

# TEP OSCE Station Assignment

## 10 minute station-2 minute feedback

### Case Vignette

Rob a 25 year old competitive squash player presents with worsening right hypothenar pain following a fall with the racquet in his hands 10 days previous. It has progressed and now he feels weakness and numbness and tingling into his 4<sup>th</sup> and 5<sup>th</sup> digits. He has been unable to play squash since the fall and is quite worried about an upcoming match. Please examine your patient and provide your diagnosis and recommendations to the patient.

### Case

Dx: fracture to hook of hamate

Ddx's to consider could include TFCC injury/tear, scapholunate sprain, pisiform fracture, contusion grade 2

Management: Recommend radiographs to rule out fracture. Ask them to name the views AP/LAT/OBL wrist views additional views could be carpal tunnel view, clenched fist

The patient has sustained a fracture to the hook of hamate and a subsequent compression and irritation of the ulnar nerve at Guyons canal. The most critical tests are direct palpation of the anatomy involved. Positive tests include palpation of the hook of hamate, compression or tinels of the ulnar nerve. Range of motion testing of the wrist is normal as well as palpation of the other carpals(lunate and scaphoid). Neurological testing is normal but finger flexion and adduction are weak due to pain.

This would be an exit level competency. It is important because it involves knowledge of anatomy, basic skills (history and palpation) being applied to an extremity. It also challenges the students ability to integrate information and make decisions regarding the need for radiographs.

The two minutes for feedback would highlight to the student why this station is important and why we chose to test them on it. (30 seconds). Then we would confirm the diagnosis and management for the station. This provides the opportunity to praise and reassure the students who were correct and provide feedback for those who were unsuccessful. The goal would be to identify where they went off track and have them reflect later how they could proceed differently next time. Some of this feedback would be hands on regarding the palpation to ensure each candidate left knowing the specific points to have palpated. The last 30 seconds would be to provide specific feedback regarding performance attributes such as palpation to light or too strong, generally to quick, rushed or just right. The goal would be to highlight something to improve on and something they did well. I believe our faculty would need to be

trained on providing succinct quality feedback in the time allotted since this is not a typical skill being applied.

Although this example is an exit level competency, a feedback component should be considered or at least piloted for midterm or entrance examinations in clinic at CMCC. I feel the time and financial resources required to provide feedback would be a valuable change in curricular focus. The resources required may relate to training personnel and increased personnel to get the same number of students through in the same amount of overall time. Simple pre-post surveys to faculty and students comparing those who were in a stream providing feedback and those which were not would be a great pilot research project at CMCC.

Submitted by

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Clinical Exercise

Interns develop OSCE stations for each other as practice prior to a clinical practical examination. They are required to develop the clinical vignette, the marking scheme and through running the station provide immediate feedback on their colleague's performance.