Observed Structured Clinical Examination (OSCE) in the Performance of Spirometry

Guideline for Candidates

Practical Assessment and OSCE Guidance	Spirometry
Purpose Statement	This document provides guidelines and instructions for candidates on the ARTP Spirometry Practical Assessment.
Author(s):	Lindsay Zurba and Claire Francis on behalf of the ARTP Spirometry Committee
Date of Original Document	17 February 2025
Update(s)	
Document Version:	V1.0
Review Date:	1 March 2026
Notes:	This document is intended to provide clear and comprehensive guidelines and instructions for candidates on the spirometry practical assessment process outlining each section of the test, critical assessment points, and overall scores for each section.

Contents

1. Introduction 3
1.1 Purpose of this Guideline 3
1.2 Overview of Spirometry Practical Assessment 3
1.3 Key Competencies Assessed 3
1.4 Importance of Spirometry 4
2.Pre-Assessment Requirements 4
2. Environment and Equipment 5
2.3. Knowledge Prerequisites 5
2.4. Practical Preparation 5
3. Assessment Objectives 6
3.1. Accurately Perform Spirometry Tests 6
3.2. Evaluation of Results 6
3.3. Adherence to Safety and Hygiene Protocols 6
3.4. Effective Communication with Patients 6
4. Assessment Components 6
4.1. Section 1: Preparation of the Environment and Calibration/Verification 7
4.2. Section 2: Preparation of the Patient 7
4.3. Section 3: Performance of the Slow Vital Capacity (SVC) Test (Adults Only) 7
4.4. Section 4: Performance of the Forced Spirometry Manoeuvre 8
4.5. Section 5: Evaluation of the Results for Acceptability and Repeatability 9
4.6. Section 6: Technical Viva Question/Answer Session 10
5. Assessment Grading Criteria 10
5.1 Grading System 11
5.2 Key Assessment Guidelines 11
5.3 Scoring and Competency Requirements 11
6. Assessment Outcome Feedback to the Candidate 12
7. Moderation 12
8. Allowances for Failed Attempts 12
9. Practical Tips for Success 12
. Candidate Responsibilities 13
10. Resources for Candidates 13
10.1. Links to Spirometry Guidelines 13
11. Code of Conduct 13

11.1. Professional Behaviour Expectations During the Assessment 13
11.2. Importance of Patient Safety and Dignity 14
12. Frequently Asked Questions (FAQs) 14
13. Contact Information 16

1. Introduction

1.1 Purpose of this Guideline

This guide is designed to prepare candidates for the Spirometry Practical Assessment by outlining the key components of the evaluation process. It serves as a comprehensive resource to help candidates understand the expectations, grading criteria, and skills required to demonstrate competence in performing and interpreting spirometry tests. By following this guide, candidates can approach the assessment with confidence and ensure they are fully prepared.

1.2 Overview of Spirometry Practical Assessment

The Spirometry Practical Assessment is a structured evaluation of a candidate's ability to perform spirometry tests in accordance with international standards and best practices. It is designed to mimic the candidate's workplace as much as possible. The assessment focuses on the practical application of theoretical knowledge, emphasising precision, accuracy, and patient safety. It includes several stages:

- Section 1: Preparation of the Environment and Calibration Verification
- Section 2: Preparation of the patient
- Section 3: Performance of the Slow Vital Capacity (SVC) Test (adults only)
- Section 4: Performance of the Forced Vital Capacity (FVC) Test
- Section 5: Evaluation of the Results for Acceptability and Repeatability
- Section 6: Technical Viva Question / Answer session

Practical assessments are conducted at the candidate's workplace using their own equipment, with a colleague or pre-arranged "patient" participating in the evaluation. The process is overseen online by an ARTP assessor who evaluates the candidate's performance in real-time.

Candidates and the chosen "patient" will need to consent to have the assessment recorded for auditing purposes. These recordings will be held securely by ARTP and will only be viewed if there is a query regarding the outcome.

