

## **Regulations and organization of the Objective Structured Clinical Examination (OSCE) for students of the 6th year of the medical faculty in the academic year 2025/2026**

1. To participate in the exam, it is necessary to obtain a passing grade in the subjects covered by the exam.
2. The OSCE exam will be held on the dates specified in the Examination Calendar. In the winter session, it will cover Gynecology and Obstetrics, Family Medicine and Psychiatry, and in the summer session, it will be Surgery, Internal Medicine, Emergency Medicine and Pediatrics.
3. The following roles shall be performed during the OSCE exam:
  - a) Exam Coordinator,
  - b) Head of the Examination Committee,
  - c) Member of the Examination Committee,
  - d) Persons supporting the proper course of the exam.
4. The Exam Coordinator is an employee of the Medical Simulation Center, appointed by the head of the unit to perform this role during the exam. The duties of the Exam Coordinator are as follows:
  - a) Briefing students before the exam,
  - b) Taking care of exam logistics,
  - c) Listening to remarks on the course of the exam, including examination tasks remarks from students on the proper form,
  - d) Consulting the remarks with the head of the relevant committee and forwarding the decision to the student (via e-mail),
  - e) Making sure the examination results are complete (documentation) by the end of each daily turn.
5. The Head of the Examination Committee is an academic teacher, appointed by the head of the relevant unit to perform this function on the exam day regarding the taught subject. The duties of the Head of the Examination Committee are as follows:
  - a) Judging controversial issues/doubts on the content of an examination task and its evaluation,
  - b) Judging controversial issues regarding the execution of exam-related tasks,
  - c) Judging the remarks on the course of the exam regarding a specific subject as files by the students to the Exam Coordinator.
6. The Member of the Examination Committee is an academic teacher appointed by the head of the relevant unit to perform this function on the exam day regarding the taught subject. The duties of the Member of the Examination Committee are as follows:
  - a) Identifying persons attempting the exam on individual stations,
  - b) Monitoring the time of completing the task,
  - c) Evaluating the exam tasks completed by students,
  - d) Signing the exam mark on the student's evaluation card.

7. The persons supporting the proper course of the exam are technical-engineering employees of the Medical Simulation Centre or employees delegated from other organizational units for support during the exam. The duties of the persons supporting the proper course of the exam are as follows:
  - a) Preparing exam stations with the content-based support of the member of relevant committees,
  - b) Ensuring the proper flow of the exam (registering students, monitoring the traffic during the exam, providing technical assistance to members of committees),
  - c) Flagging spotted inconsistencies to the Exam Coordinator or the Head of the Committee.
8. Each student shall report to the exam no later than 30 minutes before the start of the exam for the turn to which he/she has been assigned, change into the appropriate uniform in the locker room and proceed to the exam waiting room.
9. The examination schedule will be published no later than 2 weeks before the exam.
10. The student is bound by the rules of preparation for hospital work, that is:
  - a) uniform in accordance with the regulations of the Medical Simulation Center (available on the CSM website and as an appendix to the interdepartmental regulations),
  - b) identification with the student's diploma number (to be picked up at the CSM on the day of registration),
  - c) footwear in accordance with health and safety standards for medical footwear,
  - d) pinned up hair,
  - e) no ornaments on the wrists and hands,
  - f) short nails,
  - g) possession of a pen.
11. Structure of the OSCE:
  - a) the exam is organized in the form of stations with a specific task to be performed
  - b) the number of stations – 3 paired stations (complex activities) in the winter session; 4 paired stations (complex activities) and 2 unpaired stations (interpretation of test results) in the summer session.
12. The range of stations for subjects:
  - **in the field of Surgery**
    - a) conducting a surgical physical examination with the patient,
    - b) diagnostic and therapeutic actions taken on the patient
    - c) monitoring and responding to the patient's condition,
    - d) ability to establish contact with the patient and the ability to recognize the causes, symptoms, principles of diagnosis and therapeutic management of the most common diseases requiring surgical intervention, including in particular acute and chronic abdominal diseases;
  - **in the field of Internal Medicine**
    - a) conducting a physical examination (including assessment of the most important parameters for the patient's condition),
    - b) diagnostic measures and interpretation of the obtained test results,
    - c) making the right diagnosis(s),
    - d) proposing a proper therapeutic procedure;

**- In the field of Gynecology and Obstetrics**

- a) external obstetric examination – assessment of fetal position and alignment,
- b) internal obstetric examination – assessment of the degree of cervical dilation, fetal position,
- c) gynecological examination with the use of a speculum,
- d) cytology collection;

**- in the field of Emergency Medicine**

- a) conducting an assessment and examination of the patient's condition in a life and/or health threatening condition,
- b) undertaking appropriate monitoring of the patient's condition and responding adequately to changes in the patient's vital signs,
- c) ability to make therapeutic decisions on pharmacotherapy and electrotherapy of emergency conditions,
- d) to make therapeutic decisions under stressful conditions and under time pressure towards a patient in a life and/or health threatening condition,
- e) use of communication skills that allow one to competently lead an interdisciplinary therapeutic team;

