The SCE in Geriatric Medicine – Nothing to fear?

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Aim of this session

- Demystify the SCE

- Understand the anatomy of a question

- Answer some trial questions

- Try writing some

Go to www.slido.com and enter the code

- Introductory poll:
- What is the most important superpower that a Med Reg needs?

    A. Mind control of the surgical reg
    B. Telepathy with the on-call consultant
    C. Time Lord regeneration
    D. Being a Jedi Master
    E. No need for sleep/food/water for 12h

Conflict of interest declaration

Disclaimer

- I only write questions!
- I can't comment on
  - Cost
  - Process

- The SCE is not
  - A device to get as much money out of you as possible
  - An attempt to prevent trainees' progression

Why have an SCE?

- According to MRCP(UK)
  - ensure that certified specialists have <u>sufficient knowledge</u> of their specialty to practice safely and competently as consultants

  - <u>complement</u> workplace-based assessments

  - provide a rigorous national assessment to establish <u>public confidence</u>

  - offer a challenge similar to sub-specialty certification examination in <u>North America</u>

What is the SCE?

- An assessment to test knowledge of the Geriatric Medicine curriculum (JRCPTB)

- Conducted across (nearly) all medical specialities

- Essential in progressing through HST

    monitored at ARCP

    1st attempt by ST5, completed at CCT

What is the SCE?

- Initial pilot 2006

- Run annually since 2007

- Question Writing Groups
  - Submit new items
  - Review old ones

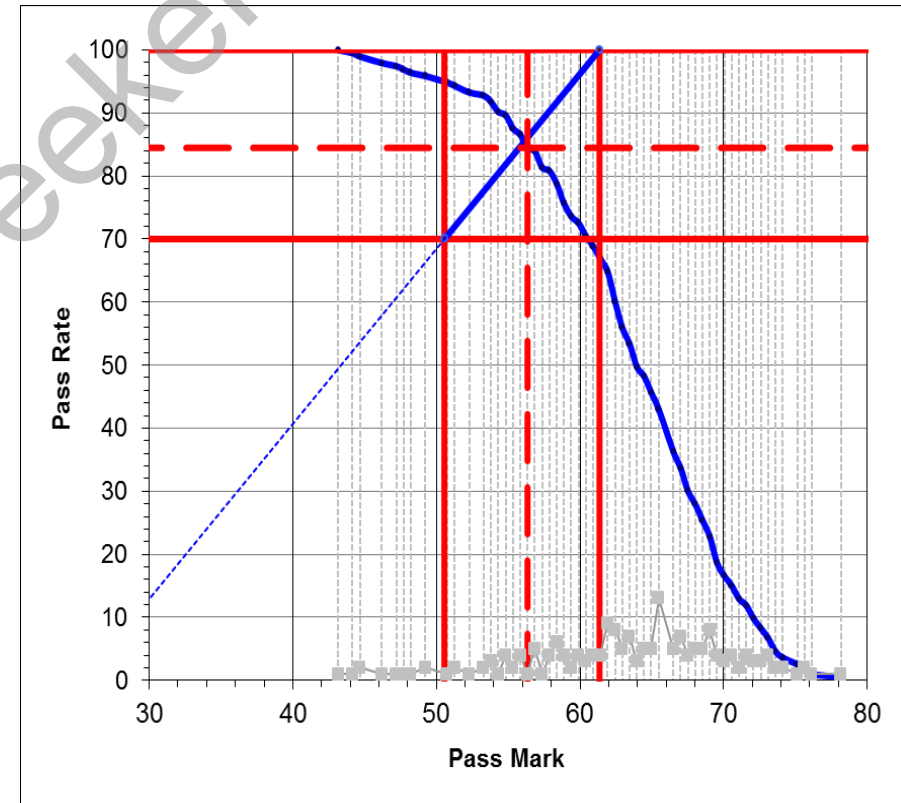- Standard Setting Group

- Exam Board

DRAGONS' DEN

SCE 2018

- Sat by 231 candidates
  - 193 UK trainees

- Overall pass rate **76.2%**

- Pass rate for UK trainees **84.5%**

- 101 new items, 99 previously used

What's the pass mark?