Scheduling is flexible and managed through the ARTP SimplyBook.me platform, allowing candidates to select a convenient date and time.

The assessments simulate a clinical environment where candidates are expected to perform a complete spirometry test proving that they can independently perform high-quality spirometry tests and provide accurate and meaningful results.

1.3 Key Competencies Assessed

The practical assessment evaluates candidates across key competencies essential for performing spirometry. These include **technical proficiency**, demonstrated by correctly setting up and calibrating equipment and executing manoeuvres to achieve accurate and repeatable results. **Analytical skills** are assessed through the candidate's ability to evaluate test quality, identify acceptable curves, and

troubleshoot common errors. **Communication and professionalism** are critical, with candidates expected to provide clear instructions, maintain patient comfort, and uphold dignity throughout the procedure. Finally, **safety and hygiene protocols** are emphasized, requiring candidates to implement effective infection control measures and handle equipment to minimize contamination and ensure a safe testing environment.

1.4 Importance of Spirometry

Spirometry is a vital tool for assessing lung function and diagnosing respiratory conditions. It provides objective measurements that aid in detecting, monitoring, and managing diseases such as asthma, COPD, and other lung disorders. By identifying abnormalities early, spirometry supports timely interventions, improves patient outcomes, and enhances quality of life. Reliable spirometry testing is essential for advancing respiratory health in clinical, occupational, and community settings.

By ensuring competency in spirometry, healthcare professionals contribute to improved respiratory health outcomes and enhanced quality of care. This guideline equips candidates to perform spirometry with the precision and professionalism required in clinical practice.

2.Pre-Assessment Requirements

2.1 At enrolment

Once enrolled on the OSCE, you will be required to send some information over to your assessor before the date of your assessment. You will need to recruit a volunteer to act as your patient for the performance element of the test. They will be required to complete the consent form (which will be sent out upon enrolment) stating that they are happy to act as a patient, they are happy to be recorded, and that they are free to withdraw at any time.

You will also be required to inform the assessor of the make and model of the spirometer which you will be using for your assessment, so that the assessor has time to familiarise themselves with the manufacturer guidelines.

You will be required to share the results of the spirometry with the assessor, so that the assessor can confirm acceptability and repeatability criteria have been met. You can do this in 3 ways

1) Sharing your screen with the assessor via the online platform
2) Holding the screen up to the assessors camera
3) Emailing the results to the assessor after the OSCE is complete
    a. If you choose this option you should send the results to the assessor immediately upon completion of the OSCE, otherwise there will be a delay in you receiving your results.

It does not matter how you share the results, but you need to inform the assessor beforehand how you intend to do this so they are aware.

2. Environment and Equipment

Candidates must prepare their workplace environment and equipment for the online practical assessment. This includes ensuring that a room is available for the duration of the OSCE, with the normal spirometry equipment used in the candidate's workplace. The testing area should be clean, well-organized, and free from distractions. All equipment must be functional and ready for use during the session.

2.2.1. Equipment Required for the Assessment

The following equipment and materials should be available at the candidate's workplace for the assessment:

- **Contraindications checklist:** Accessible in the ARTP SOP but should be specific to candidate's workplace
- **Spirometer:** A fully functional and properly calibrated spirometer is required for the session.
- **Calibration/verification Syringe:** A calibration syringe must be available for candidates to demonstrate equipment calibration procedures.
- **Weather meter:** unless the spirometer has a built in weather sensor
    - **Disposables:** Single-use mouthpieces, nose clips, viral/bacterial filters.
    - **Additional Tools: c**leaning and disinfection materials to maintain hygiene protocols.

2.3. Knowledge Prerequisites

To successfully complete the practical assessment, candidates should meet the following knowledge requirements:

- **Basic Spirometry Theory:** Candidates must understand the fundamental principles of spirometry, including the physiology of lung function, standard testing procedures, and criteria for acceptable and repeatable tests.
- **Familiarity with Spirometry Equipment:** Candidates should be proficient in using spirometry devices, including calibration/verification, operation, and maintenance, as well as recognising and troubleshooting common errors.

