





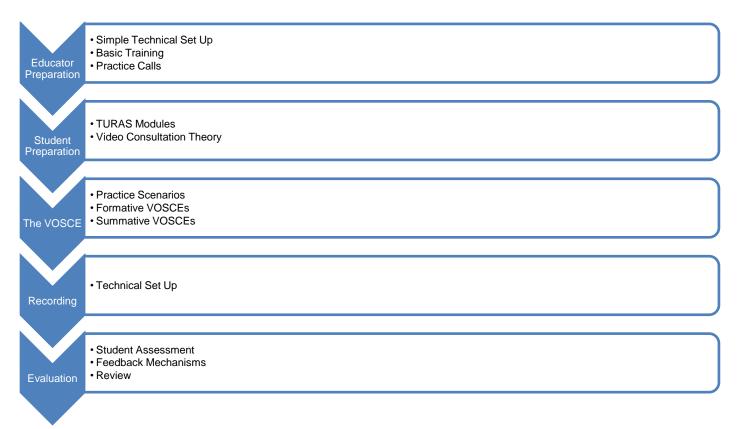
Guidance for running virtual OSCEs using Near Me

THIS DOCUMENT IS INTENDED FOR EDUCATORS



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VOSCEs In 5 Easy Steps



See below for guidance

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Section 1: Introduction

The Objective Structured Clinical Examination (OSCE), developed by Harden and Gleeson (1979), was designed as an attempt to standardise the assessment of students rotated around multiple stations completing specific tasks and were assessed using a set criterion to promote consistency.

The purpose of this guidance is to support educators in all health professions to confidently undertake Virtual Objective Structured Clinical Examinations (VOSCEs) using the Near Me video consultation platform. It supports educators to prepare both themselves and students for VOSCEs by suggesting activities and processes to provide a robust, high-quality learning environment and experience (Benner, 1984; and Brown, Collins, & Duguid, 1989).

1.1 Key reasons to use Near Me

- VOSCEs can deliver an authentic assessment by improving experiences, awards, and economic costs (NHS England, 2020).
- VOSCEs are an excellent alternative to OSCEs, as the student can apply their communication, technology, critical thinking, and problem-solving skills to the contemporary digital clinical environment.
- Service provisions are continuously evolving and to develop an effective practitioner, implementing digital technologies can support and deliver safe, effective, and timely personcentred care.
- Near Me is simple and intuitive to use, helpful features include the ability to share screens to show documents, x-rays, results data, audio and video files, plus colleagues can join to provide quality assurance to validate the assessment processes.

Section 2: Educator Preparation

2.1 Technical Set Up and Training

- General information on Near Me as a video consultation tool can be found on our main <u>Near</u> <u>Me pages</u> and these pages on <u>supporting student education</u>.
- Set up is quick, and you can <u>apply for Near Me Waiting Area here</u>.
- Near Me training can be accessed on the National Virtual Consultation Service's website.
- Additional Near Me and video consultation skills educational materials can be found on these <u>TURAS pages</u>.
- A couple of practice "Near Me" calls with fellow educators are quick to conduct and increase confidence prior to teaching.

2.2 Planning checklist

An example checklist that provides an overall guide to plan your VOSCEs, can be found in <u>Appendix 2</u>.

Section 3: Student Preparation

Students participate in lectures and online learning activities on how to conduct safe and effective video consultations plus enhance their communication skills (Berlo, 1960), using resources selected from:

- Near Me training
- <u>Academic Department of Military General Practice and Primary Care 2020</u>
- <u>NES TURAS modules</u> on Near Me and Video Consultation Skills

Teaching resources created by the staff at NHS24 covering clinical decision making can be found on the Near Me website using the links below:

- Introduction to eOSCE slides
- <u>NHS 24 Advanced Practice Video Consultation Revision Theory Slides</u>
- <u>Video Consultation exemplar</u>

Section 4: The VOSCE

- Educators facilitate video consultation workshops for students prior to the VOSCE using practice Near Me calls with students as both Clinicians and Patients.
- These workshops use simulated reality-based scenarios, peer review and assessment marking grids to enable learning. <u>Please see Appendix 3</u>.
- Educators facilitate or direct peer review for students to participate in formative VOSCE assessments with feedback followed by summative VOSCE assessments.

Example of the VOSCE requirements for the student and examiner to cover:

- 1. History taking/communication skills
- 2. Interpretative short cases (vignettes) assessing critical thinking and decision making
- 3. Deliver focused clinical examinations on live volunteer subjects
- 4. Demonstrate simulated clinical consultations
- 5. Provide opportunities for case-based discussions
- 6. Interdisciplinary learning
- 7. Sharing relevant information to support scenarios, for example, images, serum blood results, video or audio applicable to the presentation
- 8. Electronic Record Keeping
- 9. Evidence of wider reading, e.g., articulate presentation, upload references
- 10. Technical and digital skills

Section 5: Recording

Consider recording the VOSCEs for moderation and external examination purposes, debrief, reflection, and student feedback. This can be achieved using additional screen recording software. We recommend <u>OBS Studio</u> and this should be considered along with:

- A consent process for participants.
- No patients are recorded.
- You have liaised with your local Information Governance Department to seek advice on where the recordings are stored, who has access to them and how/when are they disposed of. The national VC team can support you with technical set up and use of OBS if required and can be contacted at <u>vc.support@nhs.scot</u>

Section 6: Evaluation

- Educators provide various opportunities throughout the teaching, learning and assessment sessions for the student/staff to have a voice regarding the VOSCE, share feedback/feedforward and adapt plans as appropriate.
- Educators demonstrate the location of the assessment results and additional requirements for the student pre or post teaching, learning and assessment, for example, references, reasonable adjustments, or clinical consultation record.
- Educators create contingency plans should any challenges arise during the teaching, learning and assessments sessions, for example, access to internet, emergency contact, inhouse teaching, alternate assessors.
- Educators adhere to quality assurance guidelines by providing access to moderation of a sample of the VOSCEs either via live hosting or recordings.

Section 7: Appendices

Appendix 1 Useful Resources

- Near Me (2024) Public Information and Support Resources
- National Virtual Consultation Service (2024) About Near Me

Appendix 2: VOSCE planning checklist exemplar

Contact	Email	phone
Virtual Consultation (VC) Helpdesk	vc.support@nhs.scot	01224 816666
NES TURAS		
Near Me Team	nss.nearme@nhs.scot	
Own IT department		
Faculty contacts		
Student support services		
Resource	Contingency	Completed (date & by whom
Access to TURAS Education Resources	Contact NES	
Access to Near Me help	Contact VC helpdesk	
Apply for Near me Waiting Area	Apply to VC helpdesk	
Access to hardware: e.g., desktop, keyboard and screen or laptop, headphones, webcam, microphone	Mobile devices	
Access to software: e.g., google chrome; near me application	Contact VC helpdesk/ IT department	
Stable internet connection	Contact IT/mobile data access	
Suitable area: e.g. quiet area (room or closed surroundings); well-lit; plain background	Contact Estates/Room bookings/own home/office	
Evidenced-based and approved resources: lesson plan, exemplars, formative and summative assessments, peer review checklists, rubrics	Programme Team	
Workforce: e.g. staff to conduct OSCE, internal & external moderation	Programme Team	
Timetables : to conduct lesson plan and assessments	Programme Team	
Help guides: Facilitator and student help guides, including professional requirements, e.g. ID badge	Programme Team	
Contingency plans: e.g., emergency contact, mobile data	Programme Team	
Feedback/feedforward: e.g., survey to experience via QR code or weblink with plans to action and respond to results	Programme Team, SMS messages or sent paper copies by post or email	

Appendix 3: Peer review checklist exemplar

	Peer Review Checklist	Completed	Excluded	Not Applicable
	PART ONE: PROFESSIONALISM			
1	Provide Identification and Introductions			
2	Established acuity			
3	Chose relevant assessment.			
4	Evaluate Patient Capability and Consent.			
5	Implement Interpersonal Skills			
6	Enquired about Cultural Humility, Ideas Beliefs and Concerns			
	PART TWO: ASSESSMENT			
7	Presenting complaint			
8	History of presenting complaint			
9	Past medical history			
10	Enquires about all aspects of drug history			
11	Enquires about allergies			
12	Enquires about relevant family history			
13	Enquires about social history			
14	Enquires about relevant lifestyle factors			
	PART THREE: SYSTEMS ASSESSMENT			
15	Relevant system(s) assessed			
16	Specific questions asked			
17	Considers psychological impact			
18	Recognises presence or absence of red flag symptoms			
	PART FOUR: DIFFERENTIAL DIAGNOSIS			
19	Recognises presence or absence of red flags (physical, social, emotional)			
20	Provides differential diagnoses (ANPs only)			
	PART FIVE: CLINICAL DECISION MAKING			
20	Summarises, recaps, and justifies findings			
21	Rationalises decision relating to differential diagnoses			
	PART SIX: PATIENT EDUCATION			
22	Empowers patients and families to self-care with appropriate interim or final advice			
	PART SEVEN: SAFETY NETTING			
23	Confirms patient has understood decision			
24	Provides appropriate worsening advice pertaining to symptoms			
25	Completes documentation accurately in an SBAR format			
26	Any other performance feedback			

Section 8: References

- Harden, R.M. and, Gleeson, F.A. (1979) <u>Assessment of clinical competence using an objective structured clinical examination (OSCE)</u>. Medical Education. 13(1), pp.41-54 (accessed: 20 November 2024)
- Benner, P. (1984) 'From Novice to Expert, Excellence and Power in Clinical Nursing' New Jersey: Pearson
- Berlo, D. K. (1960) The process of communication. New York: Holt, Rinehart, and Winston.
- Brown, J. S., Collins, A. and Duguid, P. (1989) <u>Situated Cognition and the Culture of Learning</u>, *Educational Researcher*, 18(1), pp. 32–42 (accessed: 20 November 2024)
- NHS England (2020) <u>Advice on how to establish a remote 'total' triage model in general</u> <u>practice using online consultation</u> (accessed: 20 November 2024)