

OBJECTIVE STRUCTURED CLINICAL ASSESSMENT (OSCA) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://osca.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. Which social factor should be considered in the history of a patient with suspected respiratory distress?**
 - A. Occupation and exposure history.
 - B. Smoking history.
 - C. Favorite color.
 - D. Recent travel.

- 2. Which steps maintain sterile technique during a minor wound dressing?**
 - A. Skip hand hygiene to save time
 - B. Use non-sterile gloves but sterile dressing
 - C. Perform hand hygiene, use sterile gloves and dressing, maintain a sterile field, avoid touching sterile areas, and dispose of materials properly
 - D. Wear gloves only, no gown or sterile field

- 3. Which step in SPIKES involves showing empathy and addressing emotions?**
 - A. Empathy and emotions.
 - B. Set up.
 - C. Knowledge.
 - D. Strategy and Summary.

- 4. Which of the following red flags in a headache history require urgent evaluation?**
 - A. Thunderclap onset.
 - B. Headache worsens with bending over.
 - C. Headache relieved by NSAIDs.
 - D. Thunderclap onset, fever or immunosuppression, neck stiffness, focal neurological signs, altered level of consciousness, cancer or HIV, age over 50 with new severe headache, and recent head trauma with deterioration.

- 5. Bradycardia is defined as:**
 - A. Above 100 BPM
 - B. 60-100 BPM
 - C. Below 60 BPM
 - D. 100-120 BPM

6. What is the role of systemic steroids in a COPD or asthma exacerbation?

- A. They reduce airway inflammation and shorten recovery.
- B. They are the primary bronchodilator.
- C. They replace bronchodilators as first-line therapy.
- D. They must be used with antibiotics in all cases.

7. When is debridement indicated in wound management?

- A. Debride only after dressing.
- B. Debride when there is non-viable tissue or necrotic debris to promote healing.
- C. Debridement is never indicated.
- D. Debride only if infection is present.

8. QID stands for which dosing frequency?

- A. Daily As Prescribed
- B. Four Times A Day
- C. Every Six Hours
- D. Once Daily

9. How would you approach suspected deep vein thrombosis (DVT) in a patient with leg swelling?

- A. Elicit risk factors and symptoms, perform Wells score, order leg ultrasound if warranted, start anticoagulation if high probability after assessment, monitor for bleeding and contraindications.
- B. Start anticoagulation immediately without assessment.
- C. Order MRI first regardless.
- D. Do nothing and discharge.

10. Which ISBAR component focuses on the current presenting event?

- A. Situation
- B. Background
- C. Assessment
- D. Recommendations

Answers

SAMPLE

1. B
2. C
3. A
4. D
5. C
6. A
7. B
8. B
9. A
10. A

SAMPLE

Explanations

SAMPLE

1. Which social factor should be considered in the history of a patient with suspected respiratory distress?

- A. Occupation and exposure history.
- B. Smoking history.**
- C. Favorite color.
- D. Recent travel.

Focusing on smoking history as a social factor provides the most direct and broad impact on respiratory distress. Tobacco use is the strongest, most common modifiable risk factor for a wide range of lung conditions, from acute bronchitis and asthma exacerbations to chronic diseases like COPD and emphysema. Knowing whether the patient currently smokes, has quit, and how much they smoke (pack-years) helps you gauge baseline lung function, likelihood of certain diagnoses, and how aggressively to pursue investigations and treatment. It also guides counseling and risk assessment, such as the potential benefits of cessation and the impact on healing and response to therapy. Occupational exposure history is important because inhalational exposures at work can cause dyspnea and specific lung diseases (for example, asbestos, silica, or organic dusts), but it is more disease-specific. Traveling history and other factors can be relevant for particular infections or conditions, yet they do not generally carry the same broad, immediate relevance to respiratory risk as smoking status.

