OSCE

The trepidation of facing two examiners for half an hour can divert attention away from the more familiar OSCE format, and consequently it’s easy to under prepare for a whole exam. The pass mark is based on a total overall score, so every mark counts. Books containing OSCE-station style questions and mark schemes (for example, The Objective Structured Clinical Examination in Anaesthesia (Mendonca, Balasubramanian) can highlight the marks that could be easily missed for not asking specific questions or making specific statements. Similarly, for procedure stations a stock phrase like ‘I’ll perform the procedure on a patient who was appropriately consented, with a trained assistant, and using an aseptic technique. The patient must have working IV access, be monitored using AAGBI standards, and adequate resuscitation facilities must be available’ can help scrape a few marks; possibly the difference between passing and failing, even for a trained assistant, and using an aseptic technique. The patient must have working IV access, be monitored using AAGBI standards, and adequate resuscitation facilities must be available! can help scrape a few marks; possibly the difference between passing and failing, even for a trained assistant, and using an aseptic technique. The patient must have working IV access, be monitored using AAGBI standards, and adequate resuscitation facilities must be available! can help scrape a few marks; possibly the difference between passing and failing, even for a trained assistant, and using an aseptic technique. The patient must have working IV access, be monitored using AAGBI standards, and adequate resuscitation facilities must be available!

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The day of the exam

It takes serious composure not to let the atmosphere get to you with candidates nervously cramming everywhere you look. No matter how bad it gets DO NOT LEAVE EARLY! A few poor stations in the OSCE, or an SOE not going well doesn’t automatically mean a fail. On our OSCE/ SOE day, a candidate left early thinking their OSCE had been a disaster when they had actually comfortably passed.

Afterwards

Take some holiday after each exam - whatever the outcome a lot of hard work will have gone into the sitting and a rest is deserved.

Drs Jonathan Fortune and Iain Walker

CT2, Northern School of Anaesthesia

Drs Chris Brownell and Donna Kelly

ST3, Northern School of Anaesthesia

THE 2014 MEMBERSHIP SURVEY WILL BE LAUNCHED THIS AUTUMN!

We last ran a survey in 2011: the results have been acted on to ensure the AAGBI delivers the services that meet your needs:

- Last time, 86% of you said that you wanted the AAGBI to provide on-line facilities to help support your revalidation CPD – we have created Learn@AAGBI, the new online learning and CPD zone.
- You told us you valued the AAGBI’s patient safety guidelines – we continue to update our guidelines and in September 2014 will be launching the new AAGBI Guidelines App.
- 84% of you had attended an AAGBI meeting; we have provided bigger and better conferences offering top quality education with record attendance figures at Annual Congress 2013 and WSM London 2014.
- 40% of you said you used Facebook – so we have developed the AAGBI Facebook page and we continue to grow our followers.
- 91% said that they thought the AAGBI membership offers value for money – we want to make sure that we are still continuing to do so...

It will be only take a few minutes to complete. Please take part and encourage all of your colleagues to do the same.

Tell us how we can do even better!