**- in the field of Family Medicine**

- a) conducting a medical consultation with a patient using a patient-centered medical management method,
- b) gathering a history with the patient in a holistic manner, taking into account chronic diseases, risk factors, family and work situation, the impact of the presented problems on the patient's life,
- c) making an initial diagnosis, implementing treatment as needed, planning further management of the patient, giving recommendations in a way that the patient understands,
- d) establishing satisfactory contact with the patient during counseling using verbal and non-verbal communication techniques;

**- in the field of Pediatrics**

- a) conducting an interview with the patient's parent and/or with an older teenage patient,
- b) conducting an examination of the patient, taking into account possible difficulties arising from the age of the patient (infant, pre-school child – limitation of verbal contact, lack of compliance with instructions, fear of examination),
- c) interpretation of available results of additional tests (laboratory, imaging, endoscopic and histopathological tests),
- d) planning the diagnostic procedure,
- e) planning and discussing therapeutic procedures with the patient's parents;

**- in the field of Psychiatry**

- a) conducting a psychiatric examination with a patient with whom verbal contact is limited,
- b) diagnostic and therapeutic actions taken on the patient,

- c) monitoring and responding to the patient's condition,
  - d) educating the patient about mental disorders and therapeutic procedures,
  - e) ability to establish psychotherapeutic contact and an empathetic attitude toward the patient.
13. All students have the same tasks (procedure type) to perform within the same time frame and according to the same grading criteria (standardization of the exam).
  14. The content of the task at each station will be communicated to the student, either orally or in writing, prior to the start of the station, and will include those skills that were taught in the clinical classes of each subject.
  15. Each station may be attended only by the students who are performing a given task.
  16. The duration of one station is 10 minutes, and the break between stations is 5 minutes.
  17. Each task will be evaluated according to a separate checklist. The performance of the various elements of the task will be evaluated on a scale of 0-1 points, where "0" means the absence or incorrect performance of an element, and "1" its correct performance.
  18. Each student has the right to appeal with regard to the course of the exam. The wish to do so is signaled to the Exam Coordinator (appointed during the briefing on each day of each exam turn) at any moment of the exam, after the task within a given subject is completed.
  19. The appeal is submitted via a form shared with the students after completing the exam turn and before leaving the building in which the exam is held.
  20. The appeal is judged after the consultations between the Exam Coordinator and the Head of the Examination Committee for a relevant subject.
  21. The appeal is judged on the same day of the exam, at the end of the turn in progress. The student is informed about the decision via e-mail, immediately after the appeal is judged by the Exam Coordinator.
  22. After completing the assignments, the student leaves the building where the exam is held.
  23. Detailed results of the exam, with a list of grades, will be provided up to 3 working days after the exam.
  24. If a student receives a failing grade at any station, he or she is required to take a make-up exam in the subject within the time limits provided by the academic year schedule.
  25. Each student has the right to view one's answer sheet no later than 3 days after the results for a relevant turn are announced. The wish to do so is submitted to the Medical Simulation Centre via e-mail: [rd-csm@umw.edu.pl](mailto:rd-csm@umw.edu.pl). In reply, the student shall receive a scanned evaluation card and information on the teacher responsible for consultations during the exam.
  26. Appeal regarding a mark is possible within 3 days from announcing the results for a given turn.
  27. Remarks on the exam results are submitted via e-mail to the person indicated in the reply e-mail mentioned in point 25 of these regulations.

28. Exam documentation, namely:
- a) Hourly schedule of station entries,
  - b) List of exam committees,
  - c) List of tasks for a given subject with scenarios,
  - d) Evaluation cards for each exam subject, with a final protocol containing the name of the student, are stored at the unit where the exam was held, in this case – the Medical Simulation Centre.
29. Make-up examinations will be conducted orally by examiners selected by the subject coordinator.
30. The result of the OSCE is an integral part of the exam for each subject: Surgery, Internal Medicine, Gynecology and Obstetrics, Emergency Medicine, Family Medicine, Pediatrics, and Psychiatry.
31. The final grade in each subject will be calculated in the case of a passing grade in each part of the OSCE.
32. A negative grade from any part, means failure of the exam in a particular subject. The student then receives a failing grade from the 1st term, with an entry in the WU system.
33. In the case of a positive result from both parts of the OSCE, the final grade (WK) for the subject will be calculated as the arithmetic average of both grades, according to the formula:

$$\text{WK} = 0.5 \times \text{OSCE} + 0.5 \times \text{test}$$

Rating in words	Rating in numbers	Percentage range
unsatisfactory	2.0	less than 60
sufficient	3.0	60 – 67
satisfactory	3.5	68 – 75
good	4.0	76 – 83
good plus	4.5	84 – 91
very good	5.0	92 - 100