

P LAB OSCE stations updated till 24th July 2003 from candidate's feedback at www.aippg.net/forum PLAB forums.
For emqs of subsequent examinations visit our forums at www.aippg.net/forum.

Remember that GMC OSCE preparation team meets only 3-4 times a year so you can expect OSCE station repeats in your examination almost always. Only few stations 2-3 may be different.(just MAYBE)

01 05 2003 / Edinburgh:

- 1) Paediatric CPR.
- 2) Cannulation.
- 3) Mesothelioma. Break the bad news to wife.
- 4) Haematuria History & discuss Management Plan with the patient.
- 5) A female Pt with abdominal pain. Umbilical pain radiated to right iliac fossa and the patient has mild fever and had regular periods one week back. The examiner asked the differential diagnosis, he was not satisfied with appendicitis but after telling the ectopic he was Ok.
- 6) DM type 1 Pt. examine the motor and sensory.
- 7) BP. First I couldn't hear any thing After some time I found Stethoscope diaphragm was turned to other side (The examiner did purposefully I think).
- 8) Hip examination – The patient had osteoarthritis in his hip.
- 9) Management of MI. The examiner showed CXR ,ECG and Some medications and asked questions.
- 10) LOC. Take history. (TIA)
- 11) Take a cervical smear.
- 12) Amenorrhoea. Take history (Anorexia nervosa).
- 13) Ovarian cystectomy. Counsel her (Open Surgery).
- 14) Counsel a mother who is worried about her son having meningitis? but he was diagnosed to have URTI.

03 06 2003

hello guys,

i am givin u guys the brief idea abt today's plab stations at Leeds:

1. Pilot station: it was a patient with Hodgkin's lymphoma and I was supposed to do lymphoreticular system examination!!!!!!! I didn't know that it's a pilot. Oh my goodness!!!!!!! I approached, inspected for clubbing, jaundice, masses, scars, and sinuses bla bla bla. Then I palpated lymph nodes and told that I would palpate the inguinal nodes also, the examiner said suppose it is done. Then I did abdominal examination to feel for hepatomegaly and splenomegaly. Instincts were guiding me and I was crying inside. Stupid examiner was looking very keen. Time ended I was confused. So learn it now, as I was lucky that it was pilot (may be I fail in rest of stations).
2. Arterial examination of legs: Inspection was important, palpation also. There were ingrowing toenails on both big toes and pulses were feeble. I did all pair of pulses I suppose. At the end the examiner asked me what I will do next. I said doppler, duplex bla bla bla to check vessels.
3. Knee examination : I did all the steps, the pt was good but has findings, he couldn't walk so no gait. There was tenderness on the medial joint line, the rest was normal. I think I have to pass this traditional station
4. Blood drawing: no tricks, easy station, be cool you have enough time. Look for the vein clearly, I'm sure you will get blood.# I think I will pass this one.
5. CPR of a child: I did every thing and called for 999 when I came back she stopped me and asked me to sit I did it as I learnt I think no reason to fail this but God is to decide.
6. BP: An old aged examiner, I took sitting BP, but standing I couldn't hear sounds so I told him. Trick: 3 cuffs, choose medium always and learn how 2 attach it, examiner did it for me lol I think 50-50.
7. A man who has cluster headache, diagnosed as migraine 5 yrs back, ct done and it was normal. I have to counsel him he wanted MRI, oh my god he had read some newspaper about wonders of MRI. I know that cluster headaches are indication 4 MRI but I tried to convince him that MRI may be unyielding, he said he want it, so I said I will talk to registrar. I don't know what happens?
8. Cauterisation i did it well, I think I will pass this one.
9. Breast examination. A lump in the left breast on an actor wearing the manikin, completed with lymph nodes as well,

some guys were saying that he had supraclavicular lymphadenopathy but honestly I didn't pick it.

God knows my future?

10. Worst tragedy: neonatal jaundice counsel. physical examination is normal. I think its better that I keep quiet lol. I explained that since I've done physical examination most probably its nothing to worry for but to be on the safe side we have to do blood tests and look any other reason. I stressed more telling that its nothing to worry for but I did mention tests. She asked me that do I have to stay in hospital, I answered that I will talk to my registrar. I think I will fail in this one.

11. History taking of fever, breathlessness for 3 days from a young man, I thought pneumonia excluded PE, TB by travel history, and HIV by sexual preferences, needles. But in 5 minutes what I can do? So 30 seconds I vomited D/Ds as pneumonia, unstable angina, PE. Can u think of any remote D/D of first episode of breathlessness, fever except this? I don't know what gift examiner gave.

12. History taking only from 30 yrs female about abdominal pain on right side of abdomen I asked all pain things, last menstrual period, could it be pregnancy? Contraception, drugs. She was using OCPs. My God, but she may be lying lol so ectopic is possibility, ask for discharge from front passage, back passage, bowel problems, distension, what else in 5 minutes? God is judge.

13. Mental state, suicide risk I guessed it's major depression with suicide risk so I knew it's tough to do mental state examination, assess suicide risk, discuss with examiner in 5 minutes, I stressed more on suicide thoughts and depression so told to admit her under mental health act 1983 as she wanted to kill herself when she leaves, she was crying, but I was crying actually in mind. She said life isn't worth living, i thought the same as I considered the possibilities if I fail. lol be cool ask 5 things of depression ,ask future thoughts, admit her ok . Only god can judge me now.

14. Morphine side effects, you all know it.

15. Let me see what were other ones I left lol if I pass or I fail I did my best in time strains good luck my friends who come so far from homes for their career and try so hard here. I wish u all do good and fulfil your aims.

04 06 2003

- 1) BP.
- 2) Adult CPR.
- 3) Right hemicolectomy phone call to consultant.
- 4) A child comes with cold problem for the past 10 days drinking lots of water, take history.
- 5) Morphine advice to patient.
- 6) Epilepsy advice.
- 7) Suturing (a very angry looking examiner there!!).
- 8) PR.
- 9) Cervical smear.
- 10) Knee exam.
- 11) Pilot: A patient comes with pain in elbow, examine her and advice her.
- 12) Ophthalmoscopy.

5th March 2003:

1. PR exam-palpate prostate-hard multi-nodular-could be Ca? said what I found and told examiner would like to follow up with more Ix.
2. Suturing- didn't have time for 2nd stitch but said if i had time I would've done it, disposed of sharps though.
3. BP-messed this up completely, tubes disconnected, noisy, kept apologising to pt and in the end just said would've liked more time. Couldn't record a thing. Something so simple they made so hard!!!.
4. Man on morphine-kept saying he was going to die, just told him

pain would be better with morphine, kept asking about going to work-told him not yet but have to see what happens but life quality would be better with less pain-is that ok??.

5. Prostatitis-very nice pt,told him atb's and then take it from there, would like him to have more Ix.

6. Post-partum-straight forward, admit but in a nice way, told her she needed a rest and we were there to help, she was v happy in end.

7. Epileptic-told her same as above, didnt know SE either told her would find out and then tell her, driving said she couldn't for know but depending how she goes on Rx and fit free we'll see-is that ok?.

8. Child-thought this was New onset diabetes Mellitus and want to see child for tests-urine etc, dd-DI but no trauma-seemed happy at end, examiner too, although asked me diff betw frequency and polyuria-told him then he asked whta this was-told him polyuria??????

9. Smear-ok straightforward.

10. Knee exam-pt v nice, did inspection, palp and a couple of knee movemnt exams, no time for anything else, examiner asked what ligs i was testing for said Collateral-seemed ok but not sure.

11. Fundoscopy-examiner not nice at all, did same as above, not a pleasant osce although not hard, explained protocol, but examiner not helpful as to what he wanted-thought i saw silver-wiring and said hypertension but not sure.

12. Said pleuritic pain too and perhaps plerisy but wanted him to have Cxr, Ecg etc to rule out heart probs.

13. Telephone-said pt in shock-blanked out hypovolemia at time remebered after, but told reg i wanted him to come straight to ward, kept asking dd but messed it up a bit as i said shock but not what kind-said could be sepsis even though temp not raised,as post op prob int bleeding-wanted to go back in as i was exiting to tell examiner that, but too late.

14. CPR-lovely examiner, stops you after you do 2 sets of compressions, and then chatted to him, v nice.

15. Pilot-menorrhagia-fibroids told her wanted consultant to see her for more investigation of fibroid and we'll take it from there.

5th March 2003:

1.PRexam.

2. Suturing, v shape wound. need to be cleaned. no time to do both.(for me)

3. BP. disconnected tubes, very noisy, didn't heard properly. examiner insisted to give him the BP. I said I am not sure. he ask me for the last time to give him my bloody findings. so I did with assuring him that it is not sure. and to be honest, I f... up the station because I forget to put the diaphragm on the lady's arm before listening. when I realized I took the station from the begging. No time to check on standing. May be it is an E, or F if possible:(. anyway the patient was very supportive.
4. A man with non-hodgkin lymphoma. swith to sr morphine. counselling. pritty upset the pt because now he is going to die, this is the last treatment available...anyway, happy at the end.
5. A man, 75, fever 38°C, pain, dribbling stream, pr shows enlargement of prostate, smooth. discuss management. very nice pt., talked about antibiotics, tests, he wanted no surgery and I agreed, at least after initial treatment.
6. A lady, 34, 4 wks post-partum, depressed, thinks she couldn't cope anymore with the child. unsupportive husband, but happy. Finally she recognised she thought of harming herself and the baby. like any depressed patient, it was very hard to get any answer from her. So I took the indirect questioning and then asking about different symptoms. Finally happy.
7. A young, girl, 7 days of carbamazepine, didn't know about side effect (who prescribed at the previous exam this drug without telling her the side/effects?). Go to univ, has appoint. with neurologist there. Counsel about life style. She wanted to drive, so I told her about DVLA.
8. A mother of 4 years old girl, A&E dept, girl lethargic, drinks a lot of water. She has had a cold for 10 days, lethargic for the last 3 days. hx of DM in family, no sleep pills at home/ diuretics. No pain. Eating not very good. No other symptoms finally the dg seemed to be juvenile DM. ddx urinary infection, meningitis(??)
9. Cervical smear.
10. Knee exam.
11. Ophthalmoscopy. very difficult with the examiner. he turned off the background light, I said ok, i will go without it. the ophthalmoscope was different from the one I was used with so I didn't turn it on or off. Finally I wasn't asked any diagnosis.
12. A male, 55, no smoker, chest pain, left sided, 18 hrs duration ECG normal. hx suggested pleuritic pain, but did not exclude unstable angina because atypical pain with both parents died from heart problems at their 60's. No past cold. Examiner was really pissed of because I didn't put the certain diagnosis and ask what do you think about that unstable angina if the pain is pleuritic one. said atypical pain. he wasn't happy at all. Didn't want to hear about CXR and also examination...
13. Classical station with telephone conversation, pt with right hemicolectomy six hours ago. Examiner very supportive and finally seemed ok.
14. CPR.
15. Pilot // menorrhagia, 34 yrs old, 4 children, husband with vasectomy. Eventually she said she has an u/s performed and that showed fibroids...

PLAB II Feb/2003:

1. Bimanual vaginal examination.
2. A young lady with a 7 month infant and swollen left leg (# of femur) Take history (Physical abuse).

3. A young man discharged home give advise about Salbutamol inhaler, Beclometasol and Prednisolone tablet.
4. BP.
5. CPR.
6. Suturing.
7. Venepuncture.
8. Physical examination of a young man with scaphoid fracture and management.
9. Take consent for appendicectomy from parents of a young boy.
10. An old lady with 10 years Rheumatoid Arthritis and problem with sleep (6 months ago her husband passed away).
11. A diabetic lady, physical examination of the leg.
12. A young lady with severe headache, shy away of the light. Take history and manage her.
13. A 72 year old lady with obstruction of bowels (tests- Abdominal X-ray prepared), vital signs stable, talk to the consultant on the phone ready for operation.

03 09 2002

- 1- BP
- 2- CPR 6 yrs old
- 3- postnatal depression
- 4- hip examination
- 5- Diabetic foot neurological exam
- 6- Cervical smear
- 7- Dysphagia-take history
- 8- Asthma attack take history
- 9- RUQ pain murphy (+) confirm history and make specific examination
- 10- CHD focused exam
- 11- Talk to consultant re post op patient- intraabdominal bleeding
- 12- Pilot station- testicular lump-counselling
- 13- Lady undergoing cystectomy for a supposedly dermoid cyst. Counsel her.

04/08/2002

1. talk to mother whose 18 month old child jane has diarrhoea.....she has similar episode 2 years back and admitted in hospital for i/v fluids.
2. examine the breast (there was hard nodule in lower right quadrant of breast on examination)
3. examination of back (person has sciatica) slr was limited, side movements were also painful.
4. take hx from young girl about wt loss. (case of thyrotoxicosis) having all symptoms like wt loss, diarrhoea, palpitations.
5. take hx from 56 yr old lady about urinary incontinence (she had two children, one was prolonged labour, and other was forcep delivery)
6. CPR of an adult (examiner asked me what is the specific area that we should not press) ans xiphisternum.
7. take hx from a man with rectal bleeding. he work in some antique shop..his father died of bowel can..examiner asked about differential diagnosis)
8. talk to lady about medication after MI. going to home. u are provided with prescription slip..the drugs were aspirin, atenolol, simvastatin, and ace inhibitor, gtn spray. everything was written on prescriptions except side effects...that u have to tell yourself.

9. examination of respiratory system...i messed that up that looks to me real patient but iam not really sure...any comments?

10. blood drawing for anemic patient

11. b.p taking both sitting and standing

12. pt in coma examine neurological system, u are provided with gcs chart.

u have to do examination as whole for coma patient. there was bruise made at right side of forehead, his breath was alcoholic, abc is maintained and primary and secondary survey has been done. he has cervical collar, i checked pupil response, asked about pulse b.p respiration. looked for needle marks at arms, did all reflexes, biceps, sign checked the tone and rigidity.

13. talk to patient about amitriptyline...pt asked me about it, s addiction..and driving.

14. pilot station was counselling about endoscopy (emergency procedure for patient having melena and hematemesis)

15. counselling about hrt side effects and benefits

05 06 2003

Hi, I am giving a feedback on my exams - held on the 5th - went ok - but the stations were little off beat - in the sense there were no OG / Psych stations at all - there were two hip stations, more medical & surgical stations than we expected. Anyways - hope I have not committed any serious blunders - cause you never know what these examiners expect us to do there in the given time.

1. BP - I could not take the standing BP - as I had enough time only for the sitting. The examiner said as there is no time - proceed to the next station.

2. CPR ADULT - she stopped me after 3 attempts - asked me when I will check the pulse - I said maybe 1 min.

3. Child having irritable hip, you are going to discharge him, counsel the mother about the management, advices etc - this was my last station - a horrible one to end it all - I just could tell her that I will get back to her after discussing with my registrar - then I could not tell her anything - by then 4.30 bell - I kept quiet then she said it is my last station - & smiled - asked me how did it go? Then the examiner said - I must be really tired - I said - I don't know how fast time went - he asked me whether I would want to go through the whole stuff once again?? I said not in my life!!!!

4. Test cranial nerves 2-7 - this was my 1st station - I was trying to get the better of my nerves - just the starting troubles - but I presume the examiner might have been kind enough - after the 2 cranial nerve - it went off smoothly - he asked me the diagnosis at the end - I told him about the visual field defects. Rest of the cranial nerves were normal.

5. Discussion with examiner about a pt. of diabetic ketoacidosis - this was the 2nd station - was really very theoretical - kept asking everyone about the sliding scale - anyway - just nudged off that question by telling him that I would consult my registrar - my humility at admitting my ignorance paid off - he showed me the radiograph - it was a male patient's radiograph while the presenting patient was a female - that I realised only 5 stations later in my rest station!!! Too late! But anyway I finished this station well by answering the organisms causing pneumonia in DM & in normal individuals.

6. Scrotal swelling patient. Assume you have already taken history and investigations; explain to the patient. About the diagnosis, treatment? - This one I discussed about the USG & colour doppler investigations - & told the patient that he may have to undergo surgical exploration & excision biopsy if the USG report suggests a mass - & that we would not be doing needle biopsy - I hope that this was the key point they had in mind. I told him that he would have to go to the radiology dept. & my radio registrar would talk to him in more detail - also told him about the sensitive issue of losing his testis - however - surgical consultant would have a chat with him later - I hope this is enough....

7. A lady with symptoms of alcohol excess, take history and discuss d/d with examiner - this was the cage questionnaire - I completed all the 4 questions & then the social history - hope this was all that was needed....

8. Explain prednisolone dosage and inhalers technique to an asthmatic pt. - this was my worst station - the patient was

not at all happy with my explanation - I told him about relievers & preventers - then told him about the prednisolone tablets as I read it - at the end there was no time - he looked confused I don't know what the examiner had about the impression.

9. Fundoscopy - this was like the DKA station - admitting my ignorance about the findings - The right eye I could not see anything - I told him I would want my registrar to have a look - he asked me why I was not able to see - I told him may be faulty technique..... then the left eye - I told him maybe Optic atrophy - I was still not sure - he kept on asking me macula & red reflex - I said I could see neither as it was a manikin.

10. Taking IV blood sample - the examiner did not speak a word - but I got the blood & I said I would label the vacutainer & he only nodded when I put the needle into the sharps - hopefully this has gone through - but I am still not sure whether the identity on the request form was the same as that on the wrist band - I asked the others - they said it was the same - I hope that they had not changed this for me alone!! as I did not check that properly.

11. Hip examination of a lady with extreme tenderness of right hip
this was a lady - so I asked for a chaperone - then I did the examination - forgot the limb length - hope it is not a gross mistake.

12. A 9 month old child with a fit, worried mother, explain diagnosis and management to her {febrile convulsions}- this was a relatively cool station - I asked her about the episode & then rash, jabs fever - which was positive - told her that it may be febrile convulsions - as there was no fly h/o epilepsy – usually grow out of it - but would need follow up in case it recurs after 6 years of age.

13. Cervical smear - this was quite funny - I went through the prelims - & was about to take the smear - there were about 20 spatulas & only 1 brush - I took both one after the other & smeared the slide - then would label - by then the bell rang & the examiner told me to go - hope this was not a blunder!!!