- Criterion referenced marking

- Modified Anghoff technique
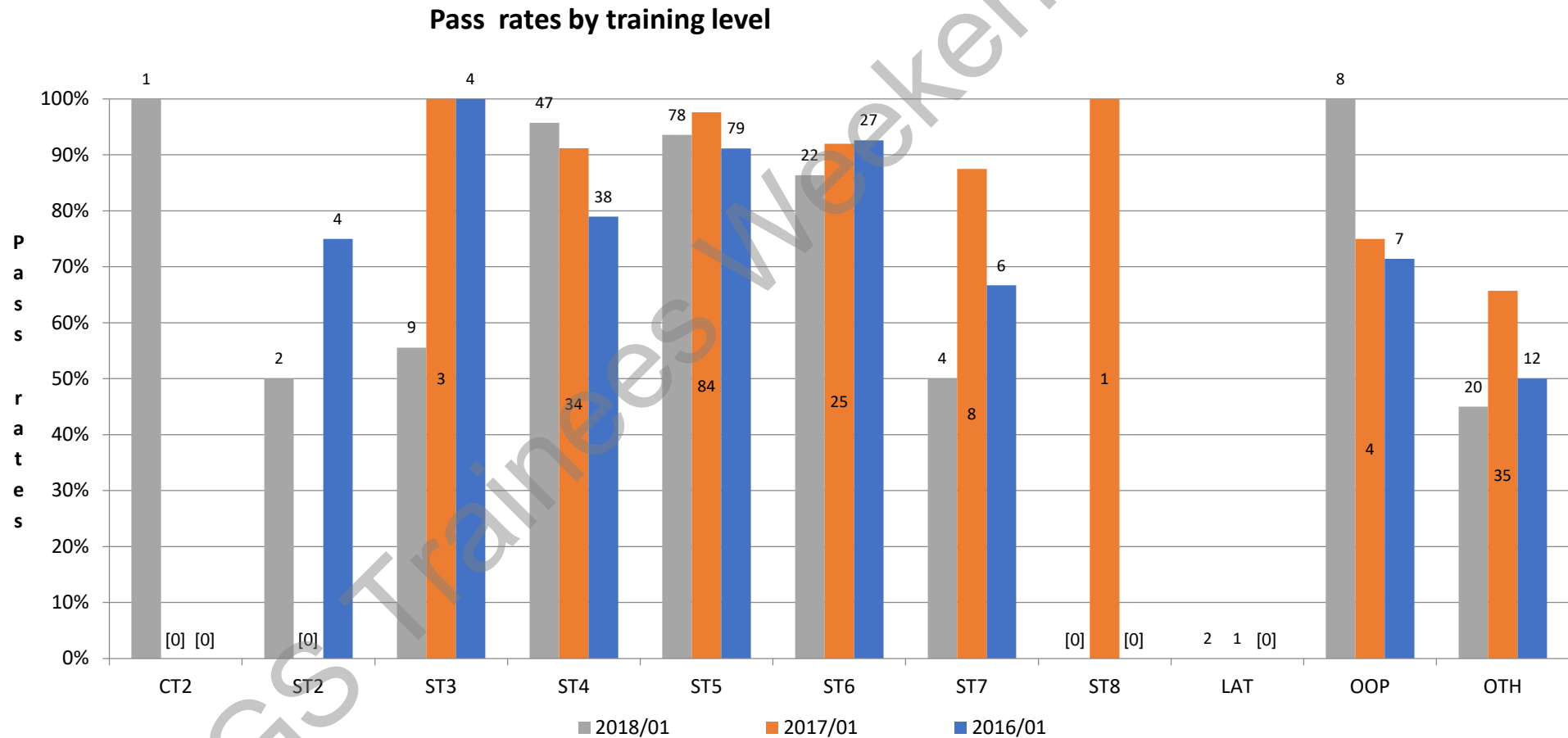
- Hofstee compromise method

In 2018 the pass mark was

56.4%

- 57% 2017, 58% 2016, 59% 2015, 60% 2014, 57% 2013

When should you take it?

Pass rates by training level

How is the exam structured?

- Two papers

- Each 3 hours

- 100 questions per paper

- 108 seconds per question

- Multiple choice 'best of five' format (more later)

- Pearson Vue test centres across the UK

What is tested?

- Anything which is covered by the curriculum for Geriatric Medicine
  - As published by JRCPTB
  - This includes basic science related to Geriatric Medicine and gerontology
- Lots of crossover with General Medicine/MRCP part 2 written type questions
  - <u>Recently</u>, greater emphasis on Geriatrics than GIM
  - eg dementia, delirium, falls, bones, community, perioperative care, continence, stroke etc

Exam blueprint

- Acute illness   29
- Basic science and gerontology   6
- Chronic disease and disability   33
- Dementia and delirium   20
- Continence   10
- Falls/poor mobility   16
- Geriatric assessment   8
- Surgical liaison   3
- Intermediate and long-term care   9
- Nutrition   4
- Rehabilitation and transfers of care   14
- Subspecialty topics   48

House style of questions

- Best of Five (BOF) multiple choice

- As used in Part 1 & Part 2 MRCP

- One of the answers is best/most likely

- The rest should be plausible but less likely to be correct

A good question

- Tests knowledge
- AND
- Application
- Synthesis
  - As you do in real world clinical problem solving

- Passes the 'cover-up' test – can you answer the question without looking at the options?

Anatomy of a BOF item

Blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb

What is the most likely...

A. 1
B. 2
C. 3
D. 4
E. 5

Anatomy of a BOF item

Blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb

What is the most likely...

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B. 2
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E. 5

Stem – should be no longer than 200 words, and is always linked to a clinical scenario. It may include clinical photographs, imaging or ECG, and investigation results

Anatomy of a BOF item

Blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb

What is the most likely...

A. 1
B. 2
C. 3
D. 4
E. 5

The options – they should all be similar, plausible, and are always presented in alphabetical/numerical order. One is more likely to be correct than the others

Anatomy of a BOF item

Blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb blurb

What is the most likely...

A. 1
B. 2
C. 3
D. 4
E. 5

The lead-in. Always contains a superlative (best, most, highest etc), and must not be negatively worded.

READ IT CAREFULLY

You won't see this question…

An 83-year-old woman had a nutrition assessment at the start of a hospital admission for pneumonia.

Which of the following is not part of the MUST score?

A. Current height
B. Current weight
C. Effect of acute illness
D. Vegetarian diet
E. Weight six months ago

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Or this one…

A 77-year-old woman presented with a painful swollen calf and a duplex Doppler ultrasound scan confirmed a deep venous thrombosis. She was treated with low-molecular-weight heparin and warfarin.

The activation of which clotting factors is affected by the action of warfarin?

A. I, II, IV and VII

B. II, VI, VII and IX

C. II, VII, IX and X

D. II, IX, X and XII

E. III, V, VIII and X

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C. II, VII, IX and X

D. II, IX, X and XII

E. III, V, VIII and X

This is no good either…

A 97-year-old man was involved in a road traffic accident. He collided with another car and his vehicle rolled over. He had a past history of ischaemic heart disease and delirium caused by infection.

According to the DVLA, which condition prevents him from continuing to drive?

A. Atrial fibrillation
B. Mild dementia
C. Previous delirium
D. Syncope while seated
E. Syncope while standing

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Trial questions – answer via slido

Poll question 1

A 91-year-old man was admitted with general malaise. Due to delirium he was unable to give any further history.

On examination his temperature was 39.2°C, blood pressure 108/68, his chest was clear to auscultation and his abdomen was soft and non-tender. He had a soft pansystolic murmur loudest at the left sternal edge. He was drowsy but roused to voice.

He was commenced on intravenous piperacillin/tazobactam and IV fluids. Blood cultures were positive for E. coli. Liver function tests were normal.

What is the most appropriate next step?

A.   Bladder scan

B.   Chest Xray

C.   CT scan abdomen

D.   Echocardiogram

E.   Lumbar puncture

Poll question 2

An 82-year-old woman was admitted with a femoral neck fracture. She had history of

Parkinson's disease and depression. 3 days after admission she developed delirium.

Dysfunction in which neurotransmitter system is most likely to contribute to her delirium?

A.   acetylcholine

B.   dopamine

C.   GABA

D.   glutamate

E.   serotonin

Poll question 2

A 76-year-old woman was seen following a fall. She had a history of reflux disease, hypertension and a cerebral infarct. Over the preceding month she had overbalanced and fallen several times at home. Her medications included aspirin 75mg daily, amlodipine 10mg daily, omeprazole 40mg daily and metoclopramide 10mg three times daily.

On examination she had a stopped posture, shuffling gait and facial hypomimia. Tone was increased with rigidity and cogwheeling in both arms. Symmetrical upper limb slowness and decrement to finger snaps was noted. A Mini-Mental State Examination scored 22/30.

What is the most likely diagnosis?

A.   drug-induced Parkinsonism

B.   normal pressure hydrocephalus

C.   idiopathic Parkinson's disease

D.   progressive supranuclear palsy

E.   vascular Parkinsonism

Poll question 4

A 76-year-old woman was seen following a fall. She had a history of reflux disease, hypertension and a cerebral infarct. Over the preceding month she had overbalanced and fallen several times at home. Her medications included aspirin 75mg daily, amlodipine 10mg daily, omeprazole 40mg daily and metoclopramide 10mg three times daily.

