

**Bangladesh Society of Medicine**  
**BSMCON 2022**

**IOE**

# FCPS Part-II Examination

**Written**

**Clinical**

**OSPE**

~~**Oral**~~

**Long &  
Short Cases**

**IOE**

বিগত ০৯/০৯/২০১৭ খ্রিঃ তারিখে অনুষ্ঠিত কলেজের ১৬৮তম কাউন্সিলের মূলতবী সভায় কলেজের ফেলোশীপ ও মেম্বারশীপ পরীক্ষা পদ্ধতি সংস্কারের নিমিত্ত গৃহীত সিদ্ধান্তসমূহ নিম্নরূপঃ

মৌখিক (VIVA) পরীক্ষাঃ

- বর্তমানে প্রচলিত মৌখিক (VIVA) পরীক্ষার পরিবর্তে OSPE পরীক্ষায় ৫টি Structured VIVA-এর আদলে ০৫টি Interactive station যোগ হবে। মোট Station-এর সংখ্যা হবে ১৫টি।

**Still there is Oral Examination  
Only format of Oral examination/ Viva has been changed**

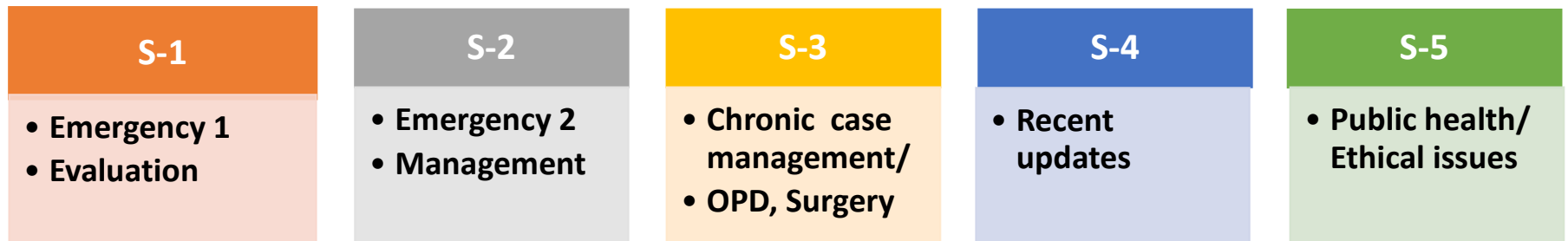
Viva voce/ Oral examination/Table viva/Viva

**TOE**

**SOE**

**IOE**

# The Basic Format



**Bangladesh Society of Medicine (BSM)  
Interactive Oral Examination (IOE)  
For FCPS Part-II trainee**

Medicine	Chronic case
<b>Station Number – 01</b>	Examinee Code No.

**Scenario: Scenario: A 34-year-old woman presented with H/O recurrent severe abdominal pain usually on empty stomach for the last 2 years along with vomiting. On examination she had loss of all jerks and there was foot drop.**

**He presented urine samples taken on different time on request of her physician. Study them carefully**

**Time: 05 Minutes**

**Urine samples left one after exposure to sun.**



**Question 1: What clinical diagnosis is in your mind?**

**Expected answer:** Acute Intermittent Porphyrin.

**Question 2. What is the mode of inheritance of this disorder?**

**Expected answer:** Autosomal dominant

**Question 3. Parents are not suffering from any such illness. How can you explain?**

**Expected answer:** Low penetrance.

**Question 4. What tests you want to do with this urine sample?**

**Expected answer:** Urine RE/ME/ Dipstick test and urine for porphobilinogen/PBG

**Question 5. The patient developed convulsion. Mention one biochemical test to be done.**

**Expected answer:** Serum electrolytes

**Question 6. Mention 3 drug you should not use for convulsion.**

**Expected answer:** Barbiturates, carbamazepine and phenytoin

**THANK YOU**

**Bangladesh Society of Medicine (BSM)  
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Medicine	Emergency Evaluation
<b>Station Number – 02</b>	Examinee Code No.