14. A lady with dizziness, examine her, an otoscope and a tuning fork only on table? Pilot station - thank God - this I went through all the tests except the Romberg's - the examiner was kind - he told me to do the last one.

15. A lady passing dark stools, take history, this one - I asked her a general question – on any medications? She said no....I exhausted all the questions I could - then I asked her if there was any pertinent info that she would want to offer – the patient came with the reply - ah she had joint pain & was on NSAIDs—well wellI just breathed a sigh of relief - then the examiner asked me the DD - I told him analgesic gastropathy - dd -bleeding diathesis - time was over - maybe I should have said CA.....also....

6TH MARCH 2003:

- 1) Febrile convulsion - One attack-O/E URTI-talk to mother.
- 2) Patient having h/o cluster headache for 5yrs-asking for MRI scan-worried his friend died of brain tumour.
- 3) Pt with fever-24hr duration-cough-chest pain- pleuritic type chest pain-take Hx &give DDx -I gave only one diagnosis though I asked question to exclude DDx.
- 4) Lady with PCM poisoning- Physically stable- Ready to Discharge-asses her mental status and risk of suicide and present to the examiner.
- 5) Mrs X with abdominal pain-take Hx and tell diagnosis to the examiner.
- 6) Pt is to undergo herniorrhaphy under LA-he is anxious about it -relieve his anxiety.
- 7) BP measurement in lady ,who feel dizzy when got up.
- 8) Blood drawing

- 9) Catheterization -no need of telling examiner that you will greet Pt etc. Just get on with the procedure.
- 10) CPR -6/7 yr old child-unresponsive at ward -give CPR.
- 11) Knee Joint examination -real Pt-Couldn't perform any of the test checking ligament & Menisci as it is painful-present finding at the end to the examiner-tell Pt what you are doing.
- 12) Arterial system examination -has calf pain -real Pt-Burgers test positive, foot pulse absent in R leg-running commentary.
- 13) Breast examination-hard lump in Left breast-present findings to examiner.
- 14) Telephone conversation-to the consultant-Pt undergone hemicolectomy 6hrs back-BP low, Pulse Rate high. Hyperventilating.

09 05 2003

hi guys, anyone who sat that exam?. I need some feedback from you . How did you find it ?.Any one interested in the actual osce's from the exam?. I was on the green circuit. there were 2 circuits !. one named green and the other yellow , with different stations, presumably!.

1. 2 stiches. the examiner was a really pain in the ass,he kept saying i have to hurry. beware of the wound , i have a "Z" cutt, you have to saw it at the Z points , then to proceed to stich the rest.
2. breaking bad news. the wife of a patient with a pleural carcinoma , following asbestos exposure. I had no answer how much he has to live . Any suggestions?.
3. a mother with a child who drinks to much water and passes to much water. suggest DD to the examiner.
4. a lady who had a child 4 weeks ago. she is tearfull and she thinks at suicide and hurting his daughter . you have to suggest dd and management plan, be sure to do a mental state examination, any psychotic features , admit to mother and child psychiatric ward. difficult because I didnt's getr the chance of finish my summarising.
5. a secondary survey with a guy who fell from a ladder. they gave you a brief description . i was very poor at this station because I didn't begin with survey , I concentrate only on the leg which had a neck of the femur fracture and I gave the appropriate management but i missed a correct survey. I think I will be lucky if I get a D.
6. Take patient's consent for surgery. You have to address his concerns with pain management after the operation. He has had a similar one in the past when he was in pain. The trick was to ask what happened that time and He will tell you that the wound was infected, you have to explain that was to cause and you are going to make sure it doesn't happen at this time. And the time run out.
7. a patient with FOOSH injury. a painful snuff box. Diagnosis?. ...you are given a X-RAY with a very clearfracture.
8. a lady with a pain in the LIF, dd and management. it's the old EP. be sure you ask precise questions.
9. a lady who complains of pain in RUQ radiating in the back. DD. it's renal stone with infection.
10. Breast exam, 2 nodules, give a run through commentary.
11. leg arteriopathy examination.
12. CPR
13. A nurse with a constipated patient. Ask history.

14. BP.

appeared for this exam, I don't had a z cut, and the lumps in the breast I missed them, and secondary survey he is just making me to make wrong, and arterial disorder, I completed in 3 mts., I don't know what to do after that., I am sure I have to appear again.,,

hi thanks for the help i just have one question , question number 4 sounds like postnatal depression, and we have to take history to reach to diagnosis and u also said tht dont forget to do mini mental state , so how can we do both this in 5 minutes can u please elaborate tht station thanks alot and good luck

2)tell patient that no one knows how long he might have a few months or even more then a year.important thing is to make best of time and make him happy and comfortable as possible.

3)DK,DI ask for trauma?

4)not sure why do a mental state examination.asking about depression and accessing harm risk to baby takes long as it is

5)survey is tricky as always.

6)good one not have though of asking of past op.i would have just gone on my morphine and patient controlled stuff hehe.so it was a good move on your part something we should all learn to watch out for

7)scaphoid fracture.how long in cast ?

8)more ectopic hurrah)

9)right pyelonephritis.DD acute chole,hepatitis,basal pneumonia,pancreatitis,trauma,perforated ulcer

11) normal say what artery you touching ,hold for a few secs don't rush.auscultate the popit and femoral artery

13)int.obstruction?mgt?is it post op or just admitted like that?

the station is well described in Una Coales. I think you may be right that you have to assess the risk for the child but in order to make a definite management plan you have to determine if she has any psychotic features, this will determine the admission to a mother-baby psychiatric unit.

for drmc,

don't be put off, man!. i am also unsure about the outcome. nobody knows how are they going to assess our performance. It is safe to assume that you only need to do the station as if it was normal, to demonstrate you are able to do the examinations and probably reaching the right diagnosis would grant you a B or even A, but for a safe C only this. for maddog,

3, i didn't ask for trauma.

7. have not ideee, I did say 4 weeks.

13. the nurse gave me the history of a lady with osteoporosis who had a T8 collapse, admitted 10 days ago, and no stool for 5 days. no other medical hx, medication dihydrocodeine. I thought this is the answer but I reconsider it not, in the view of her collapsed vertebra.

for ali

the nurse is taelling you that the patient is a female of 80 who did not pass faeces for the last 5 days. her tummy is getting bigger and it feels tense. i asked her about previous history and she says osteoporosis and the patient was admitted because of a collapse vertebra T8. she had similar problems in the past and the last stool was very hard. At this point I asked about present medication and she said dihydrocodeine. I thought at Una Coales in which is a similar case but I think I got the wrong diagnosis. i should have state a differential diagnosis: either fecal impaction, most probably, or adverse reaction of codeine. O said the ;ast one but I think the answer was the last one.

hi dragos,

thanks for boosting up, as far as constipated pt, is concerned it is definitely due to codeine, and u must tell the nurse to give a laxative and u are coming immediately, ask her to take an x-ray of abdomen in the mean while,lets hope 23 rd is a good day for all of us,

Thanks for the valuable information. Hope you will get good results.

drmc - I dont think it is wise to give laxatives in this pt as it is already become intestinal obstruction. Manual evacuation and tap water enema would be better.

The Z cut is sutured same as the other but the two points sutured first - so the alignment is ok. Then the rest is sutured.

Thanks again

thank you for encouragement beetle. i think you are right about the management of the constipated patient. I was interested in your opinion about the breaking bad news station in which i think i screwed it up big time and I am afraid of an E. I did not have any answers about the prognostic and I offered her to speak to my consultant about more detailed info about the treatment. at that time i thought it is sensible to do, the only thing i remembered is that mesothelioma are very hard to treat and chemoresistant and radioresistant. so the only option was palliative care.

She did ask me if he is going to die from this illness and I answer in a straight manner "yes". From my current experience it is better to give people bad news as simple as possible, it may save you from legal actions!.

dear dragos,

when she asked whether her husband dies, never we should answer yes, the standard thing to say is I DON'T KNOW, DIFFERENT PEOPLE REACT TO DIFFERENT CANCERS IN A DIFFERENT WAY, FRANKLY I DON'T KNOW WHETHER HE WILL DIE OR NOT this is the standard statement we have to use, when i said to her she was looking normal and thanking me for giving her good advice, and actually i look more sober than her,

regarding constipation we can rule out intestinal obstruction the nurse has ruled out all the remaining features of intestinal obstruction and is surely due to codeine and we can give either laxative or finger evacuation,

that's all for now, dear dragos i am sure you will pass up, because you seem to be doing well,

best of luck

thank you drmc0 and maddog for your encouragements. it was a real confidence booster. i hope you do well at your plab2. i am especially happy that i managed to get an interview to a job in only 3 months of applications. i think that people must be aware that they have to wait for a long period of time until they manage to get a job, and a good thing is to start with a 6 months of PRHO before a SHO job. i share with you this info because I was advised by a doctor who favors foreign doctors, because of their dedication and willingness to work without complaining as english counterparts so often do. we are far better than them and we will eventually succeed where they would have quit trying for a long time. these are not my words but the words of an english doctor who really appreciates that we are providing for their patients. as a conclusion, heads up and good luck!.

15TH April 2003 / Guy's hospital:

1. CPR adult.
2. Primary survey. (The patient was with a cervical collar on).
3. H.R.T counselling (48 year lady with symptoms of menopause).
4. Mother worried as she thinks that her child has a serious illness, counsel her and relieve her anxiety. (Post-viral Myalgia).
5. A 25 years old man with painless testicular lump. Thinks he has CA. Counsel him.
6. Cranial nerves II – VII (Right homonymous hemianopia + R/s 5th nerve sensory loss).
7. Male catheterisation (Keeps lignocaine gel syringe in a separate place).
8. Suturing a V cut.
9. (DKA, HONK) 25 year person on insulin who took last two doses, presents with coma. The examiner asks questions, initial management, DDx, RBS=43 mmol/l, K=2.5 mmol/l, urine ketone bodies +++ (now what? management), WBC=18*10⁹, (ans =Infection .) Shows an X-Ray-1/s lobar pneumonia. M=what antibiotic.
10. A man has been started on Amitriptyline, asks questions.
11. Examination of upper Abdomen who has pain. Give DDx.
12. A 50 years old lady has haemoptysis for one week. Take history.

13. Pilot- H.I.V counselling – A patient want to move with his new girlfriend so you want to get her tested.
14. BP.

16th April 2003 / Guy's hospital:

1. BP measurement.
2. CPR of a 6 years old child in a paediatric ward.
3. A 24 years old asthmatic guy treated for asthmatic attack, explain to him how to take his new medications (Becotide inhaler, Salbutamol inhaler and prednisolone tablets).
4. Male catheterisation.
5. Take blood sample from an anaemic patient.
6. 28 years old lady 38 weeks pregnant with preeclamsia 160 mmhg systolic and protein ++ in urine. Take history & arrange management plan.
7. 16 years old lady with 2 months history of weight loss. Take history give a differential diagnosis. (Looks like to be hyperthyroid case).
8. DKA discuss management with the examiner.
9. A young man fell on outstretched hand examine his hand and discuss management plan. (Scaphoid fracture.).
10. Examine the sensory system in the legs of a sixty years old lady who is alcoholic.
11. A 55 years old lady with history of 4 days dark stool. Take history. (She was on declofenac for an arthritic hip).
12. Mental state exam. Test Orientation, Memory and cognition in a 70 years old man.
13. Mesothelioma, break the bad news to his wife and talk to her.

14. Talk to the parent of a child who is 6 years old who received AB from a GP. I found out that he is lethargic and has purple rashes on his shins so I asked him to bring him back.

16 07 2003

1. A women worries about having STD [not worrying about HIV] address her worries. She said that she came to know that her husband had sex with someone one month ago and that worries her a lot. She was revealed about this yesterday's night only. She hasn't got any symptoms regarding any kind of STD.
2. A guy has got addiction with many drugs. Talk to this guy regarding harmful effects of drugs. He said he is addicted to heroin and cocaine.
3. Secondary survey. Guy has got fracture of femur.
4. BP
5. semiconscious patient. assess his consciousness level based on GCS which was provided. And neurological examination of his limbs. This guy's GCS was 9 And this guy wore shirt and jeans pants and I wasn't allowed to remove his clothes. I didn't know what to do. I checked his tone and reflexes. No sensations tested as he has got his clothes on. Didn't check his power as he was semiconscious and no verbal response on GCS.
6. Talk to a mum who worries about his son who has got upper respiratory tract infection. play card says there is no meningitis and address her worries.
7. CPR {adult}
8. Rest station
9. IV cannulation
10. Talk to registrar about a women who has got intestinal obstruction because of strangulated hernia. x-ray was displayed and vitals provided.
11. a women with lower abdomen pain rule out DD and discuss management with patient. She basically gave me the symptoms of UTI. Dysuria, hematuria, frequency, fever, past H/O similar complaints.
12. Ear examination. Tuning fork tests and otoscopy. Slide was CSOM.
13. Spacer
14. Breaking bad news to a woman whose husband has been diagnosed with mesothelioma. This woman was miserable and didn't listen to me and kept screaming all 5 min.
15. Breast examination.

16. Take history from a lady who is having fever and arrive at a diagnosis and discuss about the DD with examiner [pilot station].

17 07 2002

The OSCE stations were:

1. BP measurement
 2. BLS Adult (had cloth on mouth & when i asked can i take this off as chest did not rise , examiner said 'no')
 3. Thyroid Examination
 4. Resp sys exam + peak flow meter (very rushed station...i must say)
 5. PR Exam-Ca prostate
 6. Suturing (made a complete fool of myself there , only did one stich, and threw needle in sharps bin, is that enuff to pass)
 7. CIN 3 Councelling
 8. Man with RTA and depressed, take Hx. he was unemployed for 10months.
 9. newly Dx epileptic, give advice on medication, recreation, driving, & job (kept saying she had a driving test to give today, i told her cancell it , u can not give it by law)
 10. advise mother on phone: child & mother with diarrhoea (baby had D 6months back & was admitted to hospital & got i/v fluids)
 11. Man had endoscopy & triple treatment , Now has chest pain on exertion (angina???)
 12. H/o Dysphagia, smoked 25 cig/day
 13. breaking bad news to wife, husbands already knows-Mesothelioma
 14. scaphoid fracture
- Pilot -haemoptysis+ smoker

18 07 2002

1. Abdominal examination
2. Asthma
- 3 BP
- 4 Talk to mother on the phone (Diarrhoe-she and daughter 18months)
- 4CPR
- 5 Taking consent for postmortem
6. PR examination.
7. postnatal depression
8. IV infussion
9. STD do not talk about HIV
10. Talk with examinar about dg, ECG CXR, choose appropriate three drugs from more than 10
11. Ankle sweelling Discuss only management- no history allowed.
12. weight loss. she has diarrhoea for 2 months.
- 13, examine the cranial nerves.
- 14 I can't remember, very tied and nervous as I blow some points I shouldn't do.

17 07 2003

1. Suturing.
2. CPR Child.
3. Cervical smear.
4. Ophthalmoscopy.
5. Rest.
6. Alcoholic history.
7. Breast examination.
8. Asthmatic guy young knows technique , Ventolin, Becotide .Prednisolone. Talk to him.
9. Secondary survey, he had pain , assume no neck injury, head was fine.

10. Hernia repair under LA pt is concerned & afraid .Talk
11. Diarrhea 18 months child telephonic conversation with mother.
12. Rheumatic clinic ,female presented with insomnia ,husband died 6 months ago,h/o depression.
13. Man had fall with loss of consciousness for 2 minutes,on head a bruise present talk to him. He is 50 years old & is bar owner. (PILOT)
14. BP.
15. H/o Asthma 26 years male wheeze ,cuogh ,SOB for 3 months talk to patient.
16. TIA take history ,talk to patient.

Plab II Questions of 17th December 2002

1. Take history from a woman whose child has been screaming uncontrollably for the past 10 hours. (Ans.- Intussuception).
 2. Take a history from a 59 years old woman with passage of dark stools of 6 months duration. (Ans.- Iatrogenic, Patient on diclofenac).
 3. Inform Mrs. Smith that her husband has inoperable mesothelioma.
 4. Male Catheterisation.
 5. Perform a bimanual vaginal exam.
 6. CPR on a child.
 7. Measure BP in a patient complaining of dizziness.
 8. Examine the respiratory system of a patient and show him how to use the peak flow meter.
 9. A 27 years old housewife was admitted to the medical ward for taking an overdose of Paracetamol. She is now fine and is about to be discharged. You are the medical SHO, take history and assess her mental state.
 10. Take history of chest pain from a middle aged man who came for follow up after an endoscopy the triple therapy. (Ans.- Angina).
 11. Telephone conversation with a mother whose child was seen by the GP a few hours ago for an ear infection. Mother is quite worried that the child is still very ill.
 12. Take a history from a young woman complaining of low abdominal pain. (Ans.- Cystitis).
- *****

Plab II Questions of 18th December 2002

1. Venepuncture – Collection of blood from anaemic patient.
 2. History and treatment of intussusception. Crying child inconsolable.
 3. Mild upper respiratory tract infection, rule out meningitis. Counselling.
 4. Bereaved man lost mother, called for permission of autopsy which would include removal and storage of certain organs – Pulmonary embolism.
 5. Child resuscitation.
 6. BP.

 7. Cervical smear collection PV vaginal examination.
 8. Drug counselling for antidepressant.
 9. Acute chest pain with guidance of chest X-ray. Cardiac failure – Drug management. Choose 4 drugs to administer in A&E.
 10. Examine the CVS.
 11. Pain in right leg (possible sciatic nerve pain). Examine the leg.
 12. Bleeding per rectum (passage of black tarry stools). Take history and make diagnosis.
 13. Weight loss – Young girl take history and make diagnosis.
 14. Bleeding per vagina. Take history and suggest investigations. Pilot station.
 15. Examine cranial nerves II – VII.
- *****

19 05 2003

1. BP measurement.
2. CPR of a child in paediatric ward.
3. A child has meningococcal septicaemia, explain the management to the mother.

4. A young female with pain in RIF. Take history and give ddx.
5. A young man with fever. Take history and give ddx. (Pneumonia).
6. Explain local anaesthesia pre-operatively to a patient who is going to undergo herniorrhaphy.
7. Take history from a depressed lady who has rheumatoid arthritis.
8. A male with migraine, he had a CT scan which was normal and wants MRI scan, counsel.
9. Venepuncture.
10. Lower limb - arterial system examination.
11. Knee examination.
12. Bimanual vaginal examination.
13. Male catheterisation.
14. A man has post-operative collapse after hemicolectomy, phone conversation with a consultant.
15. Pilot: A man with delusion, thinks that his wife is having an affair, Take history and give ddx.

