



Fifteen minutes with... An OSCE actress

Heather Batten is a senior research executive with Condé Nast Publications and a drama student at the Poor School in London. In the November obstetrics and gynaecology objective structured clinical examinations (OSCEs) she played the part of a 30 year old with an abnormal smear and a pregnant 25 year old whose membranes have ruptured at 22 weeks.



What acting have you done before?

I have been in several plays at university and drama school as well as a Bollywood music video and a DVD for i-to-i travel company. The closest thing I've done to the OSCEs, however, is improvisations—they are similar because you don't know what the doctors are going to say or the approach they will take.

How were you selected?

Representatives from the exam board of the Royal College of Obstetricians and Gynaecologists come to the school each year and recruit 30 female drama students. The Poor School is popular for this kind of thing as it produces naturalistic actors, which I think is important for OSCE scenarios.

What training and preparation did you get?

The director of the school gave us a briefing before we went, and I talked to girls who had done it in previous years. On the day, an examiner explained what would happen and gave out sheets explaining the procedure and each actress's role. At my designated station the consultant went through the scenario with me and I asked anything I was unsure about. I was told that consistency in emotion was important so if I cried in one I had to cry in all the exams.

What was the most effective approach used?

It felt most natural to open up with the examinees who were smiling and sympathetic and who appeared to be following a method they had already prepared. Those with confidence in themselves instilled confidence in me. The use of diagrams helped me visualise what was happening and where, which was useful as it took the mystery out of terms such as dyskariosis. Simple explanations were best—for example, using the words

“baby” or “fetus” was much more effective than saying “the product of pregnancy.” Describing all the options fully and being asked if I had any questions also made a big difference. Statistics (for example, there is a 50% chance of ...) were helpful but only if the correct figures were used. Giving leaflets and offering counselling was a good way to end.

Any tips for candidates on getting out of situations where they seem to be digging themselves a huge hole?

As with all exams, some people were nervous. In many cases it was obvious that examinees' behaviour would be different in real life and holes were being dug because exam nerves were getting the better of them. Up to a point all situations were redeemable, although once some examinees lost their thread they found it difficult to get their confidence back. I would suggest that if you can sense the acting patient is not happy with the situation then you should ask: “Is there anything I've said that is confusing or not clear or that you want explained again?” Another tip is to have a mental checklist of questions prepared and if you find yourself in an awkward situation, go back to where you left off in the list.

Did your knowledge of psychology help you?

My psychology background helps me with my acting to a certain extent as it gives me an insight into people's thought processes. With the OSCEs I think it was most useful to draw on how I have felt as a patient—my fears, how much I trusted the doctor, the level of intimidation I felt, and so on. In the exam many of my responses actually depended on how the doctor came across to me.

Did you influence the final mark?

I was not asked whether I thought examinees should pass or fail the station, but the examining consultant could tell if I was comfortable or whether I was getting annoyed or angry. At the end I was often asked how the candidate made me feel.

When will you be swapping OSCEs for Oscars?

I finish my training in 2007. In an ideal world I would get some television work first but eventually I would love to do theatre or film.

So may we see you on *Casualty* or *Holby City*?

I'm not really a huge fan of those shows as my housemate used to put them on when we were having dinner and the blood and guts always put me off my spaghetti bolognaise. Having said that, I would find it hard to say no to a part in either of them. I would prefer to do period dramas, but at this point I wouldn't rule anything out (within reason). ■

Sabreena Malik locum senior house officer and medical journalist
 Leeds
 sabreenamalik@doctors.org.uk