

Don't panic (2015)

About 280 days to go

For my future colleagues...

The Art of Exams

- Know yourself
- Know your enemy
 - Examiners
 - Exam format/constraints
 - (Rarely) The Patients

When all else is lost

DEFEATING THE MCQS

Question 1

1. Trassign normally occurs under which of the following conditions?

- a) When the viskal flans, if the viskal is zortil
- b) When lusp trasses the vom
- c) When the belgo lisks tarious
- d) When dissles frull

Question 2

2. The fribbled breg will ninter best with an:

a) mors

b) ignu

c) derst

d) sortar

Question 3

3. Why does the sigla frequently overfest the trelsum?

- a) All siglas are mellious.
- b) Siglas are always votial.
- c) The trelsum is usually tarious.
- d) No trlsa are directly feskable.

Question 4

4. What probable causes are indicated when dross occurs in a compots?

- a) The polats were thenced in the sluth.
- b) The kredges roted with the rots.
- c) The rakogs were not accepted in the sluth.
- d) The sabs foped and the doths tinzed.

Question 5

5. What is the primary purpose of the class in frumpaling?

- a) To remove cluss-prangs
- b) To patch tremails
- c) To loosen cloughs
- d) To repair plumots

Question 6

6. The nintering function of the ignu is most effectively performed in connection with the:

- a) arazma tol.
- b) fribbled breg.
- c) groshing statol.
- d) frallied stantels.

The complete **practical** dogma – for the MBBS

HOW TO THINK/RESPOND

Approach Summary

1. Aetiology → Diagnosis → Complications
2. Management principles
 - 0th, 1st, 2nd, 3rd etc
3. Procedures are... diagnostic/therapeutic
4. Cases are... diagnostic/management
5. Issues are... Medical, Functional, Social

Approach Summary

6. Aetiologies are... VITAMIN D
7. Complications are... by SYSTEMS
8. What signs/symptoms would you expect?
 - ...due to cause
 - ...due to complications
9. Motherhood statements
10. Interpretation/comment
11. Grouping (Occam's razor)
12. Splitting (Chatton's anti-razor)

1. The Cheat Sheet

When asked:

- What is the diagnosis?
- What do you think the patient has?
- (What are your findings?)
- (What do you think?)
- Explain your findings.

Answer: Sir/Ma'am...

- Diagnosis
 - secondary to
- Aetiology
 - complicated by
- Complications

This patient has a mitral valve disease with mitral stenosis predominating, likely secondary to chronic rheumatic heart disease, complicated by atrial fibrillation and pulmonary hypertension.

2. The Cheat Sheet

When asked:

- How would you manage this patient?

Answer: Sir/Ma'am...

- The management principles are:
 1. ABC
 2. Treat underlying cause
 3. Treat complications
 4. Prevent ongoing damage
 5. Secondary prevention
 6. Rehabilitation

3. The Cheat Sheet

When asked:

- What procedures will you order?

Answer: Sir/Ma'am...

- The appropriate procedure(s) in this case is/are:
 1. Diagnostic
 2. Therapeutic

In this case, thoracocentesis via the chest tube will allow diagnostic evaluation of the unilateral pleural effusion, as well as relieve symptoms and improve respiratory function.

4. The Cheat Sheet

When asked:

- What do you think of this case?

Answer: Sir/Ma'am...

- This case presented a/an:
 - A. Diagnostic challenge
 - B. Management challenge
 - C. Ethical challenge

5. The Cheat Sheet

When asked:

- What were the issues?

Answer: Sir/Ma'am...

- The issues were:
 - A. Medical
 - B. Functional
 - C. Social

6. The Cheat Sheet

When asked:

- What do you think is the possible cause?

Answer: Sir/Ma'am...

- The possible aetiologies are:

V : Vascular
I : Infective
T : Traumatic
A : Auto-immune
M : Metabolic/Endocrine
I : Inflammatory/Iatrogenic
N : Neoplastic
D : Drugs
C : Congenital/Child

7. The Cheat Sheet

When asked:

- What are the possible complications?

Answer: Sir/Ma'am...

- The possible complications are:
- Cardiovascular
- Respiratory
- GI/Nutritional
- Metabolic/Renal
- Endocrine
- Neurological
- MSK
- Infectious
- Haematological
- etc, etc, etc.

Think of all the hospital departments/services you have ever rotated through.

8. The Cheat Sheet

When asked:

- What signs or symptoms would you expect?

Answer: Sir/Ma'am...

- The signs and/or symptoms could be due to:
 - A. Underlying disease
 - B. Disease complications

9. The Cheat Sheet

When asked:

- What is (condition)?
 1. Stroke
 2. ACS/AMI
 3. Asthma/COPD
 4. DM
 5. Heart failure
 6. AKI/CKD

Answer: Sir/Ma'am...