2.4. Practical Preparation

Preparation is key to performing confidently during the assessment. Candidates should focus on:

- **Hands-on Practice Recommendations:** Engage in regular practice sessions to refine testing techniques, including patient instruction, manoeuvre execution, and error correction.
- **Equipment Familiarity Checklist:** Ensure familiarity with the specific spirometry equipment being used for the assessment. Verify proper calibration, settings, and accessories (e.g., nose clips, disposable filters) to avoid technical issues during the evaluation.

3. Assessment Objectives

3.1. Accurately Perform Spirometry Tests

- **Patient Preparation and Instruction**
  Candidates must demonstrate their ability to prepare patients effectively, including explaining the procedure clearly, ensuring proper positioning, and providing encouragement for optimal effort during testing.
- **Correct Equipment Handling**
  Proficiency in setting up, calibrating/verifying, and maintaining spirometry equipment is essential, ensuring reliable and valid test results.
- **Executing Quality-Assured Spirometry Procedures**
  Candidates are expected to perform spirometry manoeuvres accurately, obtaining tests that meet ARTP acceptability and repeatability criteria.

3.2. Evaluation of Results

- **Identifying Acceptable and Repeatable Tests**
  Candidates should be able to recognise and select test results that meet quality standards, demonstrating their ability to distinguish valid from invalid data.
- **Detecting Common Errors and Artifacts**
  Proficiency in identifying and addressing errors, such as suboptimal patient effort or technical issues, is critical for ensuring accurate test outcomes.

3.3. Adherence to Safety and Hygiene Protocols

Candidates must adhere to strict infection control measures, including the use of disposable filters, proper cleaning of equipment, and maintaining a safe and hygienic testing environment to protect both patients and themselves. They should understand the importance of infection control measures and how testing may need to be adapted when dealing with infectious and immunocompromised patients.

3.4. Effective Communication with Patients

Clear and empathetic communication is key to achieving patient cooperation and ensuring the success of spirometry testing. Candidates must demonstrate professionalism, provide constructive feedback, and foster a comfortable testing environment for patients.

By meeting these objectives, candidates validate their ability to deliver reliable spirometry testing in various professional contexts.

4. Assessment Components

The spirometry practical assessment is conducted in a structured format over approximately 60 minutes. It is divided into six sections, each focusing on key components of spirometry testing and evaluation. The breakdown of sections and their respective time allocations are as follows:

You will be assessed on your ability to instruct patients in performing spirometry, recognise common errors and correct appropriately, and evaluate whether results are acceptable and repeatable according to ARTP guidelines. If your subject is unable to achieve this, as long as you have demonstrated the appropriate corrective action you will still be able to pass the assessment.

4.1. Section 1: Preparation of the Environment and Calibration/Verification

Demonstrate proper handling of equipment and use of disposables and verify the calibration of the spirometer

- Assemble the spirometer and accessories (e.g., mouthpieces, filters, and nose clips) correctly.
- Perform a daily calibration check using a 3-liter calibration syringe:
    - Verify the spirometer measures within the acceptable accuracy limits (±3%).
    - Identify and address calibration errors or malfunctions.
- Ensure all components are functioning properly and are ready for patient testing.
- Apply infection control measures during equipment handling, such as cleaning reusable parts and using single-use disposables

4.2. Section 2: Preparation of the Patient

Deliver Clear, Concise, and Consistent Instructions

- Gather patient information, including age, height, weight, and relevant medical history.
    - Height and weight process can be described verbally to the assessor if the equipment is not available in the room at the time of examination.
- Explain the purpose of the test and procedures clearly to the patient, ensuring informed consent.
- Check for contraindications (e.g., recent surgery, chest pain etc) according to local policy
- Demonstrate the correct body positioning and use of equipment to the patient.
- Provide step-by-step instructions for the SVC (adults only) and FVC spirometry manoeuvres, emphasising effort and technique (e.g., “Take the biggest breath you can, seal your lips around the mouthpiece, and blow out as hard and fast as you can.”).
- Use clear, supportive language to guide the patient through the procedure.
- Address patient concerns and encourage cooperation for optimal results.