PLAB II Questions for 20th February 2003.

- 1 BP
- 2 CPR
- 3 BLOOD SAMPLE
- 4 DKA MANAGEMENT
- 5 SPACER
- 6 BREAST EXAM
- 7 MISSED ABORTION -COUNSEL HER
- 8 LL SENSORY EXAM
- 9 KNEE EXAM
- 10 FEVER HISTORY
- 11 STRESS INCONTINENCE-TAKE HISTORY
- 12 PANIC ATTACK
- 13 POST OPERATIVE PAIN COUNSELLING HERNIORRRAPHY
- 14 HISTORY CONSTIPATION—MORPHINE

PLAB II Questions February 20th 2003 with comments...

1. Suspected alcoholic lady who works as a publican, complaining of burning sensation in her legs - examine the sensory system of her lower limbs including reflexes.
2. Panic Attacks - fear of going out the door, started when husband left her and is getting worse. She was very nice and helpful, not difficult.
3. Pre-op counselling for patient concerned about post herniorrhaphy pain (he had same op on other side a year before with post op infection and complications which were very painful and he was concerned about that mostly)
4. Take a history from nurse about a patient on ward for 2 weeks and now constipated for 5 days and becoming confused. Patient was on codeine phosphate, but nurse also told of swelling in lower abdomen which was getting bigger (??Urinary retention - I didn't think of that till last night!!!)
5. BP - terrible station, equipment faulty, readings 160 - 190, examiner HORRIBLE!
6. Hx of patient with fever - he had cough and pleuritic chest pain, once I'd taken short history and gotten that he had pneumonia, examiner stopped me and just focused on that asking me what possible organisms? what questions would you ask to differentiate? what are predisposing factors for staph. pneumonia, etc? The patient was in the army living in barracks - had probable Mycoplasma pneumonia.
7. CPR 6 yr old child - examiner tried to chat to me, I showed him my name badge and said good afternoon, he continued to ask me how are you, how's it going, standing in front of me, so I interrupted him and just said a child is collapsed, this is an emergency, is the environment safe, is there any neck trauma? and he smiled and said good, good, no it's safe to approach. He was very friendly and kind.

8. Patient complaining of pain in his right knee, worse on kneeling and walking over rough ground. Examine the joint in a manner appropriate to this history.
9. Patient who is known diabetic on insulin 24U mane and 24U nocte, comes in semi-conscious, has been nauseous and vomiting, examination and brief history have been taken, discuss management with examiner. Patient had DKA and chest infection with typical CXR showing a left lower lobe pneumonia with consolidation.
10. Missed miscarriage break news and explain what will have to be done. Actor was really mean to the morning group, crying hysterically and refusing to listen, but by the afternoon she was ok, much nicer and quite reasonable - guess she had run out of false tears!!!
11. Spacer - actor and examiner where both wonderful!
12. Stress incontinence - patient was a bit prickly and very demanding wanting to know treatment options etc! I was crap, didn't know a thing!!!!
13. blood collection, name on bracelet and form were different! Bastards! Both Smith but arm was Mrs Smith and on the form John Smith - as if you would not notice in real life with a woman sitting there to have blood taken and think her name would be JOHN!!!!
14. Breast exam - patient was LOVELY, told me quick, time is running out the left breast has no lump, but there is a node in anterior group of right armpit!!! Very sweet. examiner was mean though, no smiles
15. PILOT - patient complaining of dysmenorrhoea, discuss treatment options. She said she had tried COCP and found it very helpful but read an article in paper few years back about all side effects so stopped taking it. I spoke to her about COCP and discussed contraindications and risks, and took a brief history - she had no contras. Also discussed analgesic options etc, but agreed that she would try analgesics first and if no use she felt happier about trying COCP again! Don't have any idea what they really wanted or if that was right.

PLAB II Questions for 20th February 2003.

1. CPR.
2. BP.
3. Pilot-mx of dysmenorrhea.
4. Rest.
5. Take a blood sample.
6. Knee exam.
7. Sensory and motor exam of lower limbs.
8. Urinary incontinence history.
9. History of fever.
10. Discuss the management of ketoacidosis.
11. Breast examination.
12. Counsel a patient with panic attacks.
13. Discuss pain management with a pt due for an inguinal hernia repair under local anaesthetic.
14. Counsel a woman who has a missed abortion.
15. Discuss with a nurse the progress of a patient with intestinal obstruction.
16. Counsel a parent about the use of a spacer.

PLABII for 20th /02/2003.

- 1- Wheezes – History.
- 2- Alcoholic- History.

- 3- Chest pain-History.
- 4- Diabetic patient-L.L neurological examination.
- 5- Breast Examination.
- 6- CPR-Child.
- 7- Thyroid Examination.
- 8- Spacer Device-counselling.
- 9- Measuring Blood Pressure.
- 10- Gonorrhoea-counseling.
- 11- IV cannulation.
- 12- Local anaesthetic- counselling.
- 13- Secondary Survey- Femur Fracture.
- 14- End-stage prostate cancer-talk to the daughter (Who was a real hell!!). Always tell about radiotherapy for pain from bony metastasis. Explain that morphine dose can be increased. Tell about morphine pumps in spinal canal for nerve root pain. Be gentle.
- 15- Pre-eclampsia for caesarean section- Talk to husband (pilot).
- 16- Rest.

PLAB II Questions for 20th February 2003:

- 1- H/O fever (take history,dd to discuss)...this was the case of pneumoniapt.cooperative..
- 2- CPR 6YR.OLD.
- 3- Knee exam.
- 4- Missed abortion (tell the pt.and discuss management....pt.was really nasty).
- 5- Counselling of spacer device.
- 6- H/O incontinence in 51 years old female without prolapse.
- 7- Breast exam.
- 8- Blood sample.
- 9- Discuss DKA management with exam.
- 10- Sensory and motor exam in alcoholic.
- 11- BP BY diastolic method.
- 12- Management of dysmenorrhoea (pt. nasty).
- 13- Panic attacks.
- 14- Post-operative pain management of herniorrhaphy.
- 15- Take history from nurse about apt. who has c/o constipation, confusion (intestinal obstruction).

20 05 2003 Guy's Hospital Morning (9am) Stations:

1. BP.
2. CPR- 6 years old child.
3. Scrotal swelling-Counsel the patient about management.
4. Diabetic foot examination.
5. Headache - take history & discuss D/D with the examiner.
6. Right knee pain-knee examination.
7. IV cannulation.
8. MI - history given outside the station, tell the examiner about your diagnosis, he showed an ECG, asked about management.
9. Spacer counselling.
10. A Patient with Haematemesis & malaena - counsel for urgent endoscopy.
11. Depression-take history & counsel about his condition (I don't remember exactly what they asked us to do).
12. Bimanual P/V exam.
13. Rest.
14. Child has taken some (12) OCP pills, anxious mother-counsel her (Pilot station). (OCP poisoning, the mother keeps asking about pre-cautious puberty which couldn't be initiated by 1 dosage but more that could initiate it).
15. Discuss the management of ankle injury with the patient who does not have the fracture on the X-ray. You have to discuss the management PRICE with the patient.

16. Take history from the plumber who had worsening of cough and sputum for the last three weeks. Actually he was simulated to give the history of the malignancy.

21 05 2003

1. Paediatric CPR.
2. Fundoscopy (hypertensive retinopathy).
3. Spacer device counselling.
4. Newly diagnosed epileptic.
5. Blood sampling for anaemic.
6. Sterilisation.
7. Examination of the right upper quadrant pain of abdomen.
8. Spine examination.
9. ?????????????????
10. Thyrotoxic history.
11. Pneumonia history.
12. BP measurement.
13. Mental assessment in Paracetamol over dosage.
14. Pilot: counsel a mother about her son who had RTA: spleen injury and fracture of femur.

21 07 2003

- 1)take a history from a plumber with cough patient was absolutely fine,he said everything.
- 2)suturing
i started to explain what to do but the examiner told me just carry on,good rapport!!!!!!
- 3)cpr in cynosed patient
- 4) do an examination on this lady,leg who drinks a lot
i asked for chapron but the lady mentioned to the examiner!!what should we do in this silly position!!
- 5)talk to a patient with enlarged prostate and disuria and ferequency!!!!!!
- 6)DKA
- 7)talk to this patient and do a cognitive examination

the guy didnot cooperate at all, when i asked "in which floor r we in"he told me this is a floor,he was mentioning to the ground/when i asked to take 7 out of 100 he did not,and so onnn,an absoloute nightmare

8)talk to nurse about a patient with conspitation

9)take a history from a mother whose child had a fit in street

10)cevical smear

11)pilot

12)othoscopy

the examiner did not open her mouth at all!!!!!! another D

13)talk to lady with hyperemesis.I, the patient was good and i admit her

14)talk to a mother about her child with menangoseptysemia, DO NOT TAKE A HISOTORY the actress tried to show some emotion but she could not i offered every thing!!!!

15)bp

both the patient and examiner were great.

i hope i pass

good luck everybody

22 07 2003 Royal Free:

1.Bp

2.Adult CPR

3.Catheterisation.

4.Blood drawing.

5.Rectal Examination for prostrate.

6.worried about pain[post operative]talk to him before operation.

7. Ectopic pregnancy.
8. Exam of respiratory system.
9. Anorexia nervosa
10. Scaphoid #
11. Head ache h/o
12. NAI, # femur
13. Appendicitis, talk to father about operation.
14. Sec survey, # femur
15. Pilot- inconsolable child already investigation has been done and even the paed consultant seen already, no abnormalities. the mother has brought the child again to A&E.

22 07 2003 Guy's :

1. anorexia nervosa- very co-op pt
2. child abuse...# femur....again nice pt
3. BP
4. CPR adult
5. sec survey....# femur.
6. catheterisation...bit difficult to complete in 5min
7. per rectal
8. bloods....pt anaemic
9. headache...cluster...good stimulator
10. resp system....real pt....with findings....difficult to examine in detail....
11. Ectopic pregnancy....treatment....pt was wearing theatre gown and probably on trolley!!
12. Pain relief 4 hernia...previous hernia...nice gentleman
13. appendicitis in young boy....counsel father regarding treatment....basically appendectomy
14. # scaphoidexamine pt...discuss xray and treatment
15. Pilot station....incessant cry...1wk...investigation normal...worried mother. Counsel

23 06 2003

these are the stations but please read the instructions you get carefully cos sometimes they don't say what you have to do and you have to figure out what to do, procedures are all clear cut, they will say. so here goes,

- 1) examine cvs specifically for heart failure. when i started i could not even feel his pulse or his apex beat, but still continued and could not finish in 5min so just stated that i would look for basal creps, sacral edema, and pedal edema as well, examiner nice and pt nice as well. i don't think i did this well, cos could not hear anything.
- 2) black stools for last 4 days take history. pls remember these are what i did, i might have misunderstood some questions, but i am giving my feedback, pt had nothing wrong with besides finally when i got to the medication history she told me she was on diclofenac for her hip, examiner asked for ddx, could not think of much.
- 3) pt brought in my husband who says she does not dress well is not herself no more and is forgetful, assess memory orientation and concentration. i did mmse but there was no pen or paper and i asked the examiner for it and he said there is none so I did not know what to do after that.
- 4) BP, straight forward, just remember to connect and choose right cuff.
- 5) Pt with complaint of dysuria hesitancy, dribble and all those of BPH, can't remember, but pr done and shows smooth enlarged prostate, what would you do next, was confused cos I did not know whether I was supposed to counsel or explain what tx i would opt for.
- 6) Phone conversation, post hemicolectomy collapsed patient, vitals are given, talk to consultant. Straight forward, consultant was happy and said she would come immediately.
- 7) CPR child

- 8) Febrile convulsions counsel, daughter has URTI only, finished this in two minutes and did not know what else to do, asked the mother if she had questions but she said she understood everything, so basically sat there,
- 9) Fundoscopy, talk through out, examiner did not ask for my dx and sat there after 3min wondering what to do.
- 10) Venesection, straight forward again, but had to look for the equipment and took a lot of time labelling the tube and could not finish labelling the form. But mentioned it.
- 11) DKA viva with the examiner.
- 12) Paracetamol poisoning, pt had taken 15tabs 12hrs ago is fine and has come to A&E and what would you do next, do not take a psychiatric hx, says this on the card, I told of the investigations and she asked me about liver transplant and she did not want to stay in the hospital as she had her A-levels soon, don't know how this one went.
- 13) Numbness in the right hand for a few months, can't remember how long it was, I tried to rule out all risk factors and pt had nothing wrong with her and had never been sick before and was not sexually active either, and we had to state the ddx to examiner, and she asked for the dx i said maybe carpal tunnel.
- 14) Cervical smear straight forward but I forgot to label the slide and I told the examiner I would have done that first, read your question properly as ours has said that you have explained everything to the pt so just do the smear.
- 15) Pilot, explain right hemicolectomy, midline laparotomy with primary anastomosis. very simple again pt was very happy at the end.
so nothing new but still I do not think I did that well as you never know what grade they give for it,

but overall the examiners are really nice and the pts are very cooperative as well.

hope this helps and hope I pass.

23 07 2003 Guy's Hospital:

1. Inspection - cranial nerves ii-vii
2. Explain a father about "irritable hip syndrome" (his son has)
3. History lady lady with abd pain (right upper quadrant irradiates in the back)
4. Weight loss - history (hyperthyroidism)
5. Inspection of respiratory system
6. Preop advice for hernia
7. Suturing
8. Urinary catheterisation
9. Pelvic Inflammatory Disease (counselling at dismissal)
10. CPR (child)
11. BP
12. Scafoid fracture (examination and management)
13. Alcoholism (history)
14. Miocardial Infarction - what do you do in A&E (they show ECG. choose drugs, see X-Ray)
15. Pilot station - hoarseness
16. Rest

24 06 2003 Guy's hospital:

1. Examination of CVS for heart failure. Pts BP was given 140/95mmhg.
2. A Lady with back pain who is on morphine, explain the side effects and further treatment.(The lady complains much of the side effect and complain pain not controlled with Morphine 30mg Po Bid).
3. BP measurement. Both sitting and standing. There are 3 cuffs and it is disconnected.
4. CPR child. The lady/ examiner is cruel enough to make us all 5 min to do through the 'boring' stuff.
5. Male catheterisation. The examiner was so helpful.
6. Suturing. Be careful with sharp bin.
7. Paracetmol poisoning. Lady took 15 tab of paracetmol12 hrs ago and now she is fine, she wanted to commit suicide but

she was okay.

8. Counsel mother with 3 yr child who had fit. She has URTI. Febrile seizure.
9. Headache. Take hx and tell patient dx and possible mx. The actor was covering her one eye (photophobia) and complains of severe headache in the back of her head. She was complaining of pain from the very beginning, and when I arranged her analgesics she become okay. It was SAH
10. Diabetic leg. Examine. The lady and examiner were so co-operative.
11. Examination of lower back for patient who complains of acute back pain.
12. Lady who is factory worker come up with cough and hemoptysis. Take hx and make ddx. (the lady was a bit stiff and the positive history I traced was she was chain smoker for 40yrs and her GP given her antibiotic for which she didn't improved).
13. Counsel or discuss with husband of a lady who had eclamptic fit who needs emergency C/S. FHB is Positive.
14. Patient who needs urgent endoscopy. Explain to him. He came up with Haematemesis and maelena.
15. The was no pilot question.

24/6/2004(guys)

- 1.child cpr
 - 2.bp
 - 3.paracetamol poisoning(only counsel about management plan)
 - 4.male catheterisation
 - 5.haemoptysis(history taking)
 - 6.cvs examination
 - 7.clean and put sutures
 - 8.diabetic foot examination in diabetic annual review.
 - 9.further pain mangement in terminal ill cancer patients already on morphine
 - 10.acut back pain(lower spine examintaion)
 - 11.headsache with pt discuss the next line of investigation and managenent plan.
 - 12.febrile convulsion in 3 year old talk to mother(counsel)
 - 13.eclampsia,wife is been taken for the emergency csection and counsel husband.
 - 14.endoscopy(counselling)
- stations 8 and 16 were rest station and there was no pilot station.

25th March 2003

1. Life style modifications at post-MI discharge.
2. Stress amenorrhoea.
3. Respiratory system + pefr [uncooperative indian examiner].
4. Paracetamol poisoning [h/o depression].
5. CPR [adult].
6. BP.
7. Dysphagia history & ddx.
8. PID [pilot].
9. Colposcopy counselling.
10. Child abuse.
11. Suturing.
12. Male catheterisation.
13. Fundoscopy [normal].
14. Headache [offer analgesics].
15. Diabetic foot.

25th & 26th march stations got from plab board itself:

- 1.life style modifications at post MI discharge
- 2.stress amenorrhea

- 3.respiratory system + pefr [uncooperative indian examiner]
- 4.paracetamol poisoning[h/o depression]
- 5.cpr [adult]
- 6.bp
- 7.dysphagia history[dd]
- 8.PID[pilot]
- 9.colposcopy counselling
- 10.child abuse
- 11.suturing
12. male catheterisation
- 13.fundoscopy[normal]
- 14.headache[offer analgesics]
- 15.diabetic foot
- 16.rest

I have given my exam on 25th.so I can tell about it in a better way.1)firstly the questions were not single lined as above.they were half a A4 size paper vertically.frankly speaking in one minute we can read only half of the question.but at a glance we can do it fast.before we go to exam everyone tells us read the question properly & understand it first.practically that's right.but it is better get the zist of it rather than leaving the question half read.