- (Condition) refers to/is:
 - i. Introduction
 - ii. Cause
 - iii. Manifestations

Stroke is a vascular event that results in a focal or global, temporary or permanent neurological deficit, and which persists for more than 24 hours.

10. The Cheat Sheet

When asked:

- Please interpret these results/findings.

Answer: Sir/Ma'am...

- This is suggestive of (condition).
- I say this because... (reporting statement).

This FBC is suggestive of iron deficiency anaemia.

I say this because there is severe anaemia with an Hb of 6, associated with microcytosis, hypochromasia, and hypoferritinaemia.

11. Occam's Razor

When asked:

- What diagnosis have you come to?

Answer: Sir/Ma'am...

- A diagnosis of XXX explains the findings of AAA, BBB and CCC;
- And the absence of DDD and EEE.

A diagnosis of an ileo-caecal tumour can explain the combined iron and vitamin B12 deficiency anaemia, consistent with the patient's age, constitutional symptoms; and in the absence of a suggestive dietary deficiency or antibodies against intrinsic factor.

12. Chatton's Anti-razor

When asked:

- What diagnosis have you come to?

Answer: Sir/Ma'am...

- This patient has features suggestive of diagnosis AAA with superimposed features of diagnosis BBB.

This patient has pyramidal weakness in the left lower limb but with absent ankle reflexes and diminished sensation distally; this can be explained by a stroke with concurrent diabetic neuropathy.

Your answer lies within

THE STEMS

4 Short Cases (10 min)

- Standard Systems
 - Cardio
 - Resp
 - Neuro
 - Abdo
 - RAI/Endocrine
- Example scenarios (TYS)

Stations, stations

(Apparently the most fun part of the Finals)

OSCE STATIONS

OSCEs

- They may ask:
 - Didn't you do this in SIP???!!!
 - Answer: xxxxxx

OSCEs

- Communication (external)
 - Consent
 - Breaking bad news
 - Dealing with angry patients/family
- Communication (internal)
 - Referrals
 - Updating a consultant
 - Requests for radiological investigations

SPIKES

SBAR

OSCEs

- Skills
 - Suturing, staple/suture removal
 - Tubes, drains, lines, catheters
- Emergencies
 - Resuscitation (attire!)
 - ABC!!!
- Others
 - Case notes
 - IMR
 - Forms

Ask anything,
Ask everything

CASE ANALYSIS

Case Analysis – 1 case

- Exam
 - 15min to speak to patient
 - 10min to examine
 - 2min for reflection
 - 10min for discussion
- Diagnostic v Management v Ethical

Case Analysis

- Rapport – patient
 - Smile
 - Eye contact (don't look down)
 - Repeat patient's name FREQUENTLY
- Rapport – examiners
 - There are TWO
 - Maintain the most eye contact with the ACTIVE examiner
 - Occasionally glance and smile at the PASSIVE one

Case Analysis

- Focus
- Systematic Approach
 - The trick in the case analysis to find the *second* major diagnosis
 - SLE with secondary APS
 - AIDP with preceding *Campylobacter jejuni* infection
 - Or the “*hidden*” problem
 - Patient’s close relative died from cancer. ICE issues!
 - HIV/AIDS in a healthcare worker
 - Or if it’s DM – **all** the *complications* resulting

Case Analysis

- Presentation
 - ISSUES:
 - **MEDICAL**
 - **DIAGNOSIS**, *secondary to*
 - **AETIOLOGY**, *complicated by*
 - **COMPLICATIONS**
 - **FUNCTIONAL**
 - **SOCIAL**
 - Remember to answer the question (if any)!
 - “What was the main issue(s) for this patient?”

Case Analysis - Presentation

- Medical
- Functional
 - Premorbidly ADL independent with normal swallowing
 - Following stroke – now hemiplegic requiring:
 - 1-man assistance for ambulation
 - Modified diet because of moderate dysphagia
- Social
 - Unable to work (was a dispatch rider)
 - Limited social support (single, no other relatives)

Beyond Beneficence

ETHICS

7 Tools to Deal with Ethics

1. Medical facts v values
2. Logical form (*modus*)
3. Conceptual analysis
 - i. Definition
 - ii. Elucidation
 - iii. Splitting
 - iv. Lumping

7 Tools to Deal with Ethics

4. Reasoning from principles (BNAJ)
 - i. Beneficence
 - ii. Non-maleficence
 - iii. Autonomy
 - iv. Justice
5. Case comparison
6. Thought experiments
7. Rational decision theory (utility)

Making decisions

1. Best interests
2. Proxy/substituted judgement
3. Advance directives