4.3. Section 3: Performance of the Slow Vital Capacity (SVC) Test (Adults Only)

Administer the Test According to Guidelines

Perform a minimum of three acceptable manoeuvres for **SVC** ensuring the following:

- Ensure a calm and maximal inhalation followed by a slow and steady exhalation until the patient reaches the plateau phase.
    - Tidal breathing can be performed prior to the manoeuvre if part of normal practice but this is NOT required
- Encourage a complete exhalation, allowing sufficient time for full lung emptying without rushing the patient.
- Confirm the manoeuvre is performed in a relaxed manner to avoid forced effort.
- Perform multiple blows to ensure repeatability.
- If possible, share results with assessor either by screen sharing or showing spirometer to screen.
    - If opting to email results to assessor following the OSCE, this stage can be skipped.

4.4. Section 4: Performance of the Forced Spirometry Manoeuvre

Administer the Test According to Guidelines

Perform at least three acceptable manoeuvres for **FVC** ensuring the following:

- Start with a maximal inhalation, ensuring the patient takes in as much air as possible.
    - Tidal breathing can be performed prior to this manoeuvre if part of normal practice but it is NOT required
- Follow with a rapid and forceful exhalation into the spirometer, maintaining maximal effort until the end of the manoeuvre.
- Ensure the exhalation is sustained until end of forced expiration criteria have been met.
- Perform multiple blows to ensure repeatability.
- Identify and address test errors in real-time, such as:
    - Slow starts or hesitation.
    - Coughing during the manoeuvre.
    - Leaks around the mouthpiece or improper seal.
    - Incomplete exhalation or submaximal effort.
    - Extra breaths
- Provide clear and constructive feedback to the patient to improve technique.
- Use supportive and encouraging communication to guide the patient through the manoeuvres.
- Ensure the patient remains comfortable and motivated throughout the test.
- Adapt instructions to suit individual patient needs, considering any physical or cognitive limitations.

- If possible, share results with assessor either by screen sharing or showing spirometer to screen.
    - If opting to email results to assessor following the OSCE, this stage can be skipped.

4.5. Section 5: Evaluation of the Results for Acceptability and Repeatability

Achieve Three Acceptable and Repeatable Results

This section focuses on analysing spirometry results to determine their quality and validity while adhering to established criteria for acceptability and repeatability. This is essential for meaningful interpretation of the data.

Evaluation of Slow Vital Capacity (SVC)

Acceptability Criteria for SVC (adults only)

1. The manoeuvre must be performed slowly and steadily, with no interruptions, until a plateau is observed.
2. The patient should inspire fully to Total Lung Capacity (TLC) before exhaling.
3. No leaks, obstructions, or submaximal efforts should occur during the test.
4. A plateau at the end of exhalation is mandatory, ensuring full lung emptying.

Repeatability Criteria for SVC

- At least three technically acceptable SVC manoeuvres must be performed (or demonstrate evidence of appropriate corrective action).
- The difference between the highest and the second-highest SVC values must be ≤150 mL.

Evaluation of Forced Spirometry manoeuvre

Acceptability Criteria for FVL

- The manoeuvre must start with a full inspiration to TLC.
- The forced manoeuvre should be smooth and rapid, with a rise time (10%-90% of Peak Expiratory Flow [PEF]) ≤150 milliseconds or a back-extrapolated volume ≤5% of FVC or ≤100 mL (if FVC <2.0 L).
- No coughs should occur in the first second of exhalation or at any time if it interferes with the test.
- The manoeuvre must continue until a 1 second plateau is reached
- A Forced Inspiratory Vital Capacity (FIVC) should not exceed the FVC by more than 100 mL or 5% of FVC.