2)secondly they were not straight forward as above.for example if you take child abuse.the exact way the question given was as follows.a 7 month old infant had a swelling of the thigh,was brought to hospital.an x-ray was taken which showed a fracture femur.now talk to the mother about this & try to explain her what you are going to do next.

you can't frame this as child abuse straight forward & ask her on her face.she will slab you.i am not joking.there are people who did that & she created mess out of it.she is an young mother.ideally we can frame a child abuse only after seeing the child if the injuries are not matching with the history told.in this case the approach should be like first rule out brittle bone disease by asking abut recurrence & family history,any difficulty in labour..before that marital,job &financial status,planned pregnancy,whether happy with the child,if the child taken care by a carer,any known psychiatric illness of mother,vaccination status,mile stones &so on.finally you can conclude by saying before, we need to do some formalities like making you talk to a social worker,need to check the child register.by this time you will be left with 30seconds.indirectly you told the examiner what you are thinking.but if the examiner is told to ask you then you conclude him saying i am not sure,but the dd's could be

- 1)child abuse
- 2)osteogenesis imperfecta
- 3)mongoloid

the examiner is not going to ask you the reasoning.anyway you have ruled out so don't worry.

almost all the questions were to talk & explain to the patient as well as explain to the examiner.so irrespective of whether you finished everything or not the examiner is going to stop you at last 30 seconds & going to ask you what you are thinking.

for instance if you take the headache case,it is a subarachnoid haemorrhage.the patient is very restless.you need to diagnose.so imagine from such a patient you need to rule out all the dd's of headache.the work is not over.you need to explain the patient the diagnosis,convince him to stay ,explain what you are going to do to get relieved of that.don't forget asking the risk factors like dm,htn.even you got the diagnosis first step don't be in a hurry to go straight of to it.what they see is how you came to that diagnosis.in the meanwhile he wmay have other headache like migraine.so make clear both are different.

try to practice the manikins perfectly as it will be safe if you can finish the whole procedure in time.especially take good guidance for fundoscopy as these days it has been repeated so many times.and you get definetly 4 manikins where you are not expected to go wrong.

next bp don't bluff if you don't get the reading as the examiner will also hear along with you with the teaching steth which has a common diapraghm.

don't do blunders like touching the suture needle with hand,forgetting to dispose sharps in the bin,doing examination when history asking is the question.we know all these things.to avoid mistakes be tension free.when the day of exam comes think only to do the exam well upto the mark.anyway when it comes to the result it will always be 5o:50 chnce.it is easy to pass, but easy to fail indeed.

26th stations from the plab board itself:

1. 6 yrs old child do cpr
2. bp measurment for postural hypotension
3. take cervical smear

4. take blood sample for full blood count
 5. pt having pain in rt upper quadrant, pain on and off for weeks, no aggravating or relieving factors noticed but the pain came after meals. do only upper abdo examination --- started this with gen examination an the examiner stopped me and said read the instructions again - so started again but did only gi examination
 6. history taking for panic attacks - lady said she fell whenever she went out of house --- ruled out hyperthyroidism, svt, phaeochromocytoma, stress.
 7. history taking pt having severe headache - tell the diagnosis to the pt and tell him what u plan to do—typical hist of subarachnoid hg , ruled out other things and told that pt needs to stay in hosp and we will be doing some investigations
 8. pt took 15 tab pcm 12 hrs back, is a suicidal risk talk to her about the management—completely messed this up, just told her as its more than 12 hrs and she took 15 tab theres not much risk, but will do some investigations and told her about the complications she may have and she needs to be admitted and can go back after the results of investigations come and if she had no problems. completely forgot about the suicidal risk and the need to involve a psychiatrist also didnt mentioned about the treatment
 9. pt had unprotected sex 1 wk back now worried about getting disease - counsel him - went ok - took the normal history and told him about the different tests he will be needing and he needs to use condoms till he is declared safe. in this case we were asked to discuss about all std's except hiv.
 10. child has meningococcal septicaemia - talk to mother who is worried—she asked about the condition , how can it spread ,how did he get it, can the child's friends and brother come to see him, is the condition fatal, will he die, what treatment will u give. in this we were asked to discuss the complications of it with the mother.
 11. funduscopy - messed up again - gave the findings but was not confident enough to convince the examiner (though findings were correct), also had to look in both eyes but forgot it only to remember it at 30 sec bell so told the examiner that i will look at other eye also, looked at it and just when i started to tell the findings the bell rang - most probably will get e in this
 12. primary survey - was ok .it is not necessarily on the manikin as we were told. usually medical students will be kept.
 13. pt has cough and sputum take history and discuss d/d with examiner - took proper history and gave d/d - tb, pneumonia, copd, bronchial ca .here it is haemoptysis. keep that in mind.
 14. pt has htn, high cholesterol. she is to be discharged now and is given 3 medications talk about them aspirin, simvastatin, enalapril - bnf wasn't kept, so i asked for it but examiner said there is no bnf. told her about aspirin and enalapril didnt remember s/e of simvastatin so told her that i m not sure but i will fix an appointment with my consultant and he will discuss it in detail hope these will of help to you. bye.
- the above stations really need some theory back up if i am not wrong. my logic is why to give chance to fail you or why to take chance when you have enough time to brush up your theoretical knowledge.

PLAB II Questions for 26th February 2003.

1. Bloods.
2. DVE.
3. Suturing.
4. BP (Diastolic method).
5. CPR/Adult.
6. DM - LL neurological. I forgot to check the reflexes.
7. Lady with sleeping probs. On Methotrexate and NSAID for Rheumatoid Arthritis. Hubby apparently passed away fairly recently. Suggest Rx.
8. Appendicitis: Answer questions posed by 6 years old child's father with regard to procedure.
9. Scaphoid fracture: Know the Rx protocol because the examiner asked. Also right type of POP cast.
10. Haematuria history - Macroscopic. Even after getting the history I still didn't have a clue. as to what was going on. Suggested examination and further investigation.
11. Fracture femur in neonate: Suggestive of abuse at home. Single mum with live-in boyfriend.
12. Phone conversation with Reg: Irreducible/Strang? Inguinal/Femoral Hernia pt you admitted. What progress you've made.
13. Sudden Headache in a teenager- History/ Diagnostic probabilities and suggested management.
14. Rest.

26th March 2003:

- 1- Pilot: PID. Consequences.
- 2- CPR of adult.
- 3- BP.
- 4- Chest examination.
- 5- Diabetic foot examination.
- 6- Headache. History.
- 7- Dysphagia + dyspepsia. History.
- 8- Paracetamol poisoning, mental state and suicidal risk.
- 9- Fundoscopy.
- 10- Suturing.
- 11- Catheterization.
- 12- MI, lifestyle advice.
- 13- Dyscariosis, explain and counsel for colposcopy.
- 14- Amenorrhoea for 9 months. History and DDx.
- 15- Infant with female. (abuse & fracture of femure management).

PLAB II Feb27th/2003 Guy's hospital:

1. Ectopic pregnancy 6 weeks amenorrhoea-came with painful abdomen now wants to go home.
2. Suturing.
3. Back examination.
4. Chest pain history and diagnosis.
5. Diabetic foot examination.

6. Febrile convulsion, the mother worried that the child has epilepsy. Counsel her.
7. A patient with CA breast, notice her pain. She is on morphine. She complains of constipation, dry mouth. Talk to her.
8. Male catheterisation.
9. A patient with paracetamol overdose talk to her.
10. Adult CPR.
11. Headache (SAH) Patient with history of migraine, the patient wants to go home.
12. Take consent for endoscopy in a patient with history of haematemesis.
13. Hyperemesis gravidarum. Talk to the patient (Pilot).
14. Peripheral vascular examination (Patient with intermittent claudication).
15. BP.

PLAB II Questions for 27th February 2003 and some comments:

1. Venepuncture.
2. Diabetic LL examination in a real patient.
3. Scaphoid fracture Examination and management.
4. Haematuria, take history.
5. Child abuse.
6. CPR in adult.
7. BP.
8. Talk to register about a case of Intestinal Obstruction.
9. Counselling father's child with appendicitis.
10. Depression, take a history (patient can't sleep).
11. Asthma, explain management to the patient.
12. PV examination.
13. Suturing.
14. Cephalaea take a history (looks like SAH).

PLABII Questions for 27th February 2003 with comments of a candidate.....

- 1- ADULT CPR IN WARD: I forgot to call the crash team! not sure if that's required in a ward. hope I don't fail it :(
- 2- BLOOD PRESSURE (STAND/SIT): was hypotensive and very faint sounds, could barely hear them, everyone else said the same. I finished this station real quick, which is not good cause you start worrying what you've missed and the examiner just stares at you. Started chatting to actress!
- 3- BLADDER CATHETERISATION: the dummy had no fluid so when the y-junction reached the meatus I was shocked and told examiner should I carry on? he said yeah there is no fluid in the dummy! RELIEF.
- 4- HISTORY OF PAIN: this guy had done an endoscopy a while back and now comes with pain, you're the GI SHO. I took everything and told examiner seems like he has angina (classical history). When I left station I thought I had flunked cause it was a GI ward.. turns out that was the trick he thought it was due to the endoscope and came to GI. So that was correct it was angina

- 5- HEADACHE HISTORY: young man, very unwell doesn't open his eyes or anything... typical history of subarachnoid haemorrhage and recommended a CT
- 6- LADY WANTS TO LEAVE HOSPITAL: she is suspected ectopic, no u/s done yet wants to leave. Spoke to her and it was cause of her daughter. I offered social services; I call her neighbours and asked her to please stay for U/S. She was ok and agreed
- 7- LADY WITH TERMINAL C/A ON MORPHINE: discuss if she's ok with it. took history of side effects and pain was bad not relieved. Said we'll give her something for s/e and that there are teams/nurses that help manage pain as you are not happy with morphine. She was satisfied (ps the station was recommend what you want to do)

- 8- LADY WITH 12hr H/O PARACETAMOL OVERDOSE: station was to tell her what you're going to do, not to assess pshychi. I told her we'll check her blood and liver and give her some drugs if needed. Also reassured that it's confidential and so on... missed a few points wasn't that good at this

- 9- SPACER COUNCELLING: pretty straightforward. Actress was very delighted and happy

- 10- FEBRILE CONVULSIONS: counsel mother. was very worried but told her not epilepsy, child doesn't feel a thing, etc etc... was very happy and asked a few questions then said fine thanx all OK

- 11- PILOT: take history and suggest management of hyperemesis. I forgot this was a pilot and did it. I wanted to rest though :(

- 12- LOWER LIMB EXAM DIABETIC: station didn't say what to examine (ie arteries/sensory/motor) so did inspection then motor + sensory then time ran out. everyone else did the same

- 13- MAN WITH BACK PAIN: examine his back + lower limb. this was an ok one not as bad as it seems. he couldn't flex his back, right limb motor all ok, left limb motor was slightly rigid (so I thought) but SLR was only 30 degree and sciatic stretch positive. Examiner said don't worry about sensory it's all ok

- 14- ARTERIAL EXAM OF LOWER LIMB: nightmare station for me. Couldn't feel a thing. Inspected, palpated then to find pulses I couldn't so I stated so. was going to do buerger's test then time ran out :(

- 15- MAN FOR ENDOSCOPY COUNCEL: he was 65 and had history of malaena, didn't like endoscopy was very worried and kept asking silly questions. I answered them all and he was ok to do it then said is it cancer? I said I hope not it should be an ulcer but we will take sample and test for cancer. that's why we want to do endoscope. was ok.

- 16- REST
all in all I think I was ok, worried about the arteries, the CPR and the damn BP cause it was too faint but I could hear them a bit.
good luck all, please reassure me I am worried about 2 E's in the bad stations :(or maybe D's allover the place :(

27 02 2003 Guy's:

1. Suturing. Young man with laceration on the arm. Assume that you are gloved and that the wound is already anaesthetized. The wound is not yet cleaned.

The examiner was nice and polite. I told him that I would introduce myself to the patient, etc... And said that I would have to clean the wound with an antiseptic solution and cover it with a clean drape. He just told me to just go on. It was pretty straight forward but I started panicking because I couldn't secure the knot with the first 2 overhands, and it was a nylon suture so it was really slippery. It took me a long time to secure it that I had to hold the other end of the suture with my hand to lock it. I managed to do 2 stitches but was already very flustered because of my performance. I also didn't manage to put the needle in the sharps bin but left it with the needle holder. I felt so bad on my first station that it affected my performance in all other stations.

2. Neurological examination of the lower limb of a patient with diabetes. The patient is NOT an actor, but was very pleasant and nice. The examiner was helpful as well.

Started with inspection. I did a haphazard inspection and didn't notice anything much, and just told the examiner the negative findings. In retrospect, the patient actually had atrophic skin changes on the shins as well as ulcers in between her toes which I found out later in my examination.

I proceeded with the sensory system starting with vibration, light touch, and position sense. When I did the position sense the patient told me to be gentle with her toes and I said I will be. She was a bit in pain I reckon that the examiner told me, 'I don't want you to examine that foot, examine the other one.' And so I did. The examiner then asked me what else should I do. I said that I should proceed with pain sensation and temperature. He asked what else should I do... At this point, I didn't know what he was asking for, so I just said that I should examine the ulcers and try to differentiate whether they are neurogenic or vasogenic. And he then asked, how can I do it. It took me a few seconds before I said, I'll have to check the pulses... And I did. The patient didn't have good pulses and time was up. Looking back, I should have done feeling for warmth first before proceeding, and I felt terribly disturbed when I left the station. I looked back at the patient before reading the next instructions, and smiled at her. She smiled back and talked to the examiner.

3. Take a history of a 56 year old man with haematuria and discuss to him the diagnosis and possible management.

The examiner was nice and cheerful and the patient, I think was NOT an actor.

Listened and talked to the patient casually, BUT forgot to ever consider STONES! I felt horribly stupid after the interview because I considered everything EXCEPT stones. And I just told the patient later that it might be a UTI and there is no need to worry. Should it persists, I suggested ultrasound and x-rays.

4. Blood extraction in an anaemic patient.

There was a dummy arm with a name tag on it. All the materials are on a tray on one side. Examiner was straight faced. After all the experience I had in the past stations, I was just desperate for everything to be done with. So I was fast here. Told the examiner that I should introduce myself to the patient and explain the procedure to her. And then put the tourniquet around the arm without even preparing the materials!!! When I realised this, I again backtracked and told the examiner that I should prepare the materials first. He knew I was getting anxious already and just left me to do the stuff. Did it right this time, but didn't manage to get blood, and I accidentally pulled the needle off. So I did it all over again, telling the examiner that I should get a new needle. He told me to just assume that I have a new needle in my hand now. So I again repeated the procedure but still with no blood. He said, OK, assume that you have blood now. I then proceeded to dispose of everything and just sat down. There was still some time left and I told the examiner if I can still continue with the exam because I forgot to label the tube and fill out the form. So I did. The form was already filled out, and I just said that I should send the specimen to the lab by then. At this point, I thought that I messed up everything already.

5. Take the history of a young woman with severe headache and discuss with her diagnostic procedures. She was lying on the couch and closing her eyes. Introduced myself to the patient and offered pain killers. She had a history of migraine. No history of trauma. Headache is sudden onset, occipital and severe, no precipitating factors, worsened by light. No family or medical history. Not on any medications. Social history not relevant. Told her she might have recurrence of migraine but she said it's unlike any other headache. I also suggested that it could be tension headache. And when I was going on telling her that we need to get her blood pressure and suggest to her that she may have some bleeding in her head, time was up.

6. Take the consent for appendectomy from the parent of a child. Young actor. (These actors are usually medical students. I know an SHO who was once an actor for PLAB2 and told me some pointers) Did the usual introduction and explained to him that the child has appendicitis and needs an operation. Asked him whether he knows anything about the condition and would he like to know more about it. Asked him what his concerns are. It was pretty smooth-sailing because the actor directed me on what to counsel him about. So I felt good about this station. So in counselling stations, always ask what they are concerned about and target on these concerns. It would save you time. I finished before the bell rang.

7. Young man with a possible fracture on the hand. Perform physical examination and explain management to the patient.

Young actor who was again very helpful. The examiner was friendly as well.

Proceeded with the examination of the hand. Asked him what happened. And told him that I need to do an xray of the hand. An xray was provided showing a scaphoid fracture. I told him that his hand needs to be put in a cast. There were 3 casts on the table and the examiner asked me which one I will use. I chose the appropriate one and counselled the patient about duration of the cast, possible complications of the cast, etc. I was able to finish with more than a minute left. Later, I then remembered that I didn't ask what his dominant hand was and his occupation so I asked him again casually.

8. Rest station. I was swearing at myself for 5 minutes.

... to be continued. 9. Bimanual examination. There was a mannequin of a female perineal area. The examiner was just sharpening his pencil but was very pleasant throughout.

I started by telling the instructor that I introduce myself to the patient and explain the procedure to her. I then told him that I will ask a female nurse as a chaperone. Don gloves (which was funny because I donned the wrong sized gloves at first). And then proceeded with the procedure, doing a commentary and saying my findings. It was very straight-forward but I didn't ask for KY jelly. He told me to raise my voice though, and then I did. Afterwhich, I reported my findings to him. Normal external genitalia; the cervix is firm and smooth; the uterus is small, less than 8 weeks in size, and no adnaexal mass or tenderness. He said, very good. Afterwhich, we just chatted and he asked my what I thought about PLAB1, and I told him what I thought about the previous stations and that I am a bit worried about them. He said, you'll be all right, don't worry about them and just concentrate on the other stations.

10. Advice the patient with asthma ready to be discharged from the hospital about his medications. Ensure correct inhaler technique.

There were 3 meds there, salbutamol inhaler, steroid inhaler, and prednisone tabs. It was pretty straight forward. I asked him about his technique and he told me the nurse already instructed him about it. I still reiterated it. I instructed him about his meds and how to take them. He asked me about side effects, and here I wasn't really sure, and just told him that side effects are rare especially with the inhalers except for come fungal infection with the steroids. The actor was helpful and friendly.

11. 8 month old child with a fractured femur. Take a history and tell the mother about your diagnosis.

The examiner was cool. The actor was good as well. At first she was very hysterical, but I was able to calm her down, and told her that we are doing our best for her baby Adam. And that so that we can help him better, I need to ask her some questions. She answered them all but at times she asks me why I am asking those sorts of questions like is the baby wanted, etc, etc. In the last 30 seconds, the examiner asked me, what is your diagnosis. I said non-accidental injury, and he told me to tell the mother about it. So I did. She didn't have time to react anymore because the bell rang. While I left, I just smiled at her and she smiled back at me. I could just read what's going on in her mind... HAH!

