

## Example FFICM OSCE questions.

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The first round of the new FFICM OSCE examination will be held in March 2013. This article aims to provide potential candidates and other interested parties with a better idea of what to expect.

The mechanics of the exam are clear. Each round consists of thirteen stations. Each station lasts for seven minutes. Candidates have one minute to move between stations and a short briefing note is displayed outside each station.

As is standard for the OSCE format, at each station, the candidate is expected to answer questions based on the interpretation of history, examination findings, data from biochemical, haematological and other widely used tests as well as imaging. What is new (compared to the DICM) is that certain stations will test practical skills and communication skills. Professionalism will also be marked. All questions are drawn directly from the syllabus.

The following are three examples of typical FFICM OSCE questions.

### *Question One*

This question tests the candidates' management of pelvic trauma.

The information outside the cubicle states:

You will be asked about the initial management a severely injured patient. You will be required to interpret X rays and blood tests.

The station starts with the candidate being given the following history:

A 42-year-old pedestrian was hit by a van. On arrival to hospital his Glasgow Coma Score is 12/15, respiratory rate 11 breaths/min, oxygen saturation 99% on a simple face mask with an oxygen flow of 4 litres/min. His blood pressure is 98/44mmHg with a pulse rate of 114 beats/min.

He has a contusion on the right side of his head. His pupils are both 3 mm diameter and react to light. On primary survey he groans and grimaces on lateral compression of his iliac crests and flexion of his right hip. There is blood at his urethral meatus. There are no other findings of note.

The candidate is then asked the following questions:

- 1) What is your immediate management after the primary survey?**
- 2) What does this chest X-ray show?**

- 3) What does this pelvic X-ray show?**
- 4) What would be the initial investigation and management of his pelvis after resuscitation?**
- 5) 24 hours later the patient is on ICU and has a respiratory rate of 28 breaths/min and receiving 60% oxygen via a high flow system. What do these blood gases show?**
- 6) What does this chest X ray show?**
- 7) What are the possible causes of these abnormalities?**
- 8) What are the longer-term risks from his fractured pelvis and hip?**

This type of question is similar to a 'short case' in the old DICM, the three five-minute questions that followed a fifteen-minute clinical question. This type of question will form the bulk of the new FFICM OSCE examination.

The new FFICM OSCE examination will also feature stations that require candidates to demonstrate practical skills and communications skills. The following two questions are typical examples.

#### *Question Two*

This question tests the assessment and management of a symptomatic severe bradycardia due to complete heart block in the context of an acute inferior myocardial infarction.

The information outside the cubicle states:

You have been called to the coronary care unit to assess a 56-year-old man who was admitted 12 hours earlier with an acute myocardial infarction. You have been called because his level of consciousness has dropped acutely.

The candidate is given the following instructions:

- 1) Describe to me how you would you assess this patient.**
- 2) Tell me what this ECG shows.**
- 3) Tell me what treatment options are available.**
- 4) Tell me how would you decide which treatment option to use.**
- 5) "I am now going to ask you to institute temporary transcutaneous pacing, using the manikin as your patient. The pacemaker will be connected and operated by a trained assistant, according to your instructions. Please explain what you are doing to the patient as you**

**proceed. Remember that your patient has a blood pressure of 75/40 mmHg and is conscious but drowsy.”**

Note that for safety reasons, the pacer/defibrillator is operated by a technician.

### *Question three*

The aim of this question is to allow the candidate to demonstrate his or her ability to communicate effectively with the spouse of a patient who is due to have a tracheostomy.

The information outside the cubicle states:

A 67 year old woman remains intubated and ventilated, having been admitted 10 days ago with multi-organ failure due to acute pancreatitis.

She is currently stable, but has ongoing respiratory failure due to acute lung injury (FiO<sub>2</sub> 0.45, PaO<sub>2</sub> 10.3kPa) and low pulmonary compliance.

A plan has been made to perform a percutaneous tracheostomy later today. You have been asked to talk with her husband. He will ask you a number of questions.

An actor will ask the following questions:

- 1) Why does my wife need a tracheostomy?**
- 2) I'm not sure what a tracheostomy is...**
- 3) Please explain how you are going to do this.**
- 4) Will she be able to speak afterwards?**
- 5) Are there any particular risks?**
- 6) What are the benefits?**
- 7) Does having a tracheostomy really make a difference?**

### *Summary*

In summary, the FFICM OSCE questions are a development of the DICM short cases. These three examples are typical of the questions that are currently being written. The clinical material was submitted by a large number of practicing UK intensive care consultants. Each station is marked objectively, using a matrix of expected answers.

The OSCE is intended to allow candidates to demonstrate the knowledge and skills required for the safe and sound practice of intensive care medicine. All

questions are drawn from the syllabus. More information will be made available through the FICM website, the FICM journal (*Critical Eye*) as well as at FICM and ICS meetings.