Repeatability Criteria for Forced Spirometry (Adults)

- A minimum of three technically acceptable FVC manoeuvres is required (or demonstrate evidence of appropriate corrective action).
- The difference between the highest and the second-highest FVC values must be ≤150 mL (or ≤100 mL if FVC <1.0 L).
- The difference between the highest and second-highest Forced Expiratory Volume in 1 Second (FEV1) values must be ≤150 mL (or ≤100 mL if FVC <1.0 L).
- The highest acceptable FVC should not exceed the highest acceptable SVC by more than 150 mL.
- 3 PEF within 40 L/min

Repeatability Criteria for FVC (Children)

- Relaxed manoeuvres are not required for children.
- At least three acceptable forced expiratory manoeuvres are required (or demonstrate evidence of appropriate corrective action).
- In school-aged children:
    - The difference between the highest and second-highest FEV1 and FVC should be ≤100 mL or 5% of the greater value.
- In preschool children:
    - The difference between the highest and second-highest FEV1 and FVC should be ≤100 mL or 10% of the greater value.

4.6. Section 6: Technical Viva Question/Answer Session

The technical viva provides an opportunity for candidates to demonstrate their depth of understanding in spirometry. Candidates will be required to answer questions relating to the technical performance of spirometry, and will have to answer four correctly to pass this section.

This component ensures a thorough evaluation of the candidate's technical expertise, critical thinking, and ability to apply theoretical knowledge in real-world scenarios. By successfully completing the viva, candidates demonstrate their readiness to perform spirometry testing with confidence and professionalism.

5. Assessment Grading Criteria

The spirometry practical assessment uses a structured grading system to evaluate your performance and determine competency.

5.1 Grading System

Each action performed during the assessment will be evaluated using a scoring rubric:

- **Met (2 marks):**
  Demonstrates full competency, meeting all required elements without significant errors or omissions.
- **Partially Met (1 mark):**
  Demonstrates partial competency by meeting some required elements, but minor errors or omissions are present that do not significantly affect the outcome.
- **Not Met (0 marks):**
  Does not demonstrate competency, with significant errors or omissions impacting the reliability or validity of spirometry results.

5.2 Key Assessment Guidelines

1. **Opportunity to Correct Errors:**
   If you forget a step or leave something out, you are allowed to return to it later during the assessment.
2. **Assessor's Role:**
   The assessor will observe your performance and can provide general prompts but will not provide corrections during the assessment.
3. **End-of-Assessment Feedback:**
   At the end of the assessment, the assessor may provide prompts or guidance regarding weak or incomplete areas.

5.3 Scoring and Competency Requirements

1. **Minimum Requirements:**
   - You must achieve a minimum score of **80%** in each section of the assessment.
   - All critical actions must be completed successfully to demonstrate competency.
2. **Criteria for Not Yet Competent:**
   - If you achieve all critical actions but fail to score 80% overall, or vice versa, you will be assessed as "not yet competent."
   - In this case, you will need to retake the practical assessment.
3. **Assessor's Discretion:**
   - If you score 1 (Partially Met) on any critical point but achieve an overall score of 80%, the assessor will determine whether you pass based on your overall performance.
4. **Notification of Results:**
   - If you meet the competency requirements, you will receive confirmation of your results via email from the ARTP admin office within 5 working days of completing the assessment.

This grading system ensures a fair evaluation of your skills while providing opportunities to address minor mistakes. Focus on completing all critical actions thoroughly and maintaining an overall score of 80% or higher to achieve competency.

6. Assessment Outcome Feedback to the Candidate

The assessor does not provide immediate results following the spirometry practical assessment. Instead, they complete the marking documentation and submit the results to the ARTP admin office. The admin office will then contact the candidate within 5 working days, providing structured feedback that includes strengths, areas for improvement, recommendations for further development, overall comments, and the final result (Competent or Not Yet Competent). This process ensures clear communication and supports the candidate's growth.

7. Moderation

Moderation ensures accuracy and equity in the assessment process. Currently ARTP does not have an external body to conduct moderation but are looking to investigate the possibility of doing this in the future.

