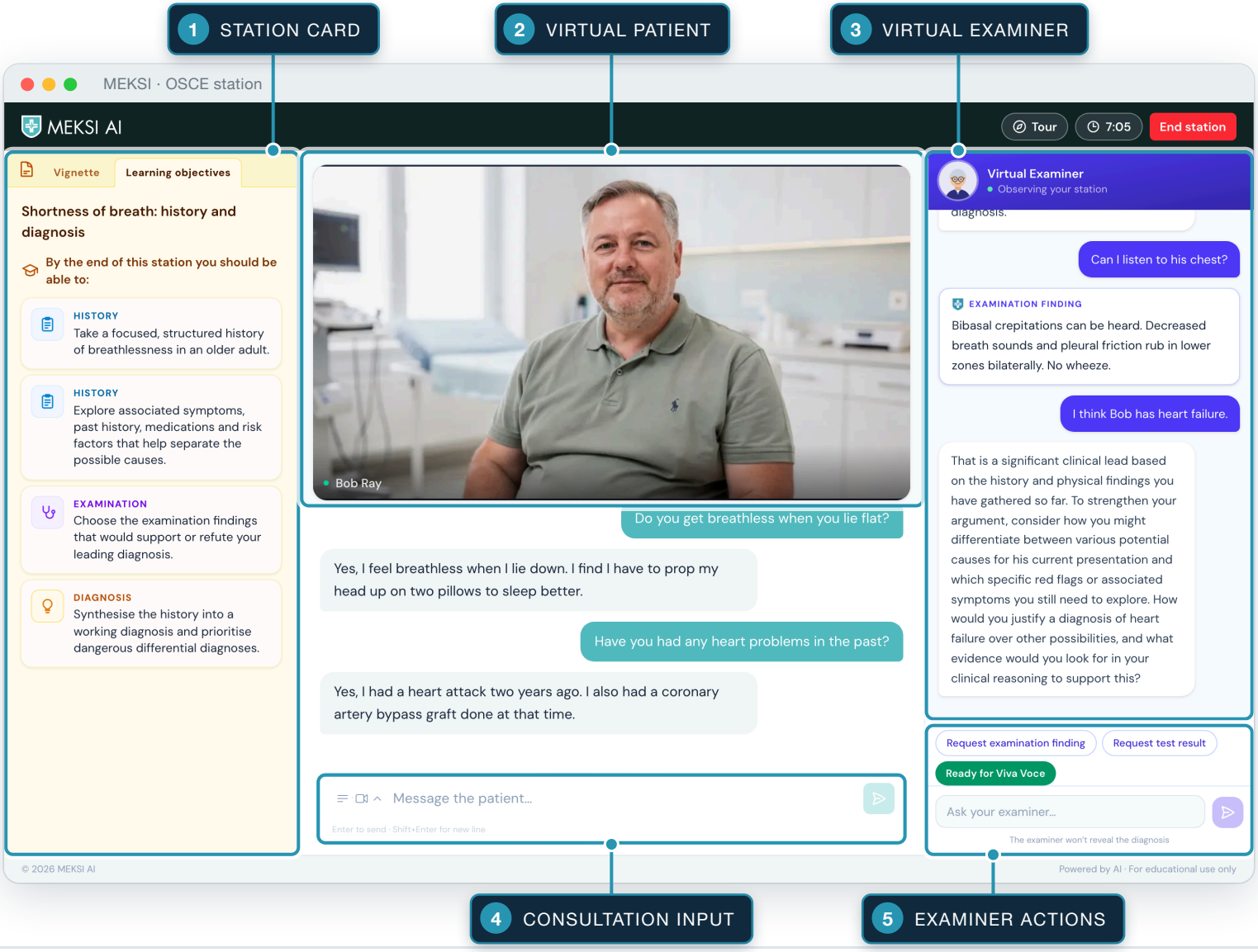
# Inside a MEKSI OSCE station

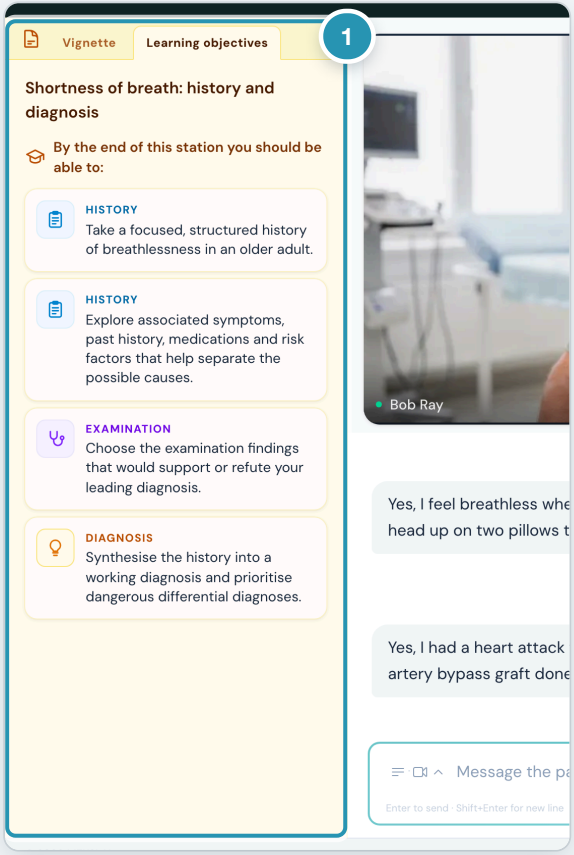
One live clinical encounter with **Bob Ray**, 65, who is short of breath. Five features turn every question, request and hypothesis into evidence of clinical reasoning.



# 01 Station card

WHERE IT IS

Left panel · Vignette and Learning objectives




WHY IT MATTERS

Sets the scene the way a real OSCE does: who the patient is, the setting, the time allowed and the tasks. It never hints at the diagnosis.

**A standardised challenge**

Every learner gets the same instructions, so performance can be compared fairly across a cohort.