**Scenario:** A 60-year-old non-diabetic man weighing 84 Kg presents in the emergency department at night with bouts of cough, and severe breathlessness since evening. She is not febrile and there is frothy sputum coming out of mouth. He quit smoking about one year back when he was labeled as hypertensive but used to take antihypertensive irregularly.

Time: 05 Minutes



## Question 1: What do you want to know from examining the patient?

### Expected answer:

Student's response	Marks allotted	Examiner's response
Pulse	(0.25)	115/minute, regular
Blood pressure	(0.25)	180/110 mmHg
Respiration/RR	(0.25)	28/minute
Anemia		+
Cyanosis	(0.25)	+
JVP	(0.25)	Elevated
Leg edema	(0.25)	No
Decubitus/relationship with posture	(0.25)	Propped up/ orthopnea
Liver	(0.25)	Could not be palpable
Lung findings	(0.5)	Widespread Crepitations and Rhonchi on both lung fields
CV system		
Apex/palpation	(0.25)	Apex is not displaced/ nothing significant
Auscultation	(0.25)	Gallop rhythm / pan systolic murmur in mitral area

This sheet will be with the examiner

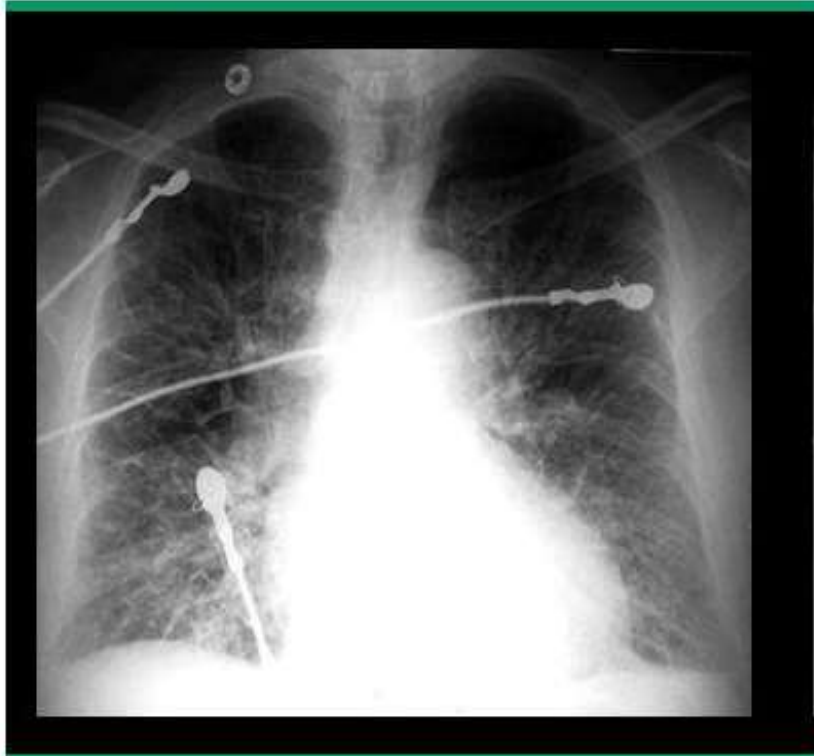
**Question 2: What urgent investigations you want to do ?**

**Expected answer:**

X-ray chest	(0.25)	Cardiomegaly with increased Broncho vascular markings <b>Displayed</b>
ECG	(0.25)	LVH with strain, prolonged QT interval <b>Displayed</b>
Echocardiography	(0.25)	Enlarged cardiac size, Regional wall motion abnormality, Grad I MR, EF 50% [HFpEF]
ProBNP/ NT-proBNP	(0.5)	Thrice the normal range
Trop I and/ or CPK	(0.25)	Normal
Pulse oximetry/ABG analysis	(0.25)	SaO2 88%/ Type I Respiratory failure
CBC		Hb 11% ; normal
RFT/ Urea Creatinine		S Creatinine 1.65

