

PLAB PAST STATIONS LIST

(PARTIAL: FROM AIPPG FORUMS till Feb. 2003)

PLAB OSCE.

For latest stations visit new **AIPPG** forums at www.aippg.net/forum/

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 2 to 7th
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. 40M, lt sided chest pain
9. LOC 20M epilepsy
10. 4yr - DM
11. Suture
12. telephone - post collapse
13. MMSE
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
4. CPR
5. Carbamazepine (University student)
6. Stitch
7. Chest Pain, Fever H/O (p'nia)
8. AMI & ac. pul 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

1. 2 survey
2. Pain in Abd 3 Ds, 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. Rt. knee (exam)
8. post MI counsel (lifestyle include alcohol)
9. post natal depression (pt is likely to harm the baby)
counsel, what Tx 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

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. fundoscope
 8. suture
 9. NAI
 10. Catheterization
 11. Epileptic youth going to University
 12. case of IO d/t obstructed hernia
- Telephone conversation (consultant)
13. Examine back pain
 14. H/o hyperthyroid

April

1. CPR
 2. BP
 3. Exam (respiration system + PEFr)
 4. h/o abdo pain (cholecystitis) + mx plan
 5. suture
 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. P survey
 13. Ovarian cyst - operation + counselling
 14. Post MI - D/C.
- April
1. CPR (child - 7yr)
 2. COAD - H/o cough with sputum
 3. Exam (knee joint)
 4. Diabetic foot
 5. LOW (h/o)
 6. H/o - Abdo 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 home back
12. Talk to consultant - pt had operation & now collapse
13. H/o alcohol
14. Fundoscope

June

1. HRT
2. CPR (8yr)
3. H'turia 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 + h'ptysis
10. BP
11. Ectopic pregnancy
12. MMS
13. DKA
14. Acne consult about Tx SE

July

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

1. PR Exam
2. BP
3. IV cannula
4. CPR
5. Child diarrhoea
6. Wt loss h/o DDx
7. Cranial Nv, 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 (para poisoning / self harm)
13. PM consent
14. Post natal depression (Mx & counsel)
15. Asthma (h/o)

Oct

1. Hip exam

2. PR
3. CPR adult
4. PM 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

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

Dec/13

1. 87yo, h/o constipation, take h/o, on laxative, pallet like motion
2. 7 yr, CPR
3. VE + Brush
4. Catheter
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

1. H'tur ia
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

1. DKA
2. Mesothelioma
3. Resp. System
4. Stitch
5. BP
6. CPR
7. Cr Nv.2-7
8. Knee
9. Ovarian Cyst (counsel)
10. Palpitation (anxiety)
11. Abdo 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 preg
5. RHC pain h/o d/dx
6. post op 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 + Pul. oedema)
 7. Cranial nerve 2 to 7th
 8. RHC pain h/o + o/e + definitive tx
 9. post partum depression h/o mx
 10. CA prostate pain control
 11. Herniorraphy (pain control)
 12. Wt loss. (h/o + d/dx)
- thyrotoxicosis, anorexia nervosa
13. Chest pain (p'nia)
 14. Angina Drugs (Asprin, atenolol, GTN Spray)

Pilot HIV h/o counselling

Sep

1. BP

2. CPR
3. Resp exam
4. Abdo 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

1. young F amenorrhoea 8th month
2. Amitriptyline
3. h'turia
4. diarrhoea
5. post op collapse, talk to SPR
6. Mesothelioma
7. CPR
8. P servey
9. BP
10. Fundoscopy
11. Cannula
12. Thyroid

Other old questions

1. bleeding pr (h/o)
2. herniorrhaphy (consent)
3. respi infection (child)
4. rt. hemicolectomy - post op 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, xray, phone (consultant)
3. Breast exam
1. Phone (ear d/c)
1. terminal care ca prostate
2. knee exam
1. ear ache drowsy (phone)
2. amitriptyline
3. F uti loin pain + fever
4. sterilization (counsel)
5. stroke (counsel)
6. headache (migriane - reassure)
7. LIF pain + BPV - h/o
8. DKA
1. constitutional anaemia
2. co-codermol
3. PCA
4. respi exam + pefr

5. p 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. pallet 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 somatotription, sah, meningitis
- 07/03/03 GUY'S
- cpr in 6 year child.
 - bp in young patient
 - venous canulation for injecting drugs
 - Breast examination-I could not find any lump
 - headache-giant cell arteritis-I could not reach diagnosis
 - p/r examination for benign enlargement prostate
 - rheumatoid hand with depression? unable to sleep
 - talk to nurse to elicit a history about constipation
 - cough and sputum in a chronic smoker who had a lung carcinoma. did not tell he is bringing out blood in phlegm.
 - rest station
 - pilot station
- 05/03/03 GUY'S
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 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 diafrgm on the lady's arm before listening. when i realised i took the station from the beging. no time to check on standing. maybe it is an E, or F if possible:(. anyway the patient was very supportive.
 4. 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. man, 75, fever 38, pain, dribbling sream, 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. 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 depressive 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. 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 dvl.
 8. 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. dd urinary inf, 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 ophthalmoscopy different i was used with so i didn't turn it on or off. finally i wasn't asked any diagnosis.
 12. 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 off because i didn't put the certain diagn and ask what do you think about that unstable engine 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 convers, 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 a us performed and that showed fibroids....

