

Overview

The Part 2 practical assessment is a series of Objective Structured Clinical Examinations or OSCE. This is a type of examination regularly used in medical training to test skills such as communication, clinical examination and interpretation of results. Practitioners will be expected to perform a number of different tasks to demonstrate their overall clinical competence.

They are held under invigilated examination conditions, the assessors are present at each station in an observatory capacity with a fixed assessing and marking criteria. There is no teaching element and it is not a viva. Feedback or results are not given after each station.

There are five MECS OSCE stations, each lasting six minutes in total:

1 minute is given to read the specific initial information, which is positioned outside the assessment room. Always read these station instructions very carefully.

5 minutes is spent in the room completing the assessment. A copy of the door instructions will be presented, as well as further patient information. The timekeeper will call when the five minutes have concluded, if you happen to finish the OSCE before the five minutes is up remain in the room until asked to leave.

The timekeeper will direct candidates on to the next station and the doors are clearly numbered.

On occasions there may be a rest station with a duration of 6 minutes.

OSCE Content

5 stations:

- Explain
- Refer
- Structured Oral x 2
- Volk BIO

All necessary equipment is supplied by WOPEC but you may wish to use your own Volk lens. Always read the instructions and information carefully. Paperwork may be changed during the event.

Candidates are assessed on skills:

- data interpretation
- clinical examination
- patient management of acute and chronic conditions

- referral
- communication.

Candidates are assessed on conditions:

- wet and dry AMD
- corneal conditions
- corneal foreign bodies
- retinal tears and detachments
- posterior vitreous detachment
- red eye
- sudden loss of vision
- dry eye.

Conditions and their management included in these assessments are drawn from WOPEC MECS / EHEW Part 1 - the distance learning lecture module. Practitioners are required to successfully complete the lectures and multiple choice questions at least 2 days prior to the OSCE event. Those that do not complete Part 1 will be unable to proceed to Part 2 the OSCE assessment.

Certain other qualifications will exempt practitioners from undertaking MECS Part 1 and Part 2. Queries relating to this and completing the on-line lecture module should be directed to WOPEC@cardiff.ac.uk

Results

MECS OSCEs are designed to assess whether a practitioner is able to safely and confidently perform MECS / EHEW clinical examinations. WOPEC wish to verify that you know the obvious. In most stations marks are awarded for being systematic and well organised, confident, competent and polite to the patient. There will be no trick questions, we want to know that you know the obvious.

In each station the assessor will award a grade:

- Excellent
- Clear Pass
- Borderline Pass
- Fail

Your WOPEC Lead assessor will email your overall result to you within 2 weeks of the event. If necessary you will also receive feedback relating to the assessment.

We usually inform the commissioning group (or Welsh Government) who funded this assessment of each attendee's results within 3 weeks (we do not send any other information, just if overall pass or fail).

Station fail

The slit lamp BIO station is a compulsory pass with a grade of more than 50%. Resits can be held at the same session if time allows and this is at the discretion of the WOPEC Lead Assessor. It is expected that a practitioner wishing to be part of any enhanced eye care service should be proficient at slit lamp BIO and perform it as first choice on all patients. If necessary the Lead Assessor will provide feedback and recommendations to a candidate who has failed and that they retake this station at a suitable future date. The number of resits allowed is finite and depends on an individual practitioner's circumstances.

Failure of 1 (non Volk) station will require an additional discussion with the WOPEC Lead Assessor. They wish to clarify your understanding of a specific MECS condition and its management and if satisfied you will gain an overall pass. This may be at the event or by phone/email afterwards. Please respond promptly to any requests from the Lead Assessor after the event. Failure to do so is not acceptable and will result in an overall fail given.

Failure of 2 or more (non Volk) stations is an overall fail and will require a complete resit of all 5 stations on another occasion. You Lead Assessor will provide feedback and make further recommendations regarding your learning and knowledge before you undertake another WOPEC assessment. The number of complete resits allowed is finite and depends on an individual practitioner's circumstances.

Reasonable adjustments

Cardiff University and WOPEC will permit adjustments to the arrangements for the conduct of assessment for candidates with disabilities and for candidates with other support needs to enable all candidates to have the same opportunity to demonstrate the achievement of specific learning outcomes, without compromising academic standards or affecting prescribed standards of Professional Bodies. These adjustments must be requested 1 week in advance of the attended event in order for WOPEC to consider and implement them. Please contact WOPEC@cardiff.ac.uk

Contact us

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MECS stations in detail

All stations have been designed so that the practitioner should be able to demonstrate their clinical competence within the allocated five minutes. All necessary equipment for the assessments is provided but you may wish to bring your own Volk lens.

OSCE station - Explain

This station tests your ability to communicate and explain the findings of an examination to the patient and to give appropriate advice.

You may be required to:

- explain a diagnosis, investigation or treatment
- discuss referral and management options
- break bad news
- deal with an anxious patient
- give advice on lifestyle, health promotion or risk factors.

An actor will assume the role of your patient and you are given details of their record card. Communicate with the patient in an easy to understand, logical, respectful and professional manner.

OSCE station - Referral

This station tests your communication with health care professionals and refer a patient appropriately.

You are required to assess clinical data such as; images, results of examinations or history, symptoms or signs. Based on the data given you will be required to do one of the following:

- write an information letter to the GP
- write a referral letter for an routine referral to ophthalmology
- telephone the hospital eye department in order to refer a patient as an emergency.

Your referral should present information in a structured, professional and logical manner; contain correct terminology; clearly conveys appropriate management plan. If required, your assessor will assume the role of a hospital eye department clinician receiving the phone referral.