**This sheet will be with the examiner**

## Pulmonary edema

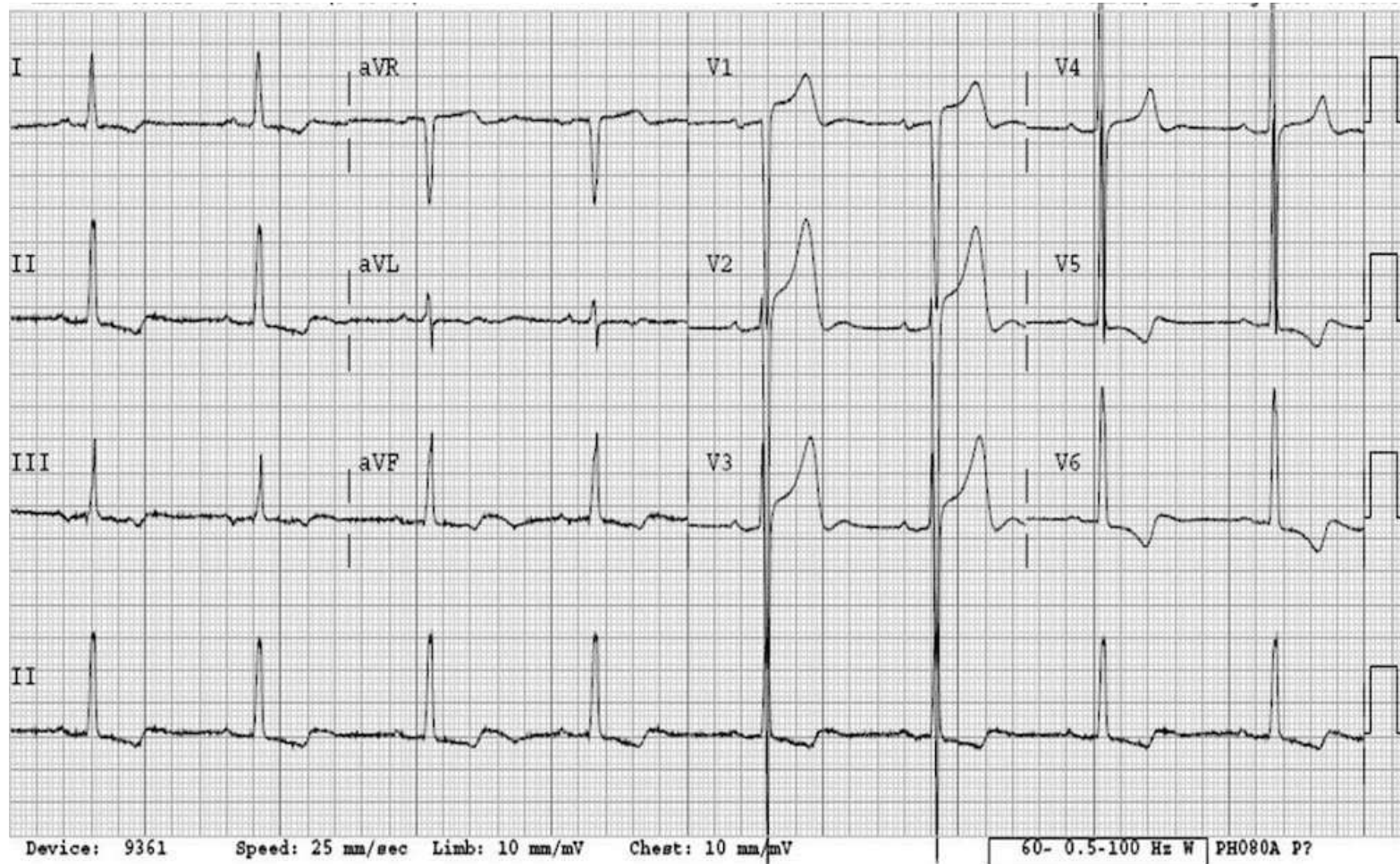


This plain frontal chest radiograph of a 55-year-old male with known coronary artery disease demonstrates characteristic radiographic features of heart failure with interstitial pulmonary edema, bilateral perihilar alveolar edema producing a characteristic butterfly pattern and bilateral pleural effusions.