**Learning objectives up front**

A second tab sets out what the station is designed to teach, from history-taking to prioritising dangerous differentials.

**Independent prioritisation**

Learners decide for themselves what matters, recognise risk early and plan a focused consultation.

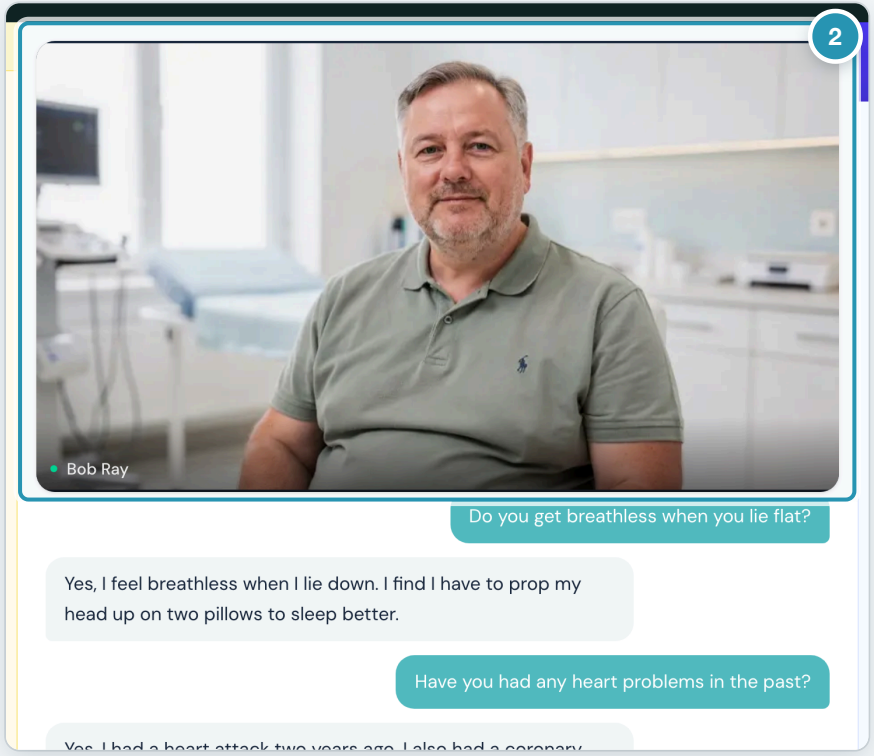
FOR EDUCATORS AND RESEARCHERS

*How does the way a task is framed shape the relevance, order and safety of a learner's clinical decisions?*

# 02 Virtual patient: Bob Ray

WHERE IT IS

Centre · patient video and conversation




WHY IT MATTERS

Learners don't read a history; they take one. Bob answers in his own words, on video, in a voice or in text, so learners have to find the information themselves.