12. Take the BP of a patient with orthostatic hypotension. It was very straight forward. There were three cuffs on the table. Took the BP on sitting and standing. Finished in 3 minutes and just waited for the bell to ring. The examiner was straight-faced but was casual with the actor.

13. Phone the registrar about a 50 year old patient, already prepared for surgery. The history of present illness was given, the physical examination findings were given, the lab results and x-ray was given. She is already stabilised and cleared by medicine and anaesthesia for operation.

The instructions for this station was long but I think it was the easiest station of all. I just told the examiner (who acted as the registrar) about all the findings, and gave my diagnosis of complete gut obstruction secondary to strangulated hernia (I can't remember if it was femoral or inguinal). He asked me if we need to do the operation NOW and I said, I think that would be the case, but presently the patient is stable. I finished in less than 4 minutes, and saw my grading

sheet. It was almost all A's. It was one of the easiest stations.

14. Talk to the patient you are seeing in the rheumatology clinic. She complains of insomnia. She is taking her medications regularly.

She was an old lady whose husband died 6 months ago. She didn't have any major symptoms of depression except insomnia and some feelings of sadness. She doesn't have any family or friends. The history taking was straight forward and I told her that I might give her some sleeping pills and offered support groups for grieving people. I told her that her symptoms are part of the normal grieving process.

15. CPR in an adult. It was very straight forward. After 2 cycles the examiner asked me to stop and said the patient is resuscitated. I finished in less than 2 minutes. It was the easiest station of all, in my opinion. We chatted and he asked me what I thought about the exam. He is a consultant in A&E in Oxford. I asked him how they choose the examiners for the exam and he said that all members of the GMC are asked to participate in the PLAB. And he usually does the CPR stations. He told me not to worry too much, because I said I am afraid I made lots of mistakes in the first few stations, and said that the passing rate is very high. He was a very nice chap.

16. Rest station. I couldn't wait to leave the place and moan to my friends.

I felt so depressed that day. I thought I fucked up my first 5 stations. The exam is very easy but nerves could get you. I remembered that as the exam went on, I became more confident. The tricky part is the first few stations and you should maintain your composure.

Anyway, hope this would be helpful. I made scripts and notes and I am planning to have them published. So watch out. :)

27th November 2002:

THESE WERE THE OSCE STATIONS AT ST GEORGE'S HOSPITAL LONDON.

1. Cervical smear.
2. Child abuse.
3. Child with rash.
4. Knee Examination -(BEWARE EXAMINER HAD A TAPE WATCH OUT FOR IT).
5. Sensory System Examination of Lower limbs - (BEWARE DISPOSE THE NEEDLE IN THE SHARPS BIN AFTER CHECKING PAIN SENSATION).
6. Bronchial Asthma - focused history.
7. IV Cannulation.
8. Pilot Station was Child crying (s/o intussusception).
9. Upper abdominal examination. (BEWARE OF POSTURE, THE PATIENT WAS LYING AT 45 DEGREES. TELL THE EXAMINER THAT U NEED TO EXAMINE HIM IN THE FLAT POSITION).
10. Post-partum depression.
11. Breaking bad news – Mesothelioma.
12. BP.
13. Management of DKA.
14. Headache - History taking.
15. CPR – Adult.

28 05 2003

1. BP.
2. CPR.
3. Child abuse.

4. 9 months amenorrhoea. Take history.
5. Diabetic foot examination.
6. Urethral catheterisation.
7. Dysphasia. Take history.
8. Amitryptiline. Counsel.
9. Ovarian cystectomy by pfannenstie incisionl.
10. SAH.
11. Ophthalmoscopy.
12. Ankle injury. Discuss management. (PRICE = Pain killers, rest , ice, cold elevation. ALSO as mentioned in these stations that X ray is normal. So tell pt that he will get allright, just a matter of time.)
13. Chest examination and peak flow.
14. Pilot: assessment of neck injury.
15. Suturing.

29 05 2003 (11:45am) Guys:

1. CPR.
2. BP.
3. Venepuncture.
4. Fundoscopy.
5. Right upper abdominal examination (cholecystitis).
6. Anorexia nervosa (history).
7. Speculum examination.
8. Cough (plumber) history.
9. Food poisoning (ho, mx).
10. Primary survey (pelvic pain).
11. Drugs explain (asprin, simvastatin, enalapril).
12. Paracetamol poisoning (mx only).
13. Pre-eclampsia (ho, mx).
14. Headache - SAH (ho, mx).
15. Meningococcal speticaemia (mother counselling).
16. Rest.

30 / 04 / 2003:

1. DM, lower limbs neurological examination (could not finish this station).
2. A patient is going to have herniorrhaphy under local anaesthesia. Counsel about local anaesthesia.
3. Secondary survey (neck& head already done) start with chest.
4. BP (could not finish this station).
5. Wheeze. Take history. (An adult male, had asthma as child)
6. CPR of 6 yr old child.
7. An old lady with rheumatoid disease...insomnia (pointing to depression. (I messed up this station).
8. Otoscopy (grommet was inside).
9. Counsel the daughter of patient with terminal prostate cancer.
10. MI history. (2 hours chest pain for the first time).
11. IV cannulation (messed up this also) the venflon was different from what we use in India (I couldn't understand the parts of the venflon).
12. Spacer (explain to mother).
13. Examine the breast.
14. Counsel a patient who has gonorrhoea.
15. Pilot: Make .2mg/ml solution of diazepam.
16. Rest.

30 04 2003 (2)

It's true what they say...the time after is worse than the time preparing. I came out of there and wanted to cry. All you think about is all the things you didn't do and all the stupid mistakes. The examiners and actors are generally very good, so you get easily distracted. Here are the stations as I remember them.

1. Young man comes in having had a cough and wheeze since last night. It started 3 months ago when he had a cold. Take a history.

You get a classic history of asthma. He had sinus problems since he was young, his sister suffered from eczema and when he was a kid he had an attack but the doctor stopped his medication. He had sensitivity to many things and no other medical history. I didn't hear the 4:30 shout (they were just shouting it from the end of the corridor) so didn't end the station well. The examiner was telling me to leave so I got up, suddenly realised I hadn't thanked anyone so rushed back to shake their hands and gave a big smile (I'm sure they had good laugh at me).

2. Paediatric CPR: The examiner was great. I started doing 5:2 and then realised so I said "now I will change to 5:1" – another stupidity. I'm also not sure if I got 2 effective breaths in the beginning but after that it was fine. When I made my call he stopped me and then just started chatting about where I was from. Very friendly. I tried to see some of my marks but couldn't.

3. Rest station.

4. Otoscopy: Very unexpected and horrible. The history was of an elderly patient with hearing loss. Do otoscopy and perform tests. I explained the usual procedure and then tried to look at the slide but I found it more difficult than on a normal patient and the dummy kept moving around. Apparently there was a grommet but I just said that I saw an opacity that could have been indicative of sclerosis and I would like to refer the patient to a specialist or one of my superiors. I took the tuning fork and showed him Rinnes test. The bell went so I mentioned Webers and left. Not good at all.

5. A daughter of a patient with end stage prostate cancer wants to know about management and prognosis. His pain was controlled with the pain killers he was on. I explained the pain ladder and Macmillan nurses. Told her that I couldn't give her a prognosis, that we couldn't do anything to cure the cancer now but could slow it and help the symptoms. Said I would give her info and if she wanted then I would get one of my superiors to speak with her more about the time he had left. I could also give her statistical data and websites. She also wanted to know about complications. I forgot to tell her about radiotherapy and didn't get much into urinary problems...time ran out.

6. MI: A man with 2 hours of severe chest pain. Given Morphine. I think we were also meant to mention management but I can't remember. He gave a classic history with nothing else. No medical history. It distracted me from getting a full DD history because it was so cut and dry. The examiner didn't ask me anything, so I asked if he wanted to know what the DD was or the working diagnosis. He didn't seem too interested so I just said the working diagnosis is MI. The bell went.

7. Spacer Device: Very nice station...finally. Was meant to be the father but it was a woman so I asked what I should address her as and she said Mr. For the life of me I can't understand why they didn't just say it was the mother. She was lovely though. I kept dropping the parts so tried to make a joke of it. When I put the inhaler down the examiner took it and started dropping it too so it was quite a mess but the station relaxed me a lot. I asked her to (him) to show me after the 4:30 shout, so she did very quickly.

8. Gonorrhoea Counselling: Young girl who's test came back positive. She seemed very relaxed about everything and kept leading me with questions. So I just kept asking if there was anything else she wanted to know and answered from there. She asked about other partners, if her boyfriend could be asymptomatic so wouldn't know, treatment and other tests, and future fertility. I think it was fine.

9. Breast examination. The examiner and actor were great and were actually laughing with the model. I tried to stay serious but had to smile. I asked about any lumps and started on that breast. I found a lump in the breast, one axillary and 3 supraclavicular. Time was running out and I hadn't got the other breast so the examiner told me to go onto it, so I quickly had a feel but didn't get anything. I think I mentioned about the spine but not about anything else. The bell had already gone and I had to go but he smiled and said it should be fine.

10. Cannulation: A COMPLETE BALL'S UP!!!!!!! I wanted to dig a hole for myself after this one. The question said that I was wearing unsterile gloves but I didn't change them (when I went to get gloves the examiner was kind? Enough to remind me that I was already gloved) There were big boxes with all the materials so I took what I needed and started. I didn't get a flash back so withdrew the cannula only to realise to my horror that I hadn't even bothered to wipe with alcohol!!! I looked at the examiner, closed my eyes and mentioned it. He just nodded. The second attempt I also didn't get a flash back and he told me that sometimes with the dummies you don't do so I should carry on. I put it in, threw the sharps (at least one thing right) and then left. He must have been ready to pull his hair out seeing qualified doctor not being able to perform a simple procedure right by any means.

11. Pilot station: And thank goodness it was. You've been asked to mix a 100ml solution for a patient who needs a preparation. I can't remember all the details but it involved maths and the examiner basically took me through the whole thing. I just said that I was glad it was a pilot. Don't know if I would have been any good if it was a real station. I won't even bother thinking about it.

12. Examine the motor and sensory systems of this diabetic patient's lower limbs. A very simple station that I was happy to get but think I managed to mess it up too. There just isn't enough time. I did the motor and inspection. Forgot to mention injection sites though. Went on to do the vibration sense (he didn't have any until the ASIS (I didn't so the greater trochanter and didn't figure this out when he was just lifting his shorts...another one of my clever post traumatic realisations). My tuning fork had also stopped vibrating so the examiner had to ask me what I would do with it! I went onto light touch but time was up. I mentioned other senses, but forgot joint position and didn't say about tone or reflexes.

13. 64 year old lady with insomnia. The question explained her RA and treatment. She spoke a lot and gave a good history of depression after her husband died 6 months ago. I asked briefly about her RA and she said it was well controlled so I left that. She asked about medicines and I said we can give her something to help her sleep and to help with her mood. I also said I would like her to speak to someone but she didn't want that.

14. Counsel about local anaesthesia to a patient who will have operation for his hernia. He was lovely and kept asking questions. I also mentioned about regional but he stopped me straight away. I was under the impression that the op was either regional or GA. He asked about during the op if he gets pain, how do they give it, how long will it last and what about pain after. Then about op complications and what he should look out for and if he can eat before the op. I said not for about 8 hours before.

15. Secondary Survey: I honestly don't know how this went. He had a femoral fracture. I took a brief history (young guy who fell from a height). Started with my survey. The examiner let me go through the systems until the 4:30 shout and then said that all was normal and what was I going to do about the fracture. I asked if it was already splinted (he said no) so I said to splint it, give the patient pain killers (blood transfusion) and send for X-rays. He asked what other X-rays and I said pelvis, abdomen, thorax and skull. He didn't ask about the Orthoped and I didn't mention it!

16. BP: My last station and I think the actor and examiner were tired. They were very informal and when I asked if the actor had had his BP done before he said "Yes, about 20 times this morning". I didn't know how to act from there. We were given the small sphygmomanometer and the tube was disconnected (in a way I had never seen before). I tried to connect it but it wouldn't go in, so I said I would have to ask my assistant to show me because I wasn't familiar with it and he said yes this one was tricky and did it for me. I took a sitting BP and did it a second time to make sure I got it right and didn't have time to do the standing so I just mentioned that I would and would like to let the patient stand for a minute or so first. The bell went and the exam was over.

Now all I can do is wait and hope and try not go through everything a million times. The exam goes very quickly and believe me when I say that it's so easy to mess up in there with all the nerves. I had gone through all the physical examinations a million times but still managed to waste my time. Read the instructions very carefully and listen to the actors because they will lead you. They know that we under stress and seem to be very good so if you don't know where something is then ask. Rather than that be blind in which case you'll fail the station. What they want to see is that don't try to be Houdini or Rambo in there and admit your ignorance if you don't know which proves that you'll be safe. If you have a routine, stick to it. I let them distract me and I'm worried about that.

1>messedup BP station

2>i/v cannula- i got the flashback but and pushed the cannula inside ,everything up to this was ok,then the problem

started,the cannula was some shape i had never seen before...i cudnt tell where was the cap and the time was over

3>lady with rh. arthritis AND insomnia...she was too un cooperative..i kept askin about disease progression and insomnia, but actually it was meant to be history of depression,when i was about to go she told me that she could not walk!!!!thats why she was depressed....till then it was time out....although i took a brief h/o depression but she just became angry when i asked her if she has ever been to a psychiatrist before in her life.

I AM SURE I AM GETTING 'D' IN THESE 3 STATIONS.

1.wheeze+sob+cough- h/o ?asthma

2.pead cpr

3.prostate ca terminal care.

4.chest pain. h/o ?angina

5.spacer demo

6.gonorrhoea result

- 7.iv line
- 8.breast lump exam
- 9.otoscopy,rinne,weber
- 10.drug mixing -pilot . calculate dose and mix diazepam into 100 ml h2o ,label
- 11.power and sensation ll.
- 12.bp
- 13.insomnia h/o
- 14.local anesthesia counsel.
- 15.sec survey.
- 16.rest.

Hello friends,

i had my exam yesterday in the afternoon (3rd) batch. here r the OSCES and how i attempted them as much as i can recall.

1. i.v.cannulation for the purpose of administration of medication intermittently.

there was no pt id bracelet on the mannikin arm, although i mention abt checking the identity. i was so nervous that i cudnt find the sharps bin, which was right in front of me and asked the examiner where it was, he pointed it out to me. he said no need to flush. the cannula was a bit diff than what i had seen at course and clinical attachment. it did not have the separate port for flushing and the white cap, instead there was a thin transparent cap, which i cudnt identify and again asked the examiner and he pointed it out to me. to fix the cannula, the sticky was not the same i was familiar to, instead the ordinary adhesive tape was there, and again the examiner pointed that out to me. just when i fixed one wing of the cannula the bell went. overall the station went ok and the examiner was friendly.

2. telephone conversation with senior colleague regarding a lady who.....there was half a page of info, very difficult to read and understand in 1 min, but i cud make out that it was a case of intestinal obstruction due to strangulated inguinal hernia. there was also an x-ray displayed inside the station showing distended loops of large bowel, i noticed it a bit late but just in time to tell examiner abt it and also her vital chart provided (i forgot to refer to it). i fumbled in the beginning as the identity of 'the senior colleague' was not given, neither it was given if he is registrar or consultant. but once i started i just blasted out coz there was so much info to be given and i cudnt remember which info i had already given and which not. but towards the end the examiner asked me what do i think it is and i told him. then he asked do u think its an emergency, i said yes, so he said ok i m coming. i finished the station one and a half mins early and then when i looked at the question paper and the vital chart, i realised that i had given not even half of the info i was supposed to. dont know what ll i get in this station.

3. a 30 yr old lady with pain in lower abdo, take history, arrive to a diagnosis and tell her abt the management. i spent a lot of time in taking history, but just managed to arrive to the diagnosis of UTI and told her that i ll 1st examine her, run few investigations and if it is infection, ll give her antibiotics.

4. perform otoscopy on the mannikin and do tuning fork tests coz impaired hearing.

it was a nightmare!!!!examiner told me to cut the intro part down as i entered. i cud not make out the slide and the examiner kept on asking 'what do u see?' i just told him that the lower part of TM is red and the upper part seems to be calcified and i m not sure what it is. i cud make out he was not happy. then he asked me abt tuning fork tests and how to interpret them. that i think i told him correctly. he did not seem to be very happy. i think i ll get a D in this one.

5. Spacer- explain the mother of 6 yr old child how to assemble and use it. (what a relief)

it was a piece of cake. the simulator was a lovely lady and took a great interest in what i was telling her. i think i told her everything abt spacer but forgot to tell her to demonstrate it to me. but remembered that at 30 min buzz and asked her to demo, she did. (i was proud of myself)

6. Breaking bad news to the wife of 56yr old builder that he has got mesothelioma which cannot be cured by surgery. the pt knows abt the diag and u have his permission to tell it to his wife.the CA is believed to be due to asbestos related to his profession. he has got approx 6 mths to live
the lady was a great actress. she met me very cheerfully and was smiling a lot. i gave her a brief smile and then tried to

make a serious face. and when i told her abt the diagnosis she reacted to it very strongly. i kept quiet till she was ready to talk again but kept looking at her very sympathetically (actually i was trying to make out if she was crying or not, so that i can give her the tissues i had kept so carefully in my pocket. but she did not cry, so i didnt offer her any). and from there on i let her lead me. she asked me why did it happen? he doesnt even smoke, i told her it cud be reallt to his work (but i didnt mention abt the compensation bit coz i thought that it was not appropriate at that particular time).. she asked me r u going to do surgery on him, i said i m afraid that the CA is at the stage that it cannot be cured by surgery. she said that means it is a terminal case, i paused and she said very quietly 'i m afraid so'.(there was a strong drama going on between us). she said can u do anything to stop the spread, i said we ll now refer him to oncologists who ll decide what treatment to give him, but we all r here to help him out as much as we can and make his life comfortable, told her abt pain management and plural effusion etc. then she asked me how much time has he got? although it was given in ques that he had 6 mths to live, i didnt tell her that. told her diff ppl react diff to disease and t/t, can give her data etc. but when she insisted to tell her if it is in days/ weeks/months/years, bell rang and i just told her approx 6 mths while walking out of station. the only thing i m worried abt in this station is that i ended it very abruptly.