2. Which steps maintain sterile technique during a minor wound dressing?

- A. Skip hand hygiene to save time
- B. Use non-sterile gloves but sterile dressing
- C. Perform hand hygiene, use sterile gloves and dressing, maintain a sterile field, avoid touching sterile areas, and dispose of materials properly**
- D. Wear gloves only, no gown or sterile field

Maintaining sterile technique hinges on creating and preserving an aseptic environment to prevent introducing pathogens into the wound. The steps that achieve this are performing hand hygiene, using sterile gloves and a sterile dressing, keeping a sterile field throughout the procedure, avoiding touching any sterile areas, and disposing of used materials properly. Each element supports, respectively, removing contaminants from hands, creating a barrier between the clinician and the wound, preserving the sterility of instruments and dressings, preventing transfer of microbes from hands or non-sterile surfaces to sterile zones, and preventing environmental contamination after the procedure. Skipping hand hygiene allows transient or resident flora to contaminate surfaces and gloves. Using non-sterile gloves with a sterile dressing breaks the barrier if the gloves or the dressing become contaminated. Wearing gloves alone without maintaining a sterile field or appropriate barriers means other surfaces and the environment can still contaminate the wound.

3. Which step in SPIKES involves showing empathy and addressing emotions?

- A. Empathy and emotions.**
- B. Set up.
- C. Knowledge.
- D. Strategy and Summary.

The step being tested is the one that explicitly focuses on recognizing and addressing the patient's emotions with empathy. In this moment you listen for emotional cues, name what the patient may be feeling, validate those feelings, and respond with supportive, compassionate language. For example, you might say, "I can see this is very hard for you," or "It sounds like you're feeling overwhelmed." The aim is to acknowledge feelings and provide comfort or reassurance before or while you discuss next steps. This approach matters because expressing genuine empathy helps the patient feel understood, reduces defensiveness, and strengthens trust during a difficult conversation. Other parts of the process set up the environment, explore what the patient already perceives, determine how much information they want, share the news, and outline the plan, but the explicit empathy-focused response belongs to this step.

4. Which of the following red flags in a headache history require urgent evaluation?

- A. Thunderclap onset.
- B. Headache worsens with bending over.
- C. Headache relieved by NSAIDs.
- D. Thunderclap onset, fever or immunosuppression, neck stiffness, focal neurological signs, altered level of consciousness, cancer or HIV, age over 50 with new severe headache, and recent head trauma with deterioration.**

Red flags in headache history are signs that point to potentially life-threatening or serious brain conditions and therefore mandate urgent evaluation. A sudden thunderclap onset flags a possible subarachnoid hemorrhage or other catastrophic event and requires immediate workup. Fever or immunosuppression raises concern for CNS infections such as meningitis or brain abscess, which need urgent assessment. Neck stiffness adds to the possibility of meningitis. Focal neurological signs suggest a localized brain process like stroke, tumor, or bleed that calls for rapid imaging and specialist input. Altered level of consciousness indicates a significant CNS disturbance and needs urgent management. A history of cancer or HIV means the patient is at higher risk for CNS infections or metastases, necessitating prompt evaluation. Age over 50 with a new severe headache increases the possibility of temporal arteritis or other serious intracranial pathology. Recent head trauma with deterioration points toward evolving intracranial injury or hemorrhage and requires urgent care. Taken together, these features identify situations where urgent assessment is required, which is why the comprehensive list of red flags is the best answer. Individual items like thunderclap onset are indeed alarming, but they don't alone encompass all the urgent scenarios represented by the full set.

5. Bradycardia is defined as:

- A. Above 100 BPM
- B. 60-100 BPM
- C. Below 60 BPM**
- D. 100-120 BPM

Bradycardia means a resting heart rate that's slower than normal. A typical resting range is about 60 to 100 beats per minute, so when the rate falls below 60, that's bradycardia. This threshold helps distinguish it from normal variation and from tachycardia, which is a rate above 100. In some people, such as well-trained athletes or during sleep, a rate under 60 can be normal due to higher vagal tone. However, if bradycardia causes symptoms (dizziness, fatigue, fainting) or reflects underlying issues (conduction system disease, hypothyroidism, or medication effects), it warrants evaluation.

6. What is the role of systemic steroids in a COPD or asthma exacerbation?

- A. They reduce airway inflammation and shorten recovery.**
- B. They are the primary bronchodilator.
- C. They replace bronchodilators as first-line therapy.
- D. They must be used with antibiotics in all cases.