**Active data gathering**
Learners choose their questions, draw out pertinent positives and negatives and follow up on what emerges.

**Diagnostic discrimination**
Questions can test competing explanations, such as cardiac, respiratory and other causes of breathlessness.

**Iterative reasoning**
Each answer feeds hypothesis generation, targeted questioning and continuous re-evaluation.

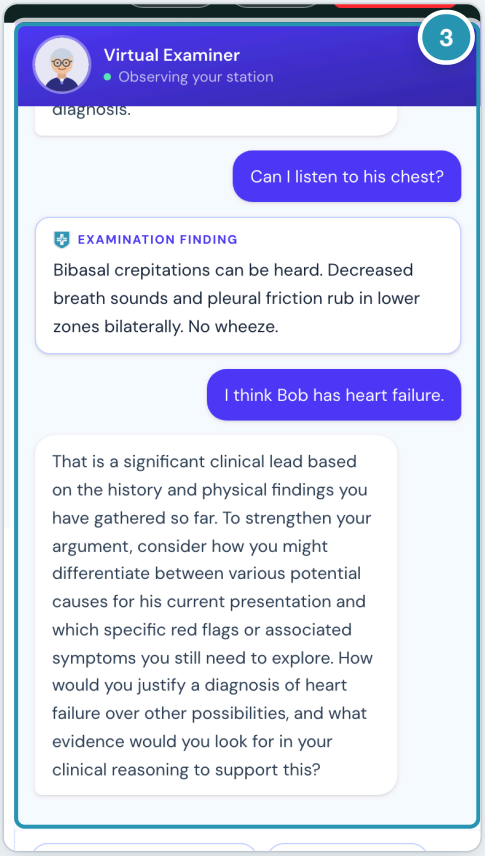
FOR EDUCATORS AND RESEARCHERS

*Which patterns of enquiry lead to more complete and clinically relevant information gathering?*

# 03 Virtual Examiner

WHERE IT IS

Right panel · always beside the station




WHY IT MATTERS

An examiner sits beside every station. Learners can ask for observations, examination findings and test results, or talk through their thinking, but the examiner won't reveal the diagnosis.

**Process, not just the answer**

A correct diagnosis doesn't show whether the alternatives, the risks or the evidence were weighed. The examiner asks about them.

**Natural viva questioning**

Open prompts such as “How would you justify that over other possibilities?” draw out reasoning without giving it away.

**Findings on request**

Examination findings and results appear only when the learner asks for them, so every request is a visible decision.

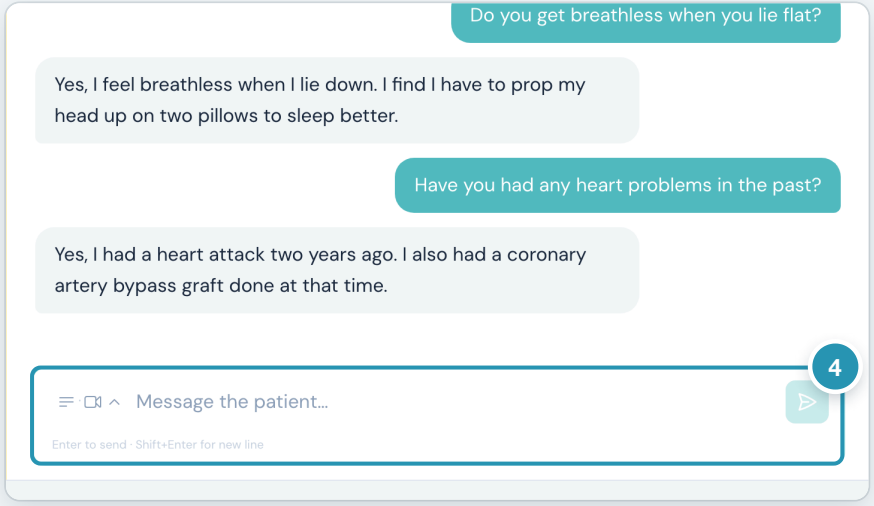
FOR EDUCATORS AND RESEARCHERS

*Does targeted examiner questioning surface reasoning that the consultation alone would not show?*