OSCE Station - Structured Oral

These two stations require you to answer specific questions put to you by the assessor.

You may be required to:

- make a diagnosis or differential diagnosis
- decide on appropriate patient management
- answer questions about an ocular condition.

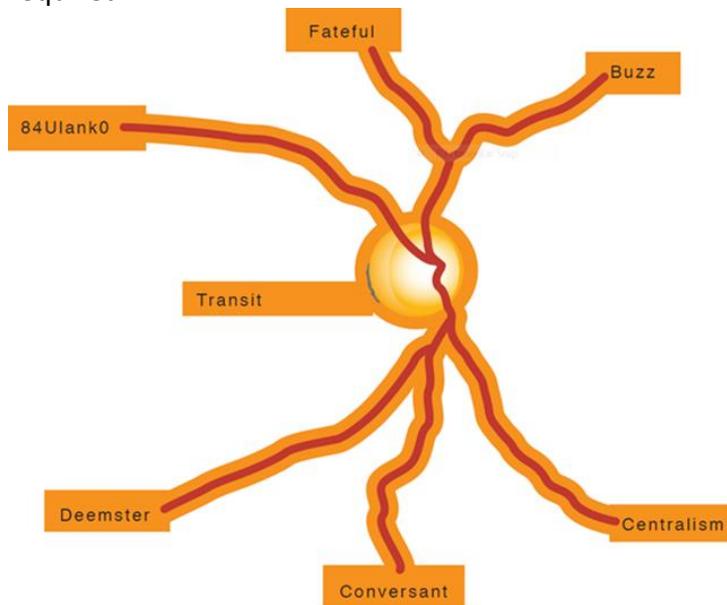
You will be given partial or full patient records to examine.

OSCE station – Slit lamp (Volk) BIO

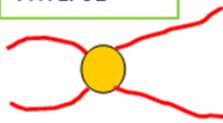
This station assesses your ability to perform slit lamp Volk BIO by correctly identifying words and numbers in 2 model eyes set in a polystyrene head.

- 1 minute to set up slit lamp – eye piece focus and PD
- 5 minutes to transcribe 4 words in each eye – 8 in total

To pass at least 50% must be scored in EACH model eye. Overall pass rate is also 50%. There are 7 words in each eye but only fill in the 4 words and numbers in the white blanks (i.e. the macula and the top in the RE and the macula and the bottom in the LE). Legible handwriting and correct spelling is necessary. Write the words as they appear. Translation due to the vertical and horizontal inverted optics of a Volk BIO lens system is not required.



Example view of right eye fundus

	84 ULANK 0	FATEFUL	BUZZ
RIGHT EYE	TRANSIT	x 	
LEFT EYE		x <input style="width: 50px; height: 20px;" type="text"/>	

Example answer sheet with completed right eye

WOPEC MECS/EHEW Part 1 lecture competencies and learning objectives

1.1.2 To know what additional questions to ask a patient presenting with red eye and how to interpret the answers.

6.1.4 To understand the management plan for red eye in an acute eye care scheme and in particular, those amenable to optometric management without the need for further referral.

6.1.7 To know the commoner causes of a red eye

To understand the typical signs and symptoms associated with different causes of red eye.

To understand the management options for the commoner causes of the red eye.

1.1.2 To know what additional questions to ask a patient presenting with symptoms of flashes and floaters and how to interpret the answers.

6.1.1 To understand the commoner causes of flashes and floaters.

6.1.12 To understand the relationship between rhegmatogenous retinal detachment and posterior vitreous detachment and the causes of flashes and floaters within these context.

Understand the presenting signs of a PVD and retinal detachment, know where to look and what techniques to use to look.

6.1.1 To understand the risk factors associated with AMD.

6.1.2 To understand the presenting signs and symptoms of dry and wet AMD and to know what techniques to use in each case.

6.1.9 To understand how to make a differential diagnosis with other eye conditions and between treatable and non-treatable AMD, as defined by the appropriate protocols.

To understand the aetiology of dry and wet AMD

1.2.4 To be aware of the treatments currently available to patients with AMD.

4.2.1 To understand other aspects of optometric management of patients with AMD, including spectacle prescribing, patient education and information, referral for rehabilitation and recall.

6.1.9 To understand how to make a differential diagnosis of treatable and non-treatable AMD.

6.1.2 To know nine key points to help determine if a corneal lesion is infected or not.

To understand the management for infected and non-infected corneal lesions.

To know the typical signs and symptoms of a superficial foreign body.

6.1.3 To understand the anatomy and defensive capabilities of the cornea.

To understand the histological difference between an infected and non-infected infiltrate.

6.1.4 To understand acceptable practice-based methods of removing superficial foreign bodies.

1.1.2 To know what additional questions to ask a patient presenting with a sudden loss of vision and how to interpret the answers.

6.1.2 To understand the typical signs and symptoms associated with a sudden loss of vision. To know the commoner causes of sudden loss of vision.

6.1.3 To understand the management options for the commoner causes of loss of vision.

To understand the management plan for sudden loss of vision in an acute eye care scheme, and in particular those amenable to optometric management without the need for further referral.

6.1.2 To understand and put into context the tear film and corneal anatomy and the evidence basis for tear film anatomy. To understand the causes and different sub-types of dry eye. To understand the symptoms of dry eye.

6.1.3 To understand the presenting signs of dry eye and how to investigate the signs using specific techniques.

6.1.11 To understand the therapeutic and other treatment options for a patient with dry eye. To be able to apply the knowledge learned in this module to how you would manage and treat a patient with dry eye in practice.