16. rest

05/03/03 GUY'S. 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-didnt 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 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 straight forward.

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.

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 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 straight forward. actress was very delighted and happy

10- FEBRILE CONVULSIONS: council 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 gonna 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

27/02/03 GUY'S

- vascular exam for lower limb: i forgot mentioning bp , hyperemia and capillary refilling .i put my hands in my poket.then i noticed that whan i saw the examiner staring at my pokets

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 drap.could not finish the procedure and touched the catheter with my hand

5-ectopic prgnancy: i did not under stand 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 too bad

7-endoscopy: i 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 sphygm when standing. there was 2 .air & mercury . i choose the air.

11-diabetic foot. i said hii 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 dd when the examiner asked

14-headach: i messed up in the management.

28/02/03 BART'S

1-BP...i started ok but this was my first station and i couldnt 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 didnt explain the procedure in COMPLETE before to the patient although i took

permission for everything and also warned about uncomfotabel senstaion 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 paedes ...went fine i think.

5-rest staion

6-IV blood sampling...examiner was cool as all white examiners are...all i couldnt complete was naming the tube in the end as bell rang..

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

7-CERVICAL SMEAR..started well the gloves were small in sizeso it took me 40 seconds to put the gloves there i lost my cool head...panicked picked up the speculum and started only to rem. 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 rem just now that i forgot to say about the tissues in the end...???plz help

8-PCT poisoning...went fine but its crazy to tell the patient the management she just kept sitting the examiner was an indian and well dunno about this...it was all stuff which should be told to some medical person half of what i said am sure patient didnt understand though she didnt say anything

9-DKA...it was ok

10-haemoptysis h/o....couldnt find the exact cause but gave the d/d

11-diarrhoea..it was bloody...gave d/d and said it might be u/c..

12-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

13-CVS examination...couldnt complete the auscultation and mentioned in end and well went ok.

14-pilot station..some miscarraige...didnt try.

15-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?

16-forgot.

28/02/03 BART'S

1. CVS Examination

2. Diarrhoea history

3. Telephone conversation -Patient who has undergone emicolectomy 6 hours back

4. Minimal score
 5. Febrile convulsion counselling
 6. BP
 7. CPR Child 6 years old
 8. Blood withdrawal
 9. Ophthalmoscope
 10. Prostatitis management
 11. A patient with Haemoptysis- history & diagnosis
 12. Diabetic Ketoacidosis management
 13. Cervical Smear
 14. Paracetamol Overdose - management
 15. I will remember this one soon and let u know.
 16. Pilot Station counselling to a patient who has undergone ERPC following miscarriage.
- 19/02/03 GUY'S
- 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-counseling
 - 9-Measuring Blood Pressure
 - 10-Gonorrhoea-counseling
 - 11-IV cannulation
 - 12-Local anaesthetic-counselling
 - 13-Secondary Survey- Femur Fracture.14-Endstage prostate cancer-talk to the daughter(Who was a real hell!!)
 - 15--Pre-eclampsia for cesarean 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 HERNIORRAPHY
 - 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 memorizing 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 specially 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 mannikin. 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. Patt 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 an 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 anesthesia have been given.
11. This women has non hodgkin Lymphoma. You are a Sho in oncology. She was tried on max dose of iburufin 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. Shrewsberry 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 tachypnic and plae and somewhat drowsy. Other invertigations 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 school teacher about morphine for pain relief, diagnosed as NHL 4years ago.
6. discuss manage,ment with patient. fever, pain PR shows smooth, enlarged prostate.
7. left chest pain; history
8. PR
9. smear
10. fundoscopy
11. suture
12. knee exam; pt had minimal effusion right side with medial joint line tenderness. i couldnt do mc murrays.
13. MMSE
14. post op- collapse. examiner asked D.D

17/12/02 GUYS

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 examin. + PEFR.
4. Bimanual vaginal examination
5. Urethral catheterisation- male maniquin
6. CPR- 6 years old boy.
7. Low abdo pain, pain on micturition; - 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 examiner

6) Amitriptyline pt asking questions

7) reassure mother of 2 year child that he is having sore throat

8) history of melena with d/d

9) weight loss in 24 yr ol girl

10) get consent for postmortem

11) child with crying epidodes (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 YR 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 DIARRHOES 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 a adult.
3. diabetic coma - DKA with xray 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 paresthesia..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 appendectomy
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 UTI and explore the cause of her anxieties
- 13.) examine the foot of a diabetic patient
- 14.) respiratory system exam.