# 04 Consultation input

WHERE IT IS

Centre · the learner's message box




WHY IT MATTERS

Where the learner talks to the patient. They can type or speak, and switch between video, voice and text replies at any time from the mode control.

**An observable consultation**

The wording and order of questions leave a clear trace of what the learner chose to explore.

**Communication and relevance**

Educators can review clarity, specificity and whether the safety-critical questions were asked.

**Feedback on omissions**

Every recorded encounter supports case-specific feedback on missed red flags and discriminating history.

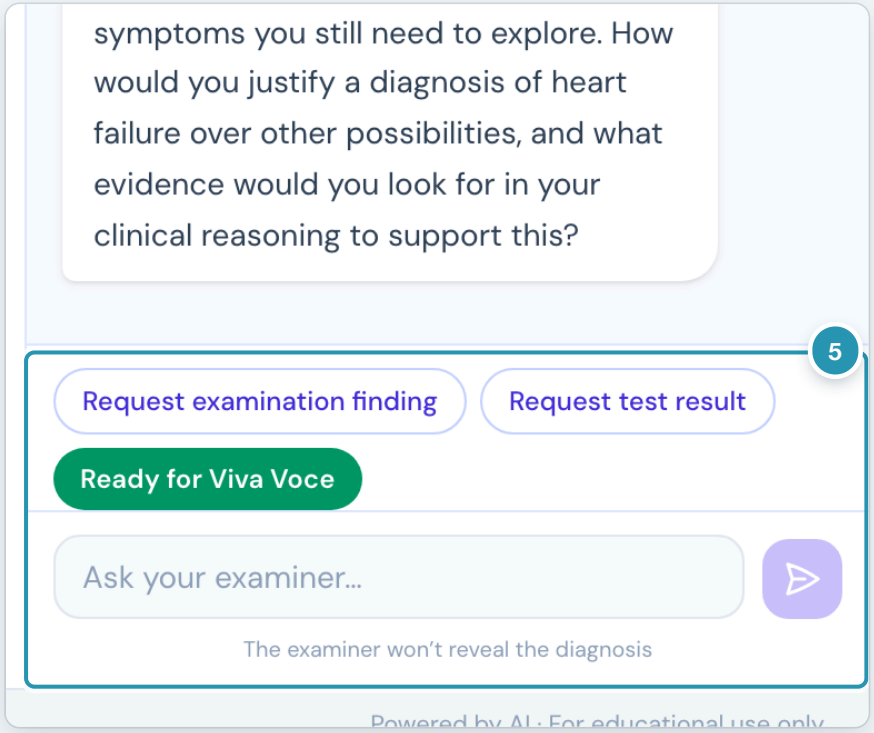
FOR EDUCATORS AND RESEARCHERS

*A transcript shows what a learner said, not everything they thought. How far can it be read as evidence of reasoning?*

# 05 Examiner actions

WHERE IT IS

Right panel · findings, results and the Viva Voce




WHY IT MATTERS

One-tap requests for an examination finding or a test result, a direct line to the examiner, and the Viva Voce that closes the station.

**Decision points made visible**

Each request for an examination or investigation can be judged on its relevance, timing and patient safety.

**Integration of evidence**

What the learner does next shows whether new findings confirm, revise or overturn their hypotheses.

**An adaptive Viva Voce**

The closing viva probes what the learner left out and follows up partial answers, then hands over to the station scorecard.

FOR EDUCATORS AND RESEARCHERS

*Can linking requests, interpretations and later decisions produce more useful formative feedback?*