7. Breast examination

i thought i did it fine untill i came out and discussed the findings with others. i have made a blunder!!!!!!
although i examined both breasts i cud find a fibroadenoma type lump in one breast only. but in fact there was a CA type lump in the other breast and i cudnt detect it. how can i do this?????
its a sure E.

8. PILOT- h/o and d/d of fever from a 25 yr old girl.

i was reluctant to do it but thought i shud at least try. i confirmed with the examiner if it was pilot only. took incomplete history and diagnosed malaria. i asked the examiner if i was right, but she said that she was not supposed to tell us that.

9. Secondary survey of a pt who fell down a ladder from the height of 2 meters. his ABC has been taken care of and cervical spine injury has been ruled out, he is conscious.

there was a patient, not manikin and the examiner was not very friendly, when i told him that before starting sec survey, i wud reassess ABC coz it can deteriorate, he pointed toward the ques, and when i started from scalp he said remember u have limited time. so i hurried up and came to fracture femur, the pt was wearing jeans and there was a buldge in the thigh area. i told abt management of fracture femur-painkillerrrs, distal pulses, thomas splint, x-rays and call the orthopaedic collegue.. but now when i think abt it i realise that i cud have done it in a much better way. i didnt tell abt my protective gear, ample history, didnt ask for vital chart, didnt say that i ll cut the jeans to expose the area etc etc. think thats another D.

10. Semiconscious pt- do GCS score and neurological examination. (ABC stable)

again patient, this time in cervical collar. the examiner handed me GCS chart and the vital chart as i entered the station. but i didn't know what to do with the vital chart. anyways, i did the GCS score and it was 9. and for neurological exam, i checked pupils for symmetry and light reflex. then i did all the reflexes- biceps, triceps, supinator, knee, ankle and plantars. in the end i checked the tone in limbs. i cudnt think of anything else i cud have done in an unconscious pt. but i m worried coz there were some other things also kept on the table and the examiner was expressionless.

11. STD- u r a SHO in GUM clinic and a lady with 2 children has come for counselling. adress her worries.

the lady was very sad and serious all the time. she said that she just came to know last night that her husband has been sleeping with a prostitute. she didnt have any s/s of STD. i told her abt tests and t/t. regarding contact tracing she said that she is not talking to her husband anymore. i offered her help to get her husband to the clinic by sending him letter keeping her identity anonymous.

12. Drug abuse- a 32 yr old male on drugs wants to quit. talk to him and assess the harmful effects of taking drugs.

i m still not sure what was i supposed to do in this station . anyway, i just talked to him for 4 mins and then it was difficult for me to kill the remaining 1 min as i kept wondering what else cud i have asked. i asked him what all drugs he has been taking and for how long and through which routes. i asked abt needle sharing and he said no. i asked abt his current health status. abt earlier attempts of quitting, and reason for their failure and reason for this attempt to quit, he said he is in stable relationship and his partner wants him to quit. i asked abt his job, family and friends. in the end i told him that we ll help him to come out of it as he is well motivated this time, it shud be successful. told him abt societies, helplines, self help grps, leaflets, websites etc. i dont know what else cud i have done coz when i finished early and was sitting idlly the examiner said if u want to ask him any further ques, u can ask him.

13. counsel the mother of 3 yr old child who is worried. u have seen the child and u r convinced that he has URI. basically she was worried abt meningitis. i started taking a history but she guided me that doctor u have already seen him, what do u think. i told her its a URTI and then she asked me what wud have happen if it was meningitis. so i told her s/s of meningitis, specifically the tumbler test. finished the station early and then chatted with the examiner and the simulator. it was very relaxing.

14. BP measurement of a pt who feels dizzy on standing. (one of my very longstanding doubts was cleared here. i had heard and read that there is something abt diastolic bp in the ques of this station. actually it is written that take diastolic bp on the disappearance of sound i.e. korsakoff 5) i did few mistakes here. 1st it was written in ques that its a lady, but inside the station there was a male, i presumed that the lady must have been tired of letting her bp measured since morning, so this lad must have replaced her. i know i shud have pointed this thing out to the examiner. secondly, this male was thin and i was not very sure which cuff to use, so i asked the examiner for a measuring tape, he said he doesnt have one and i shud judge roughly with my eyes. so i picked the medium one, but not very sure if i was right. third i didnt check pulses before applying the cuff and did it later. anyways, i cud take both sitting and standing BP and there was no time to write it down with name age date and time but just wrote 110/70 on a peice of paper. dont know if these mistakes r fatal or not.

15. CPR- adult who collpsed on ward and is 'cynosed'. i activated the emergency system after 1 min of CPR as the pt was cynosed. didnt find any phone nearby, so made an imaginary phone call. cudnt make out if the chest was rising or not. am under great tension coz the examiner was totally expressionless, didnt give a clue if he was satisfied with my performance or not.

16. REST STATION

so, this is the description of those most awaited and most feared of 96 mins. when i used to read the feedback from the candidates who took exams earlier and who used to worry abt their mistakes, i always used to think that i ll never do that. but now i know how it feels when the memories of the exams keep flashing back and u keep realising ur mistakes one by one. i think we r the perfect example of post traumatic stress disorder!!!!

anyways, my peice of advice to future plabbers is that the most imp thing is to relax and be natural and spontaneous there (easy said than done). most of the examiners and simulators r nice and let them guide u and always acknowledge the patient and let them speak. the questions there r not the ones we have seen in books and courses. they r very lenthly and difficult to read and register in 1 min. the most imp thing is to make out what is the required task and if u can, try to remember the name of the patient.

ALL THE BEST & PLS PRAY FOR ME.

??:

1. For the CPR on a 6 yr old child, I guess I was over confident since I had gone over it countless times; but curiously I ended up doing a 5:2 instead of a 5:1.

2. For the management of an MI, I blanked out on all the doses of the medications.....very important.

MI and DKA Mx...cannot stress it enough!

3. Spacer device...you have to assemble the parts and in my case they kept 2 of the same parts together...and for about 10 seconds there I looked like a complete retard trying to fit a couple of obviously 'unfitable' parts together....and then my brain zeroed in on the problem finally and I scanned the table for the other part(again 2 of those!) and there it was staring me in my face...after that it was smooth sailing!

4. In IV cannulation I met with a poker faced gentleman who seemed like he couldn't put up with watching all of us qualified doctors fumbling when it comes to normal techniques....can they blame us?!....anyway, I was fine until the needle actually fell out of the sheath onto the table before I actually began inserting it...but I guess since I dumped the

needle and the sheath SEPARATELY into the sharps bin and restarted, he had no problem.

5. In emergency endoscopy counselling I had the sweet old' Grandpa who actually looked glad to see me...it was easy enough and he was convinced and gave me consent but I happened to mention that he would be given some water to sip during the procedure(I confused it for a moment with naso-gastric tubing!)...How on Earth I expected a poor old man to accommodate an endoscope and a straw, tiny as it might seem was, is and will be a mystery to me forever!

6. Another important station is blood pressure measurement...a friend of mine was faced with disconnected tubes and no Korotkoff sounds even after assembling them due to the surrounding noises.....do not try to blag your way out of it and make sure all the tubes are connected and familiarise yourself with the different types of sphygmomanometers.

7. Management of ankle injury (X-ray-normal), all I had to say was rest, painkillers, crutches, crepe bandage and follow up after a couple of weeks but I still had around 3 minutes left after that so here I was racking and rattling my brain cells to see if I'd missed anything...but there was nothing coz I asked around and pretty much everybody had done the same. So...I guess what I am trying to say is they might keep really short and simple cases jut to confuse you.

??????:

1. Endoscopy last 6M <-- Triple T.
2. Panic attack.
3. Spacer device.
4. BP.
5. CPR.
6. Suture.
7. Fundoscopy Grade II.
8. Knee exam.
9. Cranial II to VII.
10. Phone.
11. CIN III counselling.
12. AMI 1wk Asprin, GTN (Spray) B-blocker.
13. Bronchial Asthma - mild history.
14. Morphine (terminal prostate).

Jan 03:

1. CPR.
2. BP.
3. Fundoscopy.
4. Cervical Smear.
5. PILOT – ear.
6. Morphine - NHL afraid of addiction.
7. Knee exam.
8. 40 years old male with left sided chest pain.
9. LOC 20 M epilepsy.
10. 4yr –DM.
11. Suture.
12. Telephone - post collapse.
13. MMSE. (Mini-Mental State Exam).
14. BPH - TURP – counselling.
15. Ca prostate.

Jan 02:

1. Depression H/O (whiplash injury x 1 wk).
2. Venepuncture (blood sample & label).
3. VE. (Vaginal Examination).

4. CPR.
5. Carbamazepine (University student).
6. Stitch.
7. Chest Pain, Fever H/O (pneumonia).
8. AMI & ac. pulmonary oedema. ECG + CXR ® Mx.
9. HRT (SE, CI).
10. DM exam (power + sensory).
11. Child diarrhoea h/o & counselling.
12. Bleeding PR (piles) h/o = d/d.
13. Hernia (pilot) - local analgesic.
14. BP.

Feb 02:

1. Secondary survey.
2. Pain in Abd. 3 Days, 20F h/o, discuss d/d pain over Rt tummy ® appendicitis.
3. Amenorrhoea 9/12 20F.
4. Venflon (assume already gloved).
5. Ophthalmoscopic exam.
6. PM consent - pt die of chest pain.
7. Right knee (exam).
8. Post-MI counselling (lifestyle include alcohol).
9. Post-natal depression (pt is likely to harm the baby) counsel, what treatment will she need?.
10. Examine Resp. System. Explain the Dx.
11. BP.
12. Recurrent attack of unconscious pt. (h/o).
13. CPR
14. Dysphagia.

March 02:

1. CPR
2. Bp
3. Cholecystitis (Abd exam).
4. Counsel patient with STD
5. Pt. with whiplash injury (depression)
6. Pt carrier - counsel "morphine"
7. Fundoscopy.
8. Suturing.
9. NAI
10. Catheterisation
11. Epileptic young girl going to University.
12. A case of IO d/t obstructed hernia Telephone conversion (consultant).
13. Examine back pain.
14. H/o hyperthyroid.

April 02:

1. CPR
2. BP
3. Exam (respiration system + PEFr).
4. h/o abdo pain (cholecystitis) + mx plan.
5. Suturing.
6. Breaking bad news (mesothelioma).
7. Wt. loss (anorexia nervosa).
8. Haematuria h/o + mx.
9. headache h/o + mx.
10. MMSE.

11. Diabetic foot exam.
12. Primary survey.
13. Ovarian cyst - operation + counselling.
14. Post MI - D/C.

April 02:

1. CPR (child - 7yr)
2. COAD - H/o cough with sputum
3. Exam (knee joint)
4. Diabetic foot
5. Weight loss. (h/o)
6. H/o – Abd. pain (upper Rt with fever)
7. Counsel - hernia pain (h/o post op pain, afraid of pain)
8. BP
9. Constipation (h/o) 87 yr, 5D fail to open the bowel
10. VE, speculum
11. Ectopic preg; - pt want to go back home.
12. Talk to consultant - pt had operation & now collapse.
13. H/o alcohol.
14. Fundoscopy.

June 02:

1. HRT
2. CPR (8yr)
3. Haematuria h/o + Mx (discuss).
4. GCS.
5. Bleeding PR. Give D/Dx (2 Dx)
6. Post-op collapse - telephone conversation with senior.
7. CVS exam.
8. Venepuncture.
9. Cough, chest pain + haemoptysis.
10. BP.
11. Ectopic pregnancy.
12. MMS.
13. DKA.
14. Acne. consult about treatment SEs.

July 02:

1. Dysphagia (h/o) - past h/o Rx oesophagitis
2. CPR
3. BP
4. Epilepsy (university) counsel
5. CIN III (colposcopy) counsel
6. PR (BPH, Ca)
7. Suture
8. Mother telephone 18 wk Diarrhoea
9. Mesothelioma
10. Whiplash injury (Depression)
11. Resp System + PEFr
12. Thyroid (exam) Toxic sign +/-
13. Chest Pain h/o
14. Scaphoid #

July 02:

1. PR Exam.

2. BP.
3. IV cannula.
4. CPR.
5. Child diarrhoea.
6. Wt loss h/o DDx.
7. Cranial N. Exam (II - VII).
8. Abd. exam (cholecystitis).
9. Unprotected sex, worried about STD (not HIV) counsel.
10. Ankle sprain, Mx.
11. ECG, CXR - HF d/t AMI - Dx and Mx.
12. Pilot station (Paracetamol poisoning / self-harm)
13. Post-mortem examination consent.
14. Post-natal depression (Mx & counsel).
15. Asthma (h/o).

Oct 02:

1. Hip exam.
2. PR.
3. CPR adult.
4. Post-mortem examination consent.
5. Herniorraphy consent (hernia).
6. Intussception.
7. Fundoscopy.
8. VE.
9. Alcoholic (Ingrowing toe nail).
10. Spacer device.
11. Irritable hip (reassure mother).
12. CA prostate - Pain Mx.
13. 2 stiches.
14. DKA Mx.

Oct 02:

1. Adult CPR.
2. VE (cervical smear only).
3. Spacer device.
4. Epilepsy (DC advice for children 10 yr old).
5. Wt. loss 24 F (h/o only).
6. Haematuria 50M (h/o only).
7. Gonorrhoea (+) vve unprotective sex.
8. Hernia operation (post-op pain fever ® counsel)
9. IO direct obstructed hernia (AXR ®inform consultant)
10. BP.
11. Primary survey.
12. Fundoscopy.
13. Diabetic foot exam: (sensory + power).
14. Panic attack (h/o).

Dec/13 /02:

1. 87yo, h/o constipation, take h/o, on laxative, pallet like motion
2. 7 yr, CPR.
3. VE + Brush.
4. Catheterisation.
5. BP.
6. Agoraphobia h/o.
7. F LIF pain h/o d/d.
8. Wt. loss Dx thyrotoxicosis F x 2yr duration.
9. Uncomplicated AMI d/c counsel (life style).

10. Hernia op. (post op pain (+) - discuss about it.
11. Resp + PEFR.
12. Primary survey.
13. Post-op internal bleeding (phone to consultant).
14. Headache h/o Dx SAH.

Nov 02:

1. Haematuria.
2. Rectal Bleed.
3. Child Diarrhoea.
4. Depression.
5. PM consent.
6. CIN III Mx.
7. Asthma h/o.
8. CPR.
9. BP.
10. Stitch.
11. Venepuncture.
12. CVS / Resp.
13. Diabetic foot.
14. Coma (Exam).

Nov 02:

1. DKA.
2. Mesothelioma.
3. Respiratory System.
4. Stitch.
5. BP.
6. CPR.
7. Cranial N. 2-7.
8. Knee.
9. Ovarian Cyst (counsel).
10. Palpitation (anxiety).
11. Abdominal pain (appendicitis).
12. Fundoscopy.
13. Depression Take H/O (PTSD).
14. CIN III.

Oct 01:

1. CPR.
2. DM foot.
3. Diarrhoea h/o.
4. Ectopic pregnancy.
5. RHC pain h/o d/dx
6. Post-operative pain hernia.
7. Pain in LIF.
8. Fundoscopy.
9. Stitch.
10. BP.
11. ECG + CXR (AMI + pul: oedema).
12. Alcohol dependency.
13. Epilepsy h/o (counse) + causes.
14. VE.
15. Spine Exam.

Oct 01:

1. BP.
2. CPR.
3. Speculum Ex.
4. Knee jt, popliteal cyst ex (RA).
5. Ophthalmoscopy (DM).
6. ECG + CXR (AMI + Pulmonary oedema).
7. Cranial nerve 2 to 7th.
8. RHC pain h/o + o/e + definitive treatment.
9. Post-partum depression h/o mx.
10. CA prostate pain control.
11. Herniorrhaphy (pain control).
12. Wt loss. (h/o + d/dx) thyrotoxicosis, anorexia nervosa.
13. Chest pain (pneumonia).
14. Angina Drugs (Asprin, atenolol, GTN Spray).
15. Pilot HIV h/o counselling.

Sep 01:

1. BP.
2. CPR.
3. Respiratory exam.
4. Abdominal exam.
5. Knee exam.
6. Pap smear.
7. PR Ca prostate.
8. Migraine 45F h/o.
9. Panic attack counselling.
10. Unprotected sex: sexual h/o.
11. Child and polyuria, polydypsia h/o.
12. 33M diarrhoea 1 month – IBS.
13. Angina - chest pain.
14. Terminal CA prostate : Counselling.

Aug 01:

1. Young F amenorrhoea 8th month.
2. Amitriptyline.
3. Haematuria.
4. Diarrhoea.
5. Post-operative collapse, talk to SPR.
6. Mesothelioma.
7. CPR.
8. Primary survey.
9. BP.
10. Fundoscopy.
11. Cannula.
12. Thyroid.

Other old questions:

1. Bleeding per-rectum (h/o).
2. Herniorrhaphy (consent).
3. Respiratory infection (child).
4. Right hemicolectomy – post-operative falling BP.
5. Secondary survey.
 1. Panic attack (agoraphobia).
 2. Child drinking h/o excessively: h/o
 3. IO, strangulated hernia (consultant phone).
 4. Spacer device.

1. SAH headache h/p & mx.
2. IO, x-ray, phone (consultant).
3. Breast exam.
 1. Phone (ear d/c).
1. Terminal care CA prostate.
 2. Knee exam.
 1. Earache drowsy (phone).
 2. Amitriptyline.
 3. F UTI loin pain + fever.
 4. Sterilization (counsel).
 5. Stroke (counsel).
 6. Headache (migraine - reassure).
 7. LIF pain + BPV - h/o.
 8. DKA.
 1. Constitutional anaemia.
 2. co-codermol.
 3. PCA.
 4. Respiratory exam + PEFr.
 5. Primary survey - fall from height.
 6. 83 yo, constipation, talk to staff nurse h/o constipation, 5D, take h/o pt on codeine, h/o #T8. pellet like stool.
 7. VE - Cx smear both brush / speculum.
 8. h/o headache, photophobia, cover his eyes with hands d/dx - h/o migraine, took somatatriptan, sah, meningitis.

