

Kicking the Tires: Enhancing OSCE Preparedness through Strategic Dry Runs and Simulating Extremes

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Introduction

Objective Structured Clinical Examinations (OSCEs) are a key part of medical education. They test a wide range of clinical skills in a structured way, ensuring students are ready for real-world challenges (Lewis *et al.*, 2017). To make these exams effective, pre-exam practice sessions, called dry runs, are critical (Committee on Simulation, 2016). These sessions help identify problems, improve organization, and better prepare standardized patients (SPs) for student interactions.

This article suggests using a new approach in OSCE dry runs: simulating extreme student performances. These simulations show both excellent and poor examples of clinical skills. This prepares SPs for a wide range of interactions and helps ensure a fair assessment process.

Keywords: Clinical Competence, Educational Measurement, Simulation Training, Patient Simulation

Simulating Performance Extremes

Practicing with extreme examples of student performance during OSCE dry runs has many benefits. It helps examiners improve how they assess students, ensures SPs are ready for different situations, and reduces the chances of bias in grading (Nestel *et al.*, 2014). These practices are supported by research and experts in medical education, who recommend using simulation-based training (SBT) to improve OSCE preparation.

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How to do it

- **Expert Performances:** Show ideal clinical skills, including excellent communication, reasoning, and competency. These examples help SPs understand how top-performing students might behave.
- **Poor Performances:** Highlight common mistakes, such as errors in communication, reasoning, or procedures. These examples prepare SPs for challenges they might face during the exam (Watts *et al.*, 2021).



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Table 1: Strategies for Poor Performances

Common Errors	Mock-Up Strategy
Inadequate History Taking	Ask questions in a random order to make SPs recall details under pressure.
Poor Communication Skills	Use awkward silences or unusual phrasing to test how SPs stay in character. e.g., "what drugs do you take?" instead of "do you take any medications regularly?"
Diagnostic Oversights	Early in the encounter, assume the SP has a different diagnosis and persist on your line of questioning. e.g. for a case of cardiac chest pain, insist on asking about reflux, ignoring patient cues.
Time Management Issues	Spend too much time on exploring a symptom that will be unrelated to the presenting issue.
Lack of Empathy	Act brusque or detached to see how SPs react.
Procedural Incompetence	For physical exam components, perform physical exams incorrectly. e.g. Examine a range of motion exam in the wrong position Perform physical exam maneuvers that might be related to a misdiagnosis.

Table 2: Strategies for Expert Performances

Challenge	Mock-Up Strategy
Rapid Diagnosis	The student quickly identifies the correct problem and treatment. SPs must adapt to the advanced pace of the interaction.
Advanced Communication Skills	Use skilled communication to uncover sensitive or complex information early. SPs must manage when to reveal key details.
Integration of history and physical exam	Perform history-taking and physical exam at the same time. SPs must provide accurate details while simulating physical findings.

Discussion

Using extreme performances in OSCE dry runs can improve the fairness and quality of exams. This method helps SPs and examiners prepare for a wide range of student behaviors, making assessments more consistent (Berenson *et al.*, 2012). Practicing these simulations also builds SPs' confidence and skills in handling unexpected situations.

To make the most of this approach, clear feedback systems are needed. SPs and examiners should give input on how realistic and helpful the simulations are. With regular updates and improvements, this strategy can make OSCEs better for everyone involved.

Conclusion

Integrating simulations of both high and low performance in OSCE dry runs enhances preparation, providing deeper insights into

various student behaviors and improving the overall quality of the examination. By simulating interactions from both proficient and struggling students, examiners and standardized patients (SPs) can more effectively anticipate and manage the diverse challenges of actual OSCEs, resulting in a more equitable and accurate assessment of clinical competence (Committee on Simulation, 2016).

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