In an acute COPD or asthma flare, the key idea is that systemic steroids target the inflammation driving airway obstruction. By reducing this inflammation, they help improve airflow, shorten the time to symptom resolution, and lessen the risk of relapse or hospital admission. They are used alongside bronchodilators, which provide immediate relief by dilating the airways, and they do not replace bronchodilators as the first-line therapy. Antibiotics are not required in every case; they're reserved for signs of bacterial infection or specific clinical scenarios. So the best answer reflects the anti-inflammatory effect of steroids and their role in speeding recovery during an exacerbation.

7. When is debridement indicated in wound management?

- A. Debride only after dressing.
- B. Debride when there is non-viable tissue or necrotic debris to promote healing.**
- C. Debridement is never indicated.
- D. Debride only if infection is present.

Removing non-viable tissue and necrotic debris from a wound is done to create a clean wound bed that can heal properly. Necrotic tissue blocks epithelial migration, harbors bacteria, and often supports biofilm, all of which slow or prevent healing. By debriding it, you reduce bacterial load, make the wound bed more assessable, and allow dressings and therapies to work effectively, speeding up the healing process. This is why debridement is indicated whenever non-viable tissue or necrotic debris is present, even if there isn't an obvious infection. It's not correct to debride only after applying a dressing, and debridement isn't never indicated, nor is it limited to scenarios where infection is present.

8. QID stands for which dosing frequency?

- A. Daily As Prescribed
- B. Four Times A Day**
- C. Every Six Hours
- D. Once Daily

Decoding dosing abbreviations is essential for safe prescribing. QID is shorthand for quater in die, meaning the medication should be taken four times in a 24-hour period. In practice, this is usually scheduled roughly every six hours so the day is divided into four doses, though the exact times should fit the patient's routine and safety needs. This is distinct from once daily (QD) and from a literal every-six-hours instruction; the standard four-times-daily interpretation is what QID conveys. Four Times A Day is the correct interpretation.

9. How would you approach suspected deep vein thrombosis (DVT) in a patient with leg swelling?

- A. Elicit risk factors and symptoms, perform Wells score, order leg ultrasound if warranted, start anticoagulation if high probability after assessment, monitor for bleeding and contraindications.**
- B. Start anticoagulation immediately without assessment.
- C. Order MRI first regardless.
- D. Do nothing and discharge.

When you suspect DVT, the priority is to balance catching true clots with avoiding unnecessary bleeding from anticoagulation. Start with a careful clinical assessment: elicit risk factors (such as recent immobilization, surgery, cancer, prior DVT, oestrogen use) and symptoms (leg swelling, pain, warmth). Use a structured clinical probability tool to estimate how likely a DVT is; this helps decide next steps rather than jumping straight to treatment. If the probability is not high, you may use a D-dimer to help rule out DVT; if the probability is high (or if D-dimer is positive), you proceed to imaging—compression ultrasonography of the leg is the preferred initial test because it directly assesses venous compressibility and clot presence. Only after you've assessed probability and performed imaging, consider anticoagulation if the assessment shows high risk or confirmed DVT, taking into account bleeding risk and contraindications (such as active bleeding, recent major surgery, severe thrombocytopenia). Throughout, monitor for signs of bleeding and reevaluate risks and benefits as therapy begins. MRI is not a first-line diagnostic tool for DVT and would unnecessarily delay management, and doing nothing or discharging a patient with suspected DVT risks progression to PE or other complications. In short, a stepwise approach using risk stratification, targeted imaging, and carefully timed anticoagulation with safety checks is the best way to manage suspected DVT.

10. Which ISBAR component focuses on the current presenting event?

- A. Situation**
- B. Background
- C. Assessment
- D. Recommendations

The main idea here is describing the immediate issue that brings the patient to attention. In the ISBAR framework, the part that focuses on what is happening now answers the question: what is the current presenting event, who is the patient, where are they, and why am I calling you? It should give a concise snapshot of the present problem and its urgency, so the listener knows exactly what needs to be addressed first. Background, by contrast, covers prior history and context; Assessment conveys your clinical impression and severity; Recommendations state what you want done next. So describing the current presenting event—who, where, and the immediate problem—belongs to the Situation component.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://osca.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE