $2,700
How do we conduct a prepOSCE Station?
Using Patient Case Scenarios and Evaluation forms

• We need 7 scenarios created, one for each station
• Each scenario is a detailed patient case, with an evaluation form
• The honorarium for writing a patient case scenario (case + evaluation form) is $1,200

Section 1: Standardized Patient Case - Alex Payne

Identifying Case Factors: Alex Payne

Presenting complaint: History of headaches

Opening Statement: “My head hurts so bad I can’t take it.”
Length of patient encounter: 15 min for HPI and PE, 10 min for post encounter write up/feedback=25 min total

Learning objectives/case purpose:
1. To obtain a relevant history in a patient presenting with signs and symptoms of various headaches
2. To perform a comprehensive physical exam on a patient with a headache
3. To devise an initial assessment and plan, know when to order diagnostic studies, and discuss with a patient

Diagnosis: Cluster headache (alternate diagnoses: migraine headache; subarachnoid hemorrhage)

Target group: MD3

Type of case (may check more than one): Summative assessment
History and physical exam

Case Summary/SP Training Notes

SP demographics:

   Name: Alex Payne
   Gender: Written for male, can easily be portrayed as female with slight modifications in the social history
   Age range: 32-55 years old
   Ethnicity: Any
   Setting: Clinic

Patient presentation:

Section 3: Standardized Patient Checklist - Alex Payne

SP Checklist: History of Present Illness - Alex Payne
Instructions: Please choose one option for each of the following items based on whether the student doctor performed that task.

1. Asked about onset of headaches (sudden)  ( ) Yes  ( ) No
2. Asked about duration of headaches (3 days duration)  ( ) Yes  ( ) No
3. Asked about frequency of headaches (occurs about three times a day)  ( ) Yes  ( ) No
4. Asked about timing of headaches (occur mostly at night)  ( ) Yes  ( ) No
5. Asked about last location (right temporal region)  ( ) Yes  ( ) No
6. Asked about quality of pain (pounding)  ( ) Yes  ( ) No
7. Asked about intensity of pain (pain level of 9 or 10 out of 10)  ( ) Yes  ( ) No
8. Asked about radiation (no, they stay on the right side)  ( ) Yes  ( ) No
9. Asked about associated visual changes (my vision is normal, but my right eye is watery and red)  ( ) Yes  ( ) No
10. Asked about exacerbating factors (lights and noise make me feel worse)  ( ) Yes  ( ) No
11. Asked about nasal congestion (yes, during the headaches only and my nose runs on the right side)  ( ) Yes  ( ) No
12. Asked about nausea/vomiting (sometimes there is nausea, but no vomiting)  ( ) Yes  ( ) No
13. Asked about alleviating factors (nothing makes it better)  ( ) Yes  ( ) No
14. Asked about family history of headaches (none)  ( ) Yes  ( ) No
15. Asked about similar headaches in the past (I had an episode like this 2 years ago, but it went away and never came back)  ( ) Yes  ( ) No

SP Checklist: Physical Examination - Alex Payne

16. Washed his/her hands  ( ) Yes  ( ) No
17. Palpitated head (no TMJ)  ( ) Yes  ( ) No
18. Palpitated facial sinus (no sinus tenderness)  ( ) Yes  ( ) No