07/03/03 GUY'S:

- 1- CPR in 6 year child.
- 2- BP in young patient.
- 3- Venous cannulation for injecting drugs.
- 4- Breast examination-I could not find any lump.
- 5- Headache-giant cell arteritis-I could not reach diagnosis.
- 6- PR examination for benign enlargement prostate.
- 7- Rheumatoid hand with depression? Unable to sleep.
- 8- Talk to nurse to elicit a history about constipation
- 9- Cough and sputum in a chronic smoker who had a lung carcinoma. Did not tell he is bringing out blood in phlegm.
- 10- Rest station.
- 11- Pilot station.

5th March 2003:

1. PR exam.
2. Suturing, v shape wound. Need to be cleaned. No time to do both.(for me)
3. BP. disconnected tubes, very noisy, didn't heard properly. Examiner insisted to give him the BP. I said I am not sure. He asked me for the last time to give him my bloody findings. So I did with assuring him that it is not sure and to be honest, I f... up the station because I forget to put the diaphragm on the lady's arm before listening. When I realized I took the station from the begging. No time to check on standing. May be it is an E, or F if possible :(. Anyway the patient was very supportive.
4. A man with non-Hodgkin lymphoma. switch to sr morphine. Counselling. Pretty upset the pt because now he is going to die, this is the last treatment available...anyway, happy at the end.
5. A man, 75, fever 38°C, pain, dribbling stream, pr shows enlargement of prostate, smooth. Discuss management. Very nice pt., talked about antibiotics, tests, he wanted no surgery and I agreed, at least after initial treatment.
6. A lady, 34, 4 wks post-partum, depressed, thinks she couldn't cope anymore with the child. Unsupportive husband,

but happy. Finally she recognised she thought of harming herself and the baby. Like any depressed patient, it was very hard to get any answer from her. So I took the indirect questioning and then asking about different symptoms. Finally happy.

7. A young, girl, 7 days of carbamazepine, didn't know about side effect (who prescribed at the previous exam this drug without telling her the side/effects?). Go to univ, has appoint. With neurologist there. Counsel about life style. She wanted to drive, so I told her about DVLA.

8. A mother of 4 years old girl, A&E dept, girl lethargic, drinks a lot of water. She has had a cold for 10 days, lethargic for the last 3 days. hx of DM in family, no sleep pills at home/ diuretics. No pain. Eating not very good. No other symptoms finally the dg seemed to be juvenile DM. ddx urinary infection, meningitis (??).

9. Cervical smear.

10. Knee exam.

11. Ophthalmoscopy. Very difficult with the examiner. He turned off the background light, I said ok, i will go without it. the ophthalmoscope was different from the one I was used with so I didn't turn it on or off. Finally I wasn't asked any diagnosis.

12. A male, 55, no smoker, chest pain, left sided, 18 hrs duration ECG normal. hx suggested pleuritic pain, but did not exclude unstable angina because atypical pain with both parents died from heart problems at their 60's. No past cold. Examiner was really pissed of because I didn't put the certain diagnosis and ask what do you think about that unstable angina if the pain is pleuritic one. said atypical pain. he wasn't happy at all. Didn't want to hear about CXR and also examination...

13. Classical station with telephone conversation, pt with right hemicolectomy six hours ago. Examiner very supportive and finally seemed ok.

14. CPR.

15. Pilot // menorrhagia, 34 yrs old, 4 children, husband with vasectomy. Eventually she said she has an u/s performed and that showed fibroids....

05/03/03 GUY'S:

1. PR exam-palpatate prostate-hard multi-nodular-could be Ca? said what I found and told examiner would like to follow up with more Ix

2. Suturing-didn't have time for 2nd stitch but said if i had time would've done, disposed of sharps though.

3. BP-messed this up completely, tubes disconnected, noisy, kept apologising to pt and in the end just said would've liked more time. Couldn't record a thing. Something so simple they made so hard!!!

4. Man on morphine-kept saying he was going to die, just told him pain would be better with morphine, kept asking about going to work-told him not yet but have to see what happens but life quality would be better with less pain-is that ok??

5. Prostatitis-v nice pt, told him AB's and then take it from there, would like him to have more Ix.

6. Post-partum-straight forward, admit but in a nice way, told her she needed a rest and we were there to help, she was v happy in end

7. Epileptic-told her same as above, didn't know SE either told her would find out and then tell her, driving said she couldn't for know but depending how she goes on Rx and fit free we'll see -is that ok?

8. Child-thought this was new onset diabetes Mellitus and want to see child for tests-urine etc, dd- DI but no trauma-seemed happy at end, examiner too, although asked me diff betw frequency and polyuria-told him then he asked what this was-told him polyuria??????

9. Smear-ok straightforward.

10. Knee exam-pt v nice, did inspection, palpation and a couple of knee movemnt exams, no time for anything else, examiner asked what ligs i was testing for said Collateral-seemed ok but not sure.

11. Fundoscopy-examiner not nice at all, did same as above, not a pleasant osce although not hard, explained protocol, but examiner not helpful as to what he wanted-thought i saw silver wiring and said hypertension but not sure.

12. Said pleuritic pain too and perhaps pleurisy but wanted him to have CXR, ECG etc to rule out heart problems.

13. Telephone-said pt in shock-blanked out hypovolaemia at time remembered after, but told reg i wanted him to come straight to ward, kept asking dd but messed it up a bit as i said shock but not what kind-said could be sepsis even though temp not raised, as post op prob int bleeding-wanted to go back in as i was exiting to tell examiner that, but too late.

14. CPR-lovely examiner, stops you after you do 2 sets of compressions, and then chatted to him, v nice.

15. Pilot-menorrhagia-fibroids told her wanted consultant to see her for more investigation of fibroid and we'll take it

from there.

16.rest

27/02/03 BART'S:

- 1- ADULT CPR IN WARD: I forgot to call the crash team! not sure if that's required in a ward. Hope I don't fail it :
- 2- BLOOD PRESSURE (STAND/SIT): was hypotensive and very faint sounds, could barely hear them, everyone else said the same. I finished this station real quick which is not good cause you start worrying what you've missed and the examiner just stares at you. Started chatting to actress!
- 3- BLADDER CATHETERISATION: the dummy had no fluid so when the y- junction reached the meatus I was shocked and told examiner should I carry on? he said yeah there is no fluid in the dummy! RELIEF.
- 4- HISTORY OF PAIN: this guy had done an endoscopy a while back and now comes with pain, you're the GI SHO. I took everything and told examiner seems like he has angina (classical history). When I left station I thought I had flunked cause it was a GI ward.. turns out that was the trick he thought it was due to the endoscope and came to GI. So that was correct it was angina.
- 5- HEADACHE HISTORY: young man, very unwell doesn't open his eyes or anything...typical history of SAH and recommended a CT.
- 6- LADY WANTS TO LEAVE HOSPITAL: she is suspected ectopic, no u/s done yet wants to leave. Spoke to her and it was cause of her daughter. I offered social services, I call her neighbours and asked her to please stay for U/S. She was ok and agreed.
- 7- LADY WITH TERMINAL C/A ON MORPHINE: discuss if she's ok with it. took history of side effects and pain was bad not relieved. Said we'll give her something for s/e and that there are teams/nurses that help manage pain as you are not happy with morphine. She was satisfied (ps the station was recommend what you want to do).
- 8- LADY WITH 12hr H/O PARACETAMOL OVERDOSE: station was to tell her what you're going to do, not to assess psyche. I told her we'll check her blood and liver and give her some drugs if needed. Also reassured that it's confidential and so on... missed a few points wasn't that good at this.
- 9- SPACER COUNSELLING: pretty straightforward. Actress was very delighted and happy.
- 10- FEBRILE CONVULSIONS: counsel mother. Was very worried but told her not epilepsy, child doesn't feel athing, etc etc... was very happy and asked a few questions then said fine thanx all OK.
- 11- PILOT: take history and suggest management of hyperemesis. I forgot this was a pilot and did it. I wanted to rest though :(
- 12- LOWER LIMB EXAM DIABETIC: station didn't say what to examine (ie arteries/sensory/motor) so did inspection then motor + sensory then time ran out. Everyone else did the same.
- 13- MAN WITH BACK PAIN: examine his back + lower limb. this was an ok one not as bad as it seems. he couldn't flex his back, right limb motor all ok, left limb motor was slightly rigid (so I thought) but SLR was only 30 degree and sciatic stretch positive. Examiner said don't worry about sensory it's all ok
- 14- ARTERIAL EXAM OF LOWER LIMB: nightmare station for me. Couldn't feel a thing. Inspected, palpated then to find pulses I couldn't so I stated so. was gonna do buerger's test then time ran out :(
- 15- MAN FOR ENDOSCOPY COUNSEL: he was 65 and had history of malaena, didn't like endoscopy was very worried and kept asking silly questions. I answered them all and he was ok to do it then said is it cancer? I said I hope not it should be an ulcer but we will take sample and test for cancer. that's why we want to do endoscope. was ok.

27/02/03 GUY'S:

- 1- Vascular exam for lower limb: I forgot mentioning BP , hyperemia and capillary refilling .i put my hands in my pocket.then i noticed that whan i saw the examiner staring at my pockets.
- 2- Mother of convulsion child: I did not reassured the mother enough 3- CPR: was for adult it was not written out side wether adult or child .but it was ok.
- 4- Catheterisation: I did not drape. Could not finish the procedure and touched the catheter with my hand.
- 5- Ectopic pregnancy: i did not understand the q .I told the patient we 'll do us because u have ectopic pregnancy ,then the patient started crying .she didn't know.the examiner told me.what have u done?!?!?!then i gave him the managment of miscarriage.he told me go home!!! i think he gave me E .
- 6- Spacer device: not tooo bad.
- 7- Endoscopy still don't know what was the q .i took a small history the spoken a little about endoscopy.i told the patient we have to do it today & u can't go home.was i right?!?
- 8- Morphine: I did not give here medicines for nausea ,and did not assure here enough,& did not say it is not addictive.the patient was not happy at the end.
- 9- Paracetamol: I did not ask her where did she take it and if there were any one else with here at home. I told here u r ok

and can go home now!!!!!!!!!!!!!!

10- BP: I forgot to raise the sphygmomanometer when standing. there was 2 air & mercury I chose the air.

11- Diabetic foot. I said hi to the examiner!!!!

12- Back exam: I did not even mention about the lower limb.

13- MI: I did not ask about alcohol & smoking .I did not give ddx when the examiner asked.

14- Headache: I messed up in the management.

28/02/03 BART'S:

1-BP. I started ok but this was my first station and I couldn't hear anything except my own heart beat still whatever reading I got or I thought I got said to the examiner and finished well in time...but I didn't explain the procedure in COMPLETE before to the patient although I took permission for everything and also warned about uncomfortable sensation etc...Where do I stand?

2- Test patients orientation, memory, and concentration ...now people have done whole MMSE but i did only what was asked. So well again finished in time just kept sitting thought I was to tell the score to the examiner but he just kept mum and said talk to the patieint..???what now?

3- Febrile convulsions...think went fine.

4- CPR in paediatrics ...went fine I think.

5- Rest staion.

6- IV blood sampling...examiner was cool as all white examiners are...all I couldn't complete was naming the tube in the end as bell rang..

7-fundoscopy-did fine but i am sure i identified the slides wrong although I mentioned in end i will confirm with senior...plz tell.

8-CERVICAL SMEAR. Started well the gloves were small in size so it took me 40 seconds to put the gloves there i lost my cool head...panicked picked up the speculum and started only to remember that I had not taken the slide out of the slide box as it was kept in the tray itself. Now I also forgot to do the slide naming...mentioned that. And well I had to use my gloved hands to take the slide out of the box. And did the rest fine. To remember just now that I forgot to say about the tissues in the end...???? plz help.

9- PCT poisoning...went fine but its crazy to tell the patient the management she just kept sitting the examiner was an Indian and well don't know about this...it was all stuff which should be told to some medical person half of what I said am sure patient didn't understand though she didn't say anything.

10-DKA...it was ok.

11-Haemoptysis h/o.... couldn't find the exact cause but gave the d/d.

12-Diarrhoea..It was bloody...gave d/d and said it might be u/c..

13-Discuss with examiner the cause of collapse of patient 6 hours later of surgery....forgot to tell about the cause could be MI..rest was ok

14-CVS examination...couldn't complete the auscultation and mentioned in end and well went ok.

15-pilot station..some miscarriage...didn't try.

16-was a patient with recurrent UTI...and prostate enlarged as well....do I just spoke in counselling as management of UTI as of now then when fine about TURP...anything else i should have done?

28/02/03 BART'S:

1. CVS Examination.
2. Diarrhoea history.
3. Telephone conversation -Patient who has undergone hemicolectomy 6 hours back.
4. Mini-mental score.
5. Febrile convulsion counselling.
6. BP.
7. CPR Child 6 years old.
8. Blood withdrawal.
9. Ophthalmoscopy.
10. Prostatitis management.
11. A patient with Haemoptysis- history & diagnosis.
12. Diabetic Ketoacidosis management.
13. Cervical Smear.
14. Paracetamol Overdose - management
15. Pilot Station counselling to a patient who has to undergo ERPC following miscarriage.

19/02/03 GUY'S:

- 1-Wheezes – History.
- 2-Alcoholic- History.
- 3-Chest pain-History.
- 4-Diabetic patient lower limb neurological examination.
- 5-Breast Examination.
- 6-CPR-Child.
- 7-Thyroid Examination.
- 8-Spacer Device-counselling.
- 9-Measuring Blood Pressure.
- 10-Gonorrhoea-counseling.
- 11-IV cannulation.
- 12-Local anaesthetic-counselling.
- 13-Secondary Survey- Femur Fracture.
- 14-End-stage prostate cancer-talk to the daughter (Who was a real hell!!).
- 15--Pre-eclampsia for caesarean section- Talk to husband (pilot)
- 16-Rest

20/02/03 ROYAL FREE:

1. BP.
2. CPR.
3. BLOOD SAMPLE.
4. DKA MANAGEMENT.
5. SPACER.
- 6 . BREAST EXAM.
- 7 . MISSED ABORTION -COUNSEL HER.
8. LL SENSORY EXAM.
9. KNEE EXAM.
10. FEVER HISTORY.
11. STRESS INCONTINENCE-TAKE HISTORY.
12. PANIC ATTACK.
13. POST-OPERATIVE PAIN COUNSELLING HERNIORRRAPHY.
14. HISTORY CONSTIPATION—MORPHINE.

16/01/03:

1. Mr Neil has recent attacks of unconsciousness. Take history and give diagnosis to the examiner.
- 2 . Mrs.Williams is having trouble with memorising things. Her husband has taken her to hospital. Test her orientation ,

memory and concentration.

3. This patient has pain in his right knee. This is especially worse on kneeling. Do a knee examination.
4. Mr. Fletcher has chest pain of 18 hours duration. You are SHO in medicine. Take history to arrive at a diagnosis and tell patient about that.
5. Do an Ophthalmoscopic Examination on manikin. Tell examiner what you are doing.
6. Mr Brown has dysuria with fever. On PR prostate is enlarged and smooth. Tell him about the diagnosis and the plan of management.
7. Patrick Williams has come saying that his daughter (Sarah) is not doing well after having a cold few days ago. You are an SHO in A&E. Take history to arrive at a diagnosis.
8. Do a cervical Smear on this women. Take to the examiner at every stage.
9. This man comes with difficulty of passing urine. Do a PR exam.
10. This man has a cut on forearm. The wound is clean. You are supposed to put two stitches. Assume that you are scrubbed up and wearing gloves and anaesthesia have been given.
11. This women has non-Hodgkin's Lymphoma. You are a SHO in oncology. She was tried on max dose of ibuprofen and max dose of co- didamol. However, she is still having pain. Your consultant has decided to start her on morphine. Talk to her regarding that. Don't spent your time on taking history. on her cancer. It is well under control.
12. Mr. Shrewsbury was operated on for right hemicolectomy 6 hours ago. Now the nurse has called you to see him because he is not feeling well. You observe that he is tachypnoeic and pale and somewhat drowsy. Other investigations are available. Talk to your consultant over the phone to discuss his condition.

16/01/03:

1. Adult CPR.
2. BP.
3. Childhood diabetes. Take history from mother. child lethargic after cold
4. Episodes of LOC.
5. Talk to schoolteacher about morphine for pain relief, diagnosed as NHL 4years ago.
6. Discuss management with patient. Fever, pain PR shows smooth, enlarged prostate.
7. Left chest pain; history.
8. PR.
9. Smear.
10. Fundoscopy.
11. Suturing.
12. Knee exam; pt had minimal effusion right side with medial joint line tenderness. I couldn't do MC Murray's.
13. MMSE.
14. Post-operative collapse. Examiner asked D.D

17/12/02 GUY'S:

1. BP check, patient is dizzy on standing.
2. Do a mental state examination to a lady who is ready to be discharged because she took an overdose of Paracetamol.
3. Respiratory system exam + PEFR.
4. Bimanual vaginal examination.
5. Urethral catheterisation- male maniquin
6. CPR- 6 years old boy.
7. Low abd. pain, pain on maturation; - UTI in a lady 30 years old. History + investigations.
8. Mother + 18 months old child with bouts of screaming. Take history + management. Intussusception.
9. Telephone conversation with mother of a child who was treated by GP for ear infection but now she is worried. Take history + exclude meningitis.
10. Bleeding PR. Lady 56 years old with dark motions. Asked about the differentials.
11. Sudden severe headache. History of migraines. Now suspected of subarachnoid haemorrhage. CT.
12. Chest pain Take a history. Suspect MI. Asked which tests.
13. I.V cannulation.
14. Rest station.(usually after CPR station)
15. Scaphoid fracture, examine the hand and given an x-ray of the hand.
16. Bring the bad news to the wife of a man with mesothelioma.

17/12/02 GUYS:

- 1) cranial nerves 2-7.
- 2) child CPR.
- 3) cervical smear.
- 4) spine examination.
- 5) management of MI discuss with examine.
- 6) amitriptyline pt asking questions.
- 7) reassure mother of 2 year child that he is having sore throat.
- 8) history of melaena with d/d.
- 9) weight loss in 24 yr ol girl.
- 10) get consent for post-mortem.
- 11) child with crying episodes (intussusception).
- 12) get venous blood.
- 13) blood pressure.
- 14) CVs examination.