8. Allowances for Failed Attempts

The candidate must achieve at least 80% and all critical points met in each one of the six sections of the practical assessment to be deemed "competent". Should the candidate not achieve 80% and all critical points in one or more section, they will be assessed as "not yet competent" and will need to undertake a reassessment of those sections only.

The initial registration fee includes up to two attempts for the practical assessment. If further attempts are required, candidates must provide evidence of additional training or practice completed after the most recent failed attempt. This evidence must be submitted to ARTP within six months of the last attempt. An administration fee of £50 will apply for each additional attempt beyond the initial two attempts, regardless of how many of the six sections were failed.

Candidates pursuing full certification who are unable to successfully complete the practical assessment may request a certification level change from "Performing" to "Reporting" only, depending on their demonstrated competencies.

9. Practical Tips for Success

The OSCE is designed to assess your ability to perform quality assured diagnostic spirometry in your normal working environment. The assessors are ensuring that you are a safe pair of hands in which patients receive high quality testing. Remember to breathe, stay calm and showcase what you are

doing on a regular basis. Assessors understand examinations can be nerve wracking and will give you every opportunity to demonstrate your skills.

. Candidate Responsibilities

Candidates should arrive fully prepared for the spirometry assessment with essential materials, including a notebook and pen if required, while wearing appropriate clinical attire. Familiarity with spirometry guidelines and procedures, punctuality, and a professional demeanour are crucial to ensure a focused, respectful, and successful assessment experience.

10. Resources for Candidates

To help candidates prepare for the spirometry practical assessment and enhance their understanding of spirometry, this section provides a list of useful resources, including guidelines, reading materials, and training options.

10.1. Links to Spirometry Guidelines

- **ARTP Spirometry Standards:** https://www.artp.org.uk/resources/spirometry-standards
- **ATS/ERS Spirometry Standards:** https://www.atsjournals.org/doi/10.1164/rccm.201908-1590ST
- **ARTP Practical Handbook of Spirometry:** https://www.artp.org.uk/bookstore
- **ARTP Candidate Spirometry Portal :** https://spirometry.artp.org.uk/portal

11. Code of Conduct

The code of conduct establishes the professional behaviour and ethical standards expected of candidates during the spirometry practical assessment. Adherence to these principles is essential to create a respectful, safe, and effective environment for all participants, including candidates, patients, and simulated patients. By following these guidelines, candidates demonstrate their readiness to uphold the professional standards required in clinical practice.

11.1. Professional Behaviour Expectations During the Assessment

Candidates are expected to exhibit professionalism throughout the assessment process. **Punctuality** is a key component, reflecting respect for the schedule and others involved. Arriving on time ensures the session runs smoothly without unnecessary delays. Equally important is **preparation**—candidates

should come equipped with the necessary knowledge, skills, and materials while reviewing the spirometry guidelines and procedures beforehand to minimize errors.

Respect and communication are integral to the assessment environment. Candidates should address patients, peers, and assessors courteously, using clear and empathetic language to support patient comfort and understanding. They should also maintain a positive attitude when responding to feedback or questions from assessors. Additionally, **focus and attention** are crucial. Candidates must remain attentive to procedural details and avoid distractions such as unnecessary conversations or mobile phone use. Lastly, strict **adherence to protocols** is expected. Following spirometry procedures and infection control guidelines ensures the safety and reliability of the testing process while maintaining high standards of care.

11.2. Importance of Patient Safety and Dignity

Candidates must prioritize patient safety and dignity during the assessment. Ensuring patient safety includes verifying that all equipment is properly calibrated and sanitized before use to prevent technical errors and cross-contamination. Candidates should observe patients for signs of discomfort, dizziness, or distress and offer rest periods if needed. Awareness of contraindications to spirometry, such as recent surgeries or severe respiratory distress, is essential, with adjustments made to protect patient well-being.

Respecting patient dignity is equally important. Providing a private and comfortable testing environment helps to minimize embarrassment or discomfort. Non-judgmental and encouraging language fosters a positive experience, while informed consent is critical to ethical practice. Before beginning, candidates should explain the procedure clearly, addressing any questions or concerns to ensure patients feel fully informed.