*Photo courtesy of Jonathan Kruskal, MD.*

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# ECG



**Question 3: Tell me what is your diagnosis?**

**Expected answer:** Acute LVF / acute decompensated heart failure.

**Question 4. How can you therapeutically establish the diagnosis?**

**Expected answer:** Improvement after giving IV furosemide/ Lasix

**THANK YOU**

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Medicine	Recent update
<b>Station Number – 03</b>	Examinee Code No.

**Scenario:** A 30-year-old woman has been diagnosed as multiple sclerosis. Recently she has been witnessing worsening of her neurological symptoms since last 2 days.

Time: 05 Minutes

**Question 1: Tell me the standard treatment for her.**

**Expected answer:** High-dose steroid/ IV methylprednisolone

**Question 2: What is the next option if the patient doesn't respond?**

**Expected answer:** Plasmapheresis

**Question 3: What are the treatment options for the prevention of relapse?**

**Expected answer:** Inj interferon beta, Glatiramer acetate, ocrelizumab, Alemtuzumab, natalizumab, fingolimod, dimethyl fumarate, teriflunomide, mitoxantrone

**THANK YOU**

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Medicine	Recent update
<b>Station Number – 04</b>	Examinee Code No.

**Scenario:** A 65-year-old obese man with uncontrolled long-term diabetes presents with 3 days fever and cough. RT-PCR for Covid 19 is positive. He is not breathless, SPO<sub>2</sub>, 96%, Blood pressure 160/100mm Hg with Amlodipine 10 mg daily, taking Insulin irregularly. He is also taking clopidogrel, atorvastatin, and omeprazole.

Time: 05 Minutes

**Question 1: Name 3 (three) ant-viral medications that will be suitable for him.**

**Expected answer:** Paxlovid (Nirmatrelvir+ritonavir); Sotrovimab (monoclonal antibody); Remdesivir.

**Question 2: Which one you will prefer?/ Amongst the three which one has been shown highest efficacy against SARS-CoV-2 in clinical trial?**

**Expected answer:** Paxlovid (Nirmatrelvir + ritonavir)

**Question 3: What is the composition of paxlovid and what is the mode of action of the individual constituents?**

**Expected answer:** (Nirmatrelvir + ritonavir). Nirmatrelvir

Inhibits SARS-CoV-2 protein to stop the virus from replicating; ritonavir slows down the nirmatrelvir's breakdown to help it remain in the body for a longer period at higher concentration.

**Question 4. Name the drugs which have to be stopped if paxlovid is used.**

**Expected answer:** clopidogrel, atorvastatin, and amlodipine.

**THANK YOU**



**Bangladesh Society of Medicine (BSM)  
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Medicine	Ethical issues
<b>Station Number – 05</b>	Examinee Code No.

**Scenario:** A 70-year-old gentle man with DM, HTN and COPD with type 2 respiratory failure on domiciliary oxygen therapy was admitted to the hospital with pneumonia. He has progressive dementia and difficulty in carrying out his usual activities. His neurological evaluation revealed no reversible cause. Due to deteriorating condition he needs mechanical ventilation. His son states that during his last hospitalization he requested DNR and told him (while he was well) not to put on life support machine. So he denied ventilator support. His brother and wife unable to confirm the fact, and requested active treatment.

An emergency meeting was arranged to discuss the matter among the unit doctors. After case presentation, you seek opinion from others.

**Time:** 05 Minutes

**Question 01:** One of your colleague said that according to principles of ethics, the patient should not put on ventilation. What are the principles of ethics that support his statement?

**Expected answer:** Respect for autonomy (2)

Non- maleficence (1)

**Question 02:** How non-maleficence applied here?

**Expected answer:** It may prolong patient's suffering. (1)

**Question 03:** Another colleague argued to go on with ventilation. What principle he is referring to?

**Expected answer:** Beneficence (1)

**Question 04:** How this principle applied here?

**Expected answer:** Pneumonia is a reversible infection and patient's real preference is uncertain/ Intention of doing good for the patient (0.5x2)

**Question 05:** How will you resolve these ethical conflicts?

**Expected answer:** By through discussion with colleagues and patient's family. (1)

- Discuss different course of action suggested and explain the reasons for and against each course of action to the patient's family, and if one of them is patient's legal surrogate/wife help him/her to make a final choice. (1)

**Question 06:** After thorough discussion, family members requested you (treating physician) to make the final choice. What will you do?

**Expected answer:** Institute all possible care/ not to ventilate the patient but continue basic medical and nursing care in the ward to optimize patient's comfort. (2)

Or,

Ventilate the patient till pneumonia resolves (2)

**(Note for examiner:** As both the answers are correct ethically, any of above decision taken by the examinee will be regarded as correct)

**THANK YOU**

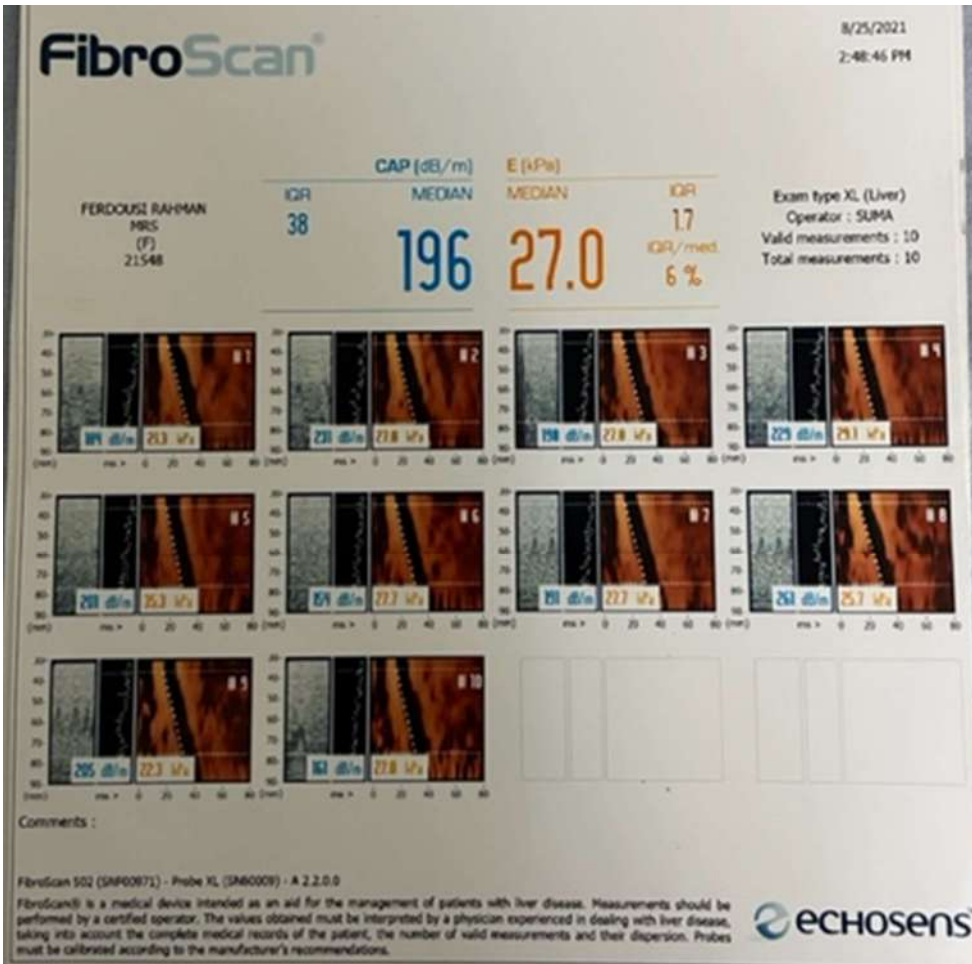
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Medicine	Recent update
Station Number – 06	Examinee Code No.