pilot) talk to 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.ADVISE TO EPILEPTIC GOING TO UNI.
- 5.FRACTURED FEMUR IN 7 MONTHS CHILD,TALK TO MOTHER & TAKE ACTION
- 6.TALK ABOUT OPERATION FITNESS &POST OP 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 takee blood pressure
- 2 cpr child 6 years
- 3 hernia pre-op counselling
- 4 take h/o girl with loss of wt
- 5 epliepsy counselling
- 6 lady 18 yrs with 9 months amenorrhea ,she was very aggressive evry answer is no .
- 7 suturing
- 8 primary survey
- 9 child 7 months with fracture femure ,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 man had uncomplicated MI is going home now ,advise him to change his life style
- 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....
- 3and do the cpr.....
- 4.bimanual pv examination....
- 5 weight loss history.....it was hyperthyroidism
- 6 abdo pain acute...history.....appendicitis
- 7 fundoscopy..normal.
- 8 counsel a post mi patient.
- 9 counsel before herniorhaphy
- 10 and talk to mother of a baby with screaming attacks...intussuception
- 11 respi examination
- 12 hematuria history...
- 13 take a blood sample.
- 14 secondary survey.

21/08/02

- 1.b/p
- 2.CPR
- 3.stroke take history7rule out riskfactors
- 4.terminally ill pt ,talk to his daughter about pain relief
- 5history of acute chest pain

6.relieve anxiety of a mother with upper resp inf

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 and died S/P hysterectomy secondary to endometrial Cancer,2 days post op.

3.BP examination

4. NEURO EXAM- CN II-VII.5.TELEPHONE CONVERSATION- talk to the mother who's child been having diarrhea.mother as well.

6.CPR-adult

7.HX TAKING- 24 y/o with weight loss 2 months ago.Give DDX

8.TAKE A SEXUAL HISTORY- px having unprotected sex .DO NOT DISCUSS HIV TESTING.

9.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!!!)

10.POST-NATAL DEPRESSION- HX and MGT

11.RECTAL EXAMINATION (w/c gloves u guys used?,DX?)

12.IV CANNULATION (believe me, its not as easy as you thought it would be)

13. ANKLE MGT- X-ray, no fracture.Talk to the px abt 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 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

18/07/02 LONDON

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 infusion

9. STD do not talk about HIV

10. Talk with examiner about dg,ECG CXR,choose appropriate three drugs from more than 10

11. Ankle swelling Discuss only management- no history allowed.

12.weight loss.she has diarrhoea for 2 months.

13. 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 examn. scheduled for tomorrow morning.Urine test shows pregnancy positive.

10.H/o 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/o 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 DK

2)secondary survey

3)ectopic preg

4)post op pain-council

5)scaphoid fr..6)BP

7)breast exam

8)arterial exam lwr limb

9)ask nurse about pt condition-constipation

10)BLS

11)suturing

12)bad news beaking

13)post natal dep

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 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 phychotic features , admit to mother and child phychiatric ward. difficult because I didnt's getr the chance of finish my summarising.

5. a secondary survery 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 survery , I concentrate only on the leg which had a neck of the femur fracture and I gave the aproprate management but i missed a correct survey. I think I will be lucky if I geta 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 happem at this time. and the time runned out.....

7. a patient with FOOSH injury. a painful snuffbow. 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 preci se questions.

9. a lady who complains of pain in RUQ irradiating in tha back. DD . it's renal stone with infection .

10. breast exam, 2 nodules, give a run through commentary

11. leg arteriopathy-eamination

12. CPR

13. nurse with a constipated patient. ask history.

14. taking BP..23/04/02

1- I was asked to take a history from a middle aged women who came to A&E with a history of right upper quadrent 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 hwo 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 haemoptosis.(the patient was angry and kept complaining all the four minuts and i couldnot take a history but i think i reassured him enough!!)

4 cpr for a seven years old child (be aware.....its completely diffirent 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 relized that im without gloves. so i stoped and told the examiner that iknew i took E in this station but he insisted on me continuing the statin.

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 exminer told me to explain what I was doing and to told 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 apparature without battry 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 yr consultant about a lady who had a Hemecolecotomy 6 hours ago and she is drowsy(there is a real phone but only a curtain seperate you from the examiner or your consultan)(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 woman who has come for a toe operation but was found to have high MCV. the patient does 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 pt'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- Ophthalmoscope – red reflex, disc-cup and margins, vessels, macula—in my case there were thickened vessel walls

7- CPR- one question—when is it dangerous to do chest compression?—broken ribs was my answer—OK

8- HRT counselling—indications, contraindications, side effects—pt asked forms? – tb, 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, ass. Symptoms—cough(green), sore throat, chest pain, present in other friends → pneumonia (community-acquired)

11- Child with diarrhea- mother on the phone(both of them have diarrhea) --- asking about drowsiness and dehydration level, no need to admit but if get worse → 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 a 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