Cultural sensitivity and inclusivity are fundamental to equitable care. Candidates should be mindful of cultural, language, or personal preferences, ensuring all patients are treated with respect and understanding, regardless of their background. This approach not only enhances patient comfort but also aligns with best practices for diversity and inclusivity in clinical settings.

.

12. Frequently Asked Questions (FAQs)

This section addresses common questions candidates may have about the spirometry practical assessment, providing clarity and guidance to support success.

1. What if the patient cannot perform a correct manoeuvre?

Answer:

- If the patient struggles with the manoeuvre, pause and review the instructions with them.
- Provide a clear demonstration of the technique, emphasizing key points such as sealing the lips tightly around the mouthpiece and blasting the air out forcefully.
- Offer positive reinforcement and encourage the patient to try again.

- If the patient remains unable to perform an acceptable manoeuvre after multiple attempts, highlighting to the assessorthe challenges and the steps taken to address them. As long as you have shown that you recognise the issue and taken appropriate steps to try and correct them then you can still pass the assessment.

2. What happens if I make a mistake during the test?

Answer:

- If you notice an error, acknowledge it calmly and correct it as soon as possible.
- Inform the assessor of the mistake and explain how you intend to address it. Demonstrating problem-solving skills is an essential part of the assessment.
- Mistakes such as improper calibration or incorrect patient instructions can often be rectified during the session without significant impact.
- Focus on maintaining professionalism and ensuring subsequent manoeuvres meet the required standards.

IF we do put this in maybe

You can have your normal routine check list for contraindications and pre test instructions but you will still be required to demonstrate understanding of these parameters. You need to demonstrate that you are a safe pair on hands when assessing whether it is appropriate to perform spirometry.

4. What if the spirometer does not calibrate properly?

Answer:

- If calibration fails, recheck the equipment setup and ensure all connections are secure.
- Confirm that the calibration syringe is functioning correctly and within acceptable tolerances.
- If the issue persists, inform the assessor and request guidance. Do not proceed with testing until calibration is resolved, as this could compromise test results.

5. How do I handle a patient who feels dizzy or unwell during the test?

Answer:

- Immediately stop the test and ensure the patient is seated comfortably.
- Allow the patient to rest and recover before attempting further manoeuvres.
- Monitor for any ongoing symptoms and decide whether it is safe to continue or reschedule the test.

6. What if the flow-volume curve looks abnormal during the test?

Answer:

- Review the patient's effort and ensure they followed the instructions correctly.
- Check for technical issues, such as leaks or slow starts, and address them before repeating the manoeuvre
- If abnormal results persist despite correct technique, document the findings and follow your local protocol

7. Can I ask questions during the assessment?

Answer:

- Yes, you can seek clarification from the assessor if you are unsure about specific procedures or requirements. This demonstrates your commitment to accuracy and learning.
- Keep questions concise and relevant to the assessment at hand.

8. What if I cannot meet the repeatability criteria?

Answer:

- Review the manoeuvres performed and identify any potential issues, such as patient effort or technical errors.
- Provide clear feedback to the patient and attempt additional manoeuvres as needed.
- If repeatability criteria still cannot be met, highlight the challenges and note the closest achievable values. This may still provide useful clinical insights.

13. Contact Information

ARTP Admin: spirometry@artp.org.uk

Document Approval Table

Approved by:	Claire Francis and Christopher Harding
Contributing Committees	ARTP Spirometry Committee
Document Author(s):	Lindsay Zurba
Version Author (s)	Lindsay Zurba
Release date:	March 2025
Current Version:	V1.0
Review Date:	1 March 2026
File name:	Observed Structured Clinical Examination (OSCE) in the Performance of Spirometry Guideline for Candidates

ARTP c/o Executive Business Support
Stowe House, St. Chad's Road,
Lichfield, Staffordshire, WS13 6TJ
Tel: 01543 442141
E-mail: admin@artp.org.uk
Website: www.artp.org.uk