27/11/02 ST GEORGE'S:

1. Cervical Smear.
2. Child Abuse.
3. Child with rash.
4. Knee Examination -(BEWARE EXAMINER HAD A TAPE WATCH OUT FOR IT).
5. Sensory System Examination of Lower limbs - (BEWARE DISPOSE THE NEEDLE IN THE SHARPS BIN AFTER CHECKING PAIN SENSATION).
6. Bronchial Asthma - focused history.
7. IV Cannulation.
8. Pilot Station was Child crying (s/o intussusception).
9. Upper abdominal examination (BEWARE OF POSTURE, THE PATIENT WAS LYING AT 45 DEGREES. TELL THE EXAMINER THAT U NEED TO EXAMINE HIM IN THE FLAT POSITION).
10. Post-partum depression.
11. Breaking bad news – Mesothelioma.
12. Blood Pressure.
13. Management of DKA.
14. Headache - History taking.
15. CPR – Adult.

26/11/02 ST GEORGE'S:

- 1) BP.
- 2) CPR IN A 6 YEAR OLD.
- 3) I.V. CANNULATION.
- 4) SUTURING.
- 5) SECONDARY SURVEY. PT HAD A FRACTURE SHAFT OF FEMUR.
- 6) MESIOTHELIOMA ..BREAK BAD NEWS TO HER WIFE.
- 7) POST-MI DISCHARGE...ADVICE REGARDING DRUGS , ATENOLOL , ASPIRIN , GTN SPRAY , RAMIPRIL ,
- 8) BLOODY DIARRHOEA TAKE HISTORY.
- 9) FEVER TAKE H/O.
- 10) FUNDOSCOPY.
- 11) THYROID EXAMINATION.
- 12) ANXIOUS MOTHER ASSURE HER DAUGHTER IS HAVING ONLY URI AND NOT ANYTHING SERIOUS.
- 13) ALOCOHOL TAKE HISTORY AND DISCUSS WITH THE EXAMINER.
- 14) CRANIAL NERVES EXAMINATION 2 TO 7.

27/11/02 EDINBURGH:

1. BP in young lady with history of dizziness on standing.
2. CPR in an adult.
3. Diabetic coma - DKA with x-ray and blood findings consistent with left lower lobe pneumonia.
4. history taking - headache with DD here pt had migraine.
5. cervical smear.
6. iv cannulation.
7. phone conversation with mother of child - meningitis.
8. examination of abdominal system - cholecystitis
9. examination of lower limbs - sensory in alcoholic - with loss of superficial touch, vibration and position sense.
10. examination of knee joint - medial collateral ligament injury.
11. take history from a mother about her 6month old child with fracture femur. had history of her boyfriend who was not father of the child.
12. post-natal depression with suicidal intent.
13. break the bad news to wife of mesothelioma patient.
14. take history from 53 yr old patient who came in with history of shortness of breath and wheezing. known asthmatic not on medication with family history of asthma and eczema.
15. pilot station - 6 month history paraesthesia. Take history and discuss with examiner about DD . Here my diagnosis was carpal tunnel syndrome

09/10/02:

1. CPR (6 year old).
2. Counselling patient for appendicectomy.
3. BP.
4. History asthma.
5. Suturing.
6. Cervical smear.
7. Post-natal depression.
8. Fractured femur talk to mother.
9. Ankle joint exam.
10. Fundoscopy.
11. Thyroid exam.
12. Examination of hand.

19/09/02 LEEDS:

1. Take BP of a pt who has come with c/o dizziness on standing.
2. CPR in 6 yr old.
3. Talk to a young epileptic pt going away to college for higher studies.
4. PR exam.
5. Draw blood in a anaemic patient.
6. Perform secondary survey in a pt who had fallen from a ladder. ABC are normal c-spine is normal.
7. Talk to a patient diagnosed with secondaries whose morphine dose has been changed to allay her anxieties.
8. Talk to female pt whose parents have complained that she has lost weight (anorexia nervosa).
9. Talk to female patient who has not had any periods for last 9 months.
10. Put 2 sutures.
11. Talk to staff nurse regarding a female patient in the wards who has not emptied her bowels for last 5 days and is lately a bit confused.
12. Talk to an anxious single mother whose child had fallen ill. You have ruled out meningitis, explain to her that it is a URTI and explore the cause of her anxieties.
13. Examine the foot of a diabetic patient.
14. Respiratory system exam.
15. Pilot: talk to a pregnant female with high BP.

02/09/02:

1. BP.

2. CPR OF 6 YRS OLD(EXAMINER WAS REALLY SWEET).
3. TELEPHONE CONVERSATION WITH A MOTHER WORRIED ABOUT HER SON'S EAR ACHE.
4. ADVICE TO EPILEPTIC GOING TO UNI.
5. FRACTURED FEMUR IN 7 MONTHS CHILD. TALK TO MOTHER & TAKE ACTION.
6. TALK ABOUT OPERATION FITNESS & POST OPERATIVE CARE TO A PT.FOR HYSTERECTOMY.
7. POST MI ADVICE REGARDING CHANGES IN LIFE STYLE.
8. COUNCELLING FOR HERNIORRHAPHY.
9. HISTORY & DD OF FEVER IN YOUNG MAN (PNEUMONIA).
10. SUTURING.
11. UPPER ABDOMINAL EXAM.MURPHY'S POSITIVE.
12. CRANIAL NERVE EXAM.2-7.
13. PRIMARY SURVEY.
14. WT LOSS IN 16 YRS. (ANOREXIA NERVOSA).
15. 9 MONTHS AMENORRHOEA (DEPRESSED,ANXIETY?).

29/8/02:

1. Take blood pressure.
2. CPR child 6 years.
3. Hernia, pre-operative counselling
4. Take h/o girl with loss of wt..
5. Epilepsy counselling.
6. A lady 18 yrs with 9 months amenorrhoea , she was very aggressive every answer is no .
7. Suturing.
8. Primary survey.
9. Child 7 months with fracture femur, your registrar asked you to take history and action
10. H/O fever.
11. Cranial N. e-2-7.
12. Talk to a mother on the phone about her son with ear infection.
13. Abdominal exam.
14. A man had uncomplicated MI is going home now, advice him to change his lifestyle.
15. pilot station.

20/08/02:

- 1.epilepsy counselling to a mother for her daughter who is ten and has just been diagnosed as having epilepsy.
2. take the bp....
3. do the cpr.....
4. bimanual pv examination...
5. weight loss history.....it was hyperthyroidism
6. abdominal pain acute...history.....appendicitis
7. Fundoscopy. Normal.
8. counsel a post-MI patient.
9. counsel before herniorrhaphy.
10. talk to a mother of a baby with screaming attacks...intussuception.
11. resp. examination.
12. haematuria history.
13. take a blood sample.
14. secondary survey.

21/08/02:

1. BP.
2. CPR.
3. Stroke, take history to rule out risk factors.
4. Terminally ill pt, talk to his daughter about pain relief.
5. History of acute chest pain.
6. Relieve anxiety of a mother with upper resp. infection.

7. Hip exam.
8. P/V exam.
9. Blood draw.
10. Pre-eclamptic mother who refuses admission. You have to convince her to get admitted.
11. History of diarrhoea.
12. Depressed pt..
13. Management of DKA.
14. Abdominal Examination.

18/07/02 BARTS:

1. Male px presenting with right upper quadrant pain, after meals associated with nausea and vomiting. Do an UPPER ABDOMINAL EXAM,DX.
2. Male px came due to complaints of breathlessness and wheezing, hx of mild asthma as a child- DO ASTHMA HISTORY.
3. POST MORTEM CONSENT- talk to the daughter of the px who collapsed & died S/P hysterectomy secondary to endometrial CA,2 days post op..
4. BP examination.
5. NEURO EXAM- CN II-VII.
6. TELEPHONE CONVERSATION- talk to the mother who's child been having diarrhea.mother as well.
7. CPR-adult.
8. HX TAKING- 24 y/o with weight loss 2 months ago.Give DDX.
9. TAKE A SEXUAL HISTORY- px having unprotected sex .DO NOT DISCUSS HIV TESTING.
10. Acute MI MGT.- TALK TO EXAMINER.ECG Shown ant. MI; CXR shown: PULM.EMBOLISM. PICK OUT 3 meds used for mgt.(I was horrible in this station!!!).
11. POST-NATAL DEPRESSION- HX and MGT.
12. RECTAL EXAMINATION (w/c gloves u guys used?,DX?).
13. IV CANNULATION (believe me, it isn't as easy as you thought it would be)
14. ANKLE MGT- X-ray, no fracture. Talk to the px about mgt.

17/07/02 LONDON:

1. BP measurement.
2. BLS Adult (had cloth on mouth & when I asked can I take this off as chest did not rise , examiner said 'no').
3. Thyroid Examination.
4. Resp. system exam + peak flow meter (very rushed station...i must say).
5. PR Exam-Ca prostate.
6. Suturing (made a complete fool of myself there, only did one stich, and threw needle in sharps bin, is that enough to pass).
7. CIN III Counselling.
8. Man with RTA and depressed, take Hx. he was unemployed for 10months.
9. Newly Dx epileptic, give advice on medication, recreation, driving & job (kept saying she had a driving test to give today, I told her cancel it , u can not give it by law).
10. Advise mother on phone: child & mother with diarrhoea (baby had D 6months back & was admitted to hospital & got i/v fluids).
11. Man had endoscopy & triple treatment , Now has chest pain on exertion (angina???).
12. H/o Dysphagia, smoked 25 cig/day.
13. Breaking bad news to wife, husbands already knows-Mesothelioma.
14. Scaphoid fracture.
15. Pilot -haemoptysis+ smoker.

18/07/02 LONDON:

1. Abdominal examination.
2. Asthma.
3. BP.
4. Talk to mother on the phone (Diarrhoea-she and daughter 18months).
5. CPR.
6. Taking consent for post-mortem.

7. PR examination.
8. Post-natal depression.
9. IV infusion.
10. STD do not talk about HIV.
11. Talk with examiner about diagnosis, ECG, CXR, choose appropriate three drugs from more than 10.
12. Ankle swelling. Discuss only management- no history allowed.
13. Weight loss. She has diarrhoea for 2 months.
14. Examining cranial nerves 2-7.

12/06/02 LEEDS:

1. H/o bleeding PR (the patient was a 47 yr old, antique restorer. On asking what he did as an antique restorer he gave a detailed account of how he acquired antiques and restored them with paint and polish. Any connections to his complaints ???).
2. Address concerns of a lady who is on a drug (Minocycline) who has read an article about its side effects, you do not know anything about the article.
3. Limited CVS examination to rule out CHF.
4. Blood pr examination.
5. Diabetic Ketoacidosis .Examiner asks questions.
6. Assessing suitability for HRT .
7. CPR 6yr old.
8. Drawing Blood.
9. Ectopic pregnancy wants to go home, her 4yr child is at home. USG exam. scheduled for tomorrow morning. Urine test shows pregnancy positive.
10. H/0 cough with haemoptysis from a plumber (on history also reveals that he has exposure to asbestos from previous employment, also a chronic heavy smoker).
11. Assessing mental abilities of a 70 yr old whose wife has brought him, with complaints of forgetfulness and strange behaviour.
12. A patient on whom a hemicolectomy has been done 6hrs ago, has collapsed, talk to the consultant, vitals chart is provided.
13. H/0 haematuria.
14. Semiconscious female in the A&E, only injuries are the ones visible, ABC has been taken care of, perform an neurological examination. GCS chart will be provided.

09/05/02:

- 1) child with DKA
- 2) secondary survey.
- 3) ectopic pregnancy.
- 4) post operative pain counsel.
- 5) scaphoid #.
- 6) BP.
- 7) breast exam.
- 8) arterial exam lower limb.
- 9) ask nurse about pt condition-constipation.
- 10) BLS.
- 11) suturing.
- 12) bad news beaking.
- 13) post-natal depression.
- 14) pain in upper right quadrant.

09/05/02 LONDON:

1. 2 stiches. the examiner was a really pain in the ass, he kept saying i have to hurry. beware of the wound , i have a "Z" cutt, you have to saw it at the Z points , then to proceed to stich the rest.
2. breaking bad news. the wife of a patient with a pleural carcinoma , following asbestos exposure. I had no answer how much he has to live. Any suggestions?.
3. a mother with a child who drinks to much water and passes to much water. suggest DDx to the examiner.
4. a lady who had a child 4 weeks ago. she is tearful and she thinks at suicide and hurting his daughter . you have to

- suggest dd and management plan, be sure to do a mental state examination, any psychotic features , admit to mother and child psychiatric ward. Difficult because I didn't get the chance of finish my summarising.
5. a secondary survey with a guy who fell from a ladder. They gave you a brief description . i was very poor at this station because I didn't begin with survey , I concentrate only on the leg which had a neck of the femur fracture and I gave the appropriate management but i missed a correct survey. I think I will be lucky if I get a D.
 6. A patient consent for surgery. You have to address his concerns with pain management after the operation . he has had a similar one in the past when he was in pain. the trick was to ask what happened that time and He will tell you that the wound was infected , you have to explain that was to cause and you are going to make sure it doesn't happen at this time. and the time ran out.
 7. a patient with FOOSH injury. a painful snuffbox. Diagnosis?.you are given an X-RAY with a very clearfracture.
 8. a lady with a pain in the LIF, dd and management. it's the old EP. be sure you ask precise questions.
 9. a lady who complains of pain in RUQ irradiating in the back. DD . it's renal stone with infection .
 10. breast exam, 2 nodules, give a run through commentary.
 11. leg arteriopathy-examination.
 12. CPR.
 13. nurse with a constipated patient. Ask history.
 14. BP.

23/04/02:

- 1- I was asked to take a history from middle aged women who came to A&E with a history of right upper quadrant pain for four days with fever. No need to do physical exam.
- 2- I was asked to examine the right knee of a young man who came to A&E after injuring himself while playing football. No need to take a history.
- 3- Talk to this patient how is plumper, divorced and lives alone for ten years. his GP says that he has cough and haemoptysis.(the patient was angry and kept complaining all the four minutes and I couldn't take a history but i think I reassured him enough!!)
- 4- CPR for a seven years old child (be aware.....its completely different from CPR of adults).
- 5- take a cervical smear(I prepared this station dozens of times but simply I forgot to wear gloves. Only after inserting the speculum I realized that I'm without gloves. so I stopped and told the examiner that I knew I took E in this station but he insisted on me continuing the station.
- 6- Examine the feet of this diabetic patient. No need take a history (I did the inspection- be careful to look between toes and to position sites- and examined the tone, the power, the reflexes and pain sensation but there was no time to do light and vibration and position sense) actually its impossible to complete the exam because the examiner told me to explain what I was doing and to tell him my findings.
- 7- this was a fundoscopic examination and I was asked to explain what I was doing. (be careful, the examiner gave me an apparatus without battery so I refused to complete till he gave me another one).
- 8- Talk to this women who was diagnosed as ectopic pregnancy and wants to go home because she cant leave her 4 years old child for long time (the actor was nice really and she agreed at the end to stay).
- 9- Talk on the phone with your consultant about a lady who had a Hemicolecotomy 6 hours ago and she is drowsy(there is a real phone but only a curtain seperate you from the examiner or your consultant)(be prepared to read the vital signs chart quickly: BP, R, P &T).
- 10- Talk to this women who is 9 weeks pregnant and she does not know she has a missed abortion. Inform her and tray to take her consent for D&C.(you have to be firm but very sympathetic if you know what I mean).
- 11- Talk to this gentleman who is having a hernia operation tomorrow and he is anxious about the post-operation pain because he got a lot of pain four years ago after a similar operation.
- 12-Take the blood pressure of this lady who came with dizziness and record your finding.(easy one).
- 13- talk to this women who has come for a toe operation but was found to have high MCV. the patient dose not know about this abnormal test. (you have to inform her and try to take a history about her drinking habit-if you have enough time, hopefully!!).
- 14- the last one was: take a history from a nurse about a patient in the ward who did not open her bowels for five days. (during the history you will discover that she was on morphine for 3 weeks).

23/01/02:

- 1- BP— a pt feeling dizzy, take blood pressure.

- 2- Suture--- stitch this patient's arm which is injured, not real manikin arm but just rectangular plastic material.
- 3- Vaginal exam--- speculum exam has been done, do bimanual vaginal exam, tell the examiner your findings- adnexial masses, uterus size and ante-retrovert, Douglas pouch fullness, on inspection—discharge, skin lesion.
- 4- Blood for cross-matching--- no need to do procedure, just explain the stages you will do one by one.
- 5- Neurological examination of the legs in diabetic pt type 1 diabetes for 15(?) yrs- just neurological exam and power of the legs—examiner said no need to do reflexes due to limited time.
- 6- Ophthalmoscopy – red reflex, disc-cup and margins, vessels, macula—in my case there were thickened vessel walls.
- 7- CPR- one question asked: when is it dangerous to do chest compression? broken ribs was my answer—OK.
- 8- HRT counselling—indications, contraindications, side effects—pt asked forms? – tab, patches, pessary, cream--- LMP, r/o pregnancy, Hx of previous operations.
- 9- PR bleeding, Hx taking and discuss your diagnosis and D/D of pt— I asked all possibilities and D/D Haemorrhoid, diverticulosis.
- 10- Fever, HX taking and diagnosis --- describing fever. Symptoms— cough (green), sore throat, chest pain, present in other friends asked pneumonia (community-acquired).
- 11- Child with diarrhoea- mother on the phone(both of them have diarrhoea) asking about drowsiness and dehydration level , no need to admit but if get worse ask to hospital or call GP.
- 12- Whiplash- depressed pt--- asking about injury Hx, his present symptoms, feeling low, waking up early, no future plans.
- 13- MI management--- no list of drugs- speak to examiner directly. Firstly I was given ECG to comment. It was anterior MI, I said. Then we discussed acute management- Also he showed me an X-ray- pulmonary oedema.
- 14- An epileptic pt- counselling and giving advice--- what does it mean?, precautions, use carbamazepine regularly, side effects, call your GP if rash or infections, informing DVLA, career advice.
- 15- Local anaesthetic-counselling (pilot)--- he will go hernia surgery with local anaesthetic , afraid of going with it, would like to know comparison between local and general anaesthesia, advantages-disadvantages and general advice.

This is an effort by many candidates who posted their comments after giving their examinations. Hopefully it will be useful to all candidates.