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What is the next most appropriate step in her management?

A. CT brain scan

B. dopamine transporter scan

C. start levodopa

D. stop metoclopramide

E. refer to memory clinic

Poll question 5

An 84-year-old woman was admitted with pneumonia. She agreed to participate in a study investigating markers of frailty and outcomes in hospitalised patients.

What research measurement is most likely to contribute to a measurement of frailty?

A.   forced expiratory volume in 1 second
B.   handgrip strength
C.   mid-thigh circumference
D.   postural sway
E.   skinfold thickness

Poll question 6

A 64 year old gentleman is seen in stroke follow up clinic after having a right MCA infarct 8 weeks previously. The results of his 72 hour tape confirm atrial fibrillation. He is a heavy drinker with hypercholesterolaemia and he had an MI last year. His recent HbA1C was 40. His blood pressure today in clinic is 155/85mmHg.

What is his CHADS2VASc score?
A. 1
B. 2
C. 3
D. 4
E. 5

Poll question 7

A 90 year old man was admitted to hospital with a stroke. He had an unsafe swallow and nasogastric feeding was suggested. The patient lacked capacity to agree to NG feeding. He had an advance directive that stated he did not wish to be artificially fed, but his son who had lasting power of attorney for health and welfare wanted his father to be NG fed.

What should happen next?

A. An IMCA should be consulted
B. Make further attempts to establish if the patient has capacity
C. Refer to the court of protection
D. The patient should be allowed to comfort feed
E. The patient should be NG fed

Poll question 8

A 79 year old man presented with difficulty sleeping and uncomfortable legs. He described an urge to move his legs as if there was 'something active in the legs'. The symptoms appeared to worsen at rest and improve with walking.

What is the first investigation of choice?

A. Folate level
B. Glucose
C. Iron studies
D. MRI brain
E. Vitamin B12 level

Poll question 9

A 72 year old woman was seen in clinic. Her son was concerned his mother had been experiencing hallucinations. She reported that she saw her husband in the supermarket and sometimes heard his voice while reading. Her husband had died 6 months ago.

What is the most likely diagnosis?

A. Complicated grief reaction

B. Dementia

C. Major depression

D. Schizophrenia

E. Uncomplicated grief reaction

Poll question 10

A 88-year-old-man was seen in clinic due to weight loss. He had coeliac disease for 20 years, and had developed dementia 2 years previously. He resided in a care home and was reported to eat well in the company of the other residents. He enjoyed spending time in the garden. His carers did not report any diarrhoea or indigestion.

Investigations
anti-tissue transglutaminase IgA antibodies	18 U/mL (<15)
serum IgA	0.4 g/L (0.8–3.0)
serum folate	1.8 µg/L (2.0–11.0)
faecal elastase	269 µg/g (>200)
serum cholecalciferol (vitamin D3)	187 nmol/L (60–250)

What is the most likely cause of his weight loss?

A. Bacterial overgrowth

B. H. pylori infection

C. Non-adherence to gluten-free diet

D. Pancreatic exocrine dysfunction

E. Progression of dementia

Have a go at writing a question yourself

- Divide into groups
- 1 topic per group – some suggestions
  - CGA
  - Falls
  - Delirium
  - Osteoporosis
  - Palliative care
- Take 15 minutes
- Write your question on the screen/flipchart

How should I revise?

- Familiarise yourself with the curriculum

- Look at the exam blueprint

- Do a bit of reading

- Do a lot of sample questions

Sources to look at – Background reading

- NICE guidelines
  - eg hypertension, heart failure, bladder, stroke, delirium, dementia, COPD

- Screening tools
  - eg cognition, nutrition, osteoporosis

- Key papers in topics relevant to geriatrics
  - Age & Ageing, BMJ, Lancet

- Oxford Handbook of Geriatric Medicine

Sources to look at – Practice questions

- RCP sample questions & mock exam
  - www.mrcpuk.org/mrcpuk-examinations/specialty-certificate-examinations/specialties/geriatric-medicine/geriatric

- RCP Clinical Medicine CPD

- MRCP Part 2 questions

- BoF MCQs textbook Duncan Forsyth et al

- passgerimed.com

- BGS trainees page
  - https://www.bgs.org.uk/resources/mock-specialist-certificate-exams-sce

Take-home messages

• Do as many practice questions as you can

• Read the stem carefully

• The odds are in your favour!