

Novelty this year are the most common mistakes made by students during the OSCE. These are divided into general and specific points. They should be taken with a pinch of salt, as they are based on a summary of comments made by various assistants in different groups.

General comments:

In my experience, a student's OSCE result is most influenced by 1) theoretical knowledge, 2) practical knowledge acquired during studies and internships, and 3) detailed preparation in line with the station's topic. Furthermore, it is worth not letting stress get the better of you during the station and trying to make the most of every minute to score points. It often happens that students recite the checklist from memory rather than actually performing the procedure. The new stations are going much worse than in previous years, most likely due to reliance on recalled stations from previous cohorts. Some stations are going brilliantly – examples include catheterisation and communication. This is because they were taught in a standardised manner and look exactly the same as during classes.

Specific comments:

1. 'Heart attack': Assuming that anyone with 'heart' pain is having a heart attack, failure to read the ECG.
2. 'Intubation': Gastric intubation and pretending to hear vesicular breath sounds. Administering medication and starting to prepare equipment (sometimes taking several minutes, causing oxygen saturation to drop). Some candidates are unable to assemble the laryngoscope. An uncritical approach to the damage caused, e.g. knocked-out teeth.
3. "Acidosis": order "insulin, potassium, rehydration". You won't pass this station this way. You must enter the names, doses and flow rates.
4. "Catheterisation" – the main problem is failure to observe sterility protocols.
5. "Thyroid" – lack of information on dose adjustments, follow-up tests, etc. Generally, students tend to receive fewer marks for hyperthyroidism than for hypothyroidism.
6. "Scabies" – sometimes a lack of knowledge of the drug name or hygiene guidelines.
7. 'Fungal infection' – often confused with scabies (most likely due to the small number of dermatology clinics). Mistakes in drug dosages do occur.
8. 'Ear' – some prescribe antibiotics.

9. “Blood glucose measurement” – there are still people who have never seen a glucometer and do not know how to measure blood sugar. Whether to disinfect or wash the patient’s finger is irrelevant.
10. ‘Migraine’ – blood pressure measurement! Names of medicines. Completely without a neurological examination. Without ruling out contraindications to triptans. Some students do not know how to prescribe triptans (timing of administration, etc.)
11. “Coeliac disease” – please learn the principles of diagnosing coeliac disease (immunology, genetics, gastroscopy) in children. Diet!
12. “Type 2 diabetes in children” – please learn the diagnostic criteria for diabetes, including type 2 in children. We distinguish between types, not “stages” of diabetes. Do not follow the stations from previous cohorts!
13. “UTI in children” – often without a physical examination.
14. “Vaccination” – please revise the indications and contraindications for live and inactivated vaccines.
15. Psychiatric stations – no questions on self- and allopsychic orientation.
16. The exam recall pool mentions the drug “ceftriaxone suspension” – this drug does not exist! Prescribed in the OSCE at least 5–8 times a year for the past 5 years 😊