**Scenario:** A 53-year-old woman known type 2 diabetes with hypertriglyceridemia for 10 years presented with the displayed report for consultation with her physician.

**Time:** 05 Minutes

Please study the images



**Co-relation between Liver Stiffness (kPa) and Fibrosis stage**

Executive, Fibro Scan  
LSH ID # 1517310  
Date:..... Time:.....

DISEASE	F0 - F1	F2	F3	F4
Chronic Hepatitis B*	1 - 7.4	7.4 - 9.5	9.5 - 12.5	12.5 - 75
HCV-HIV Co-infection*	1 - 7	7 - 11.4	11.4 - 14	14 - 75
Primary Biliary Cholangitis	1 - 8.8	8.8 - 10.7	10.7 - 16.8	16.8 - 75
Chronic Hepatitis-C*	1 - 7	7 - 9.5	9.5 - 12.6	12.6 - 75
Autoimmune Hepatitis	1 - 5.8	5.8 - 10.5	10.5 - 16	16 - 75
NAFLD**	1 - 7.8	7.8 - 8.8	8.8 - 11.6	11.6 - 75
Alcohol***	1 - 7.5	7.5 - 9.6	9.6 - 12.6	12.6 - 75

Interpretation of Liver Stiffness Measurement & CAP  
F0 = no fibrosis; F1 = portal fibrosis without septa; F2 = portal fibrosis with few septa; F3 = numerous septa without cirrhosis; F4 = cirrhosis

**Liver Steatosis Assesment by FibroScan**

Diseases	CAP in dB/M							
	CAP (dB/M)/Liver Histology-determined steatosis							
Chronic Hepatitis C	~224	S0 = 0 - 4%	224 - 237	S1 = 5 - 33%	237 - 294	S2 = 34-66%	294 - 400	S = 67-100%
NAFLD/NASH	~235	S0 = 0 - 4%	235 - 268	S1 = 5 - 33%	268 - 302	S2 = 34-66%	302 - 400	S3 = 67-100%
Chronic Hepatitis B	~223	S0 = 0 - 10%	223 - 247	S1 = 11 - 33%	247 - 286	S2 = 34-66%	286 - 400	S3 = 67-100%
Meta-analysis	~248	S0 = 0-4/10%	248 - 268	S1 = 5/11-33%	268 - 280	S2 = 34-66%	280 - 400	S3 = 67-100%

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**Question 1: Name the investigation/ identify the image.**

**Expected answer:** Hepatic fibroscan/ hepatic elastogram

**Question 2:** Mention 5(five) other investigations report needed to interpretation of this report.

**Expected answer:** HBsAg, Anti-HCV, Anti-HIV (1+2), ANA, Anti-smooth muscle antibody (ASMA), Anti-mitochondrial antibody (AMA)

**Question 3:** Mention 3(three) conditions which might interfere the investigation procedure/relative contraindication of the investigation procedure.

**Expected answer:** Ascites, Right sided pleural effusion and Jaundice.

**Thank You/ Do You have anything else to say?**

If it is observed that the examinee's answer that is not in the checklist but the examiner thinks that it is relevant, pertinent and justified, then a **maximum of 2 such answers** in **each segment** can be replaced by any answer. BUT if all the answers in the checklist have been entertained by the examinee then there will be NO scope for such replacement. In the case of replacement the examiner should note the replacing answer down on the checklist

Thank you

**Do you have anything to say?**

Thanks may be given in each segment