

# The Complete Dogma 2015



YOU

Section 1: The Art of Case Presentation

# **SPEAKING THE RIGHT LANGUAGE**

# The “Safe” Approach

- History
- Physical Examination
- Diagnosis and Differentials
- Management Plan

# History

- Mr T is a 60/Chinese/male
- ADL independent, community-ambulant
- Smoker of 120 pack-years, no alcohol intake
- He has a medical history of:
  - Type 2 DM, last HbA1c 9.0% in March 2015, on metformin 850mg bd, f/u with OPS
  - Hypertension, not on meds, f/u with OPS
  - Hyperlipidaemia, on simvastatin 20mg ON, f/u with OPS
  - Appendicitis in 1990, s/p appendectomy
  - Gout, on diet-control, f/u with OPS

# History

- He complains of:
  - Difficulty swallowing for 1 week, worse with fluids than solids
  - He says his wife noticed that his smile was a little crooked
  - He has noticed a bit of drooling from the right side
  - He has had some difficulty driving for the past 2 days, as he can't seem to tell his right arm what to do, and can't press fully on the brake pedal or accelerator
  - The weakness seems worse at the wrist than the shoulder, and the foot more than the thigh; with the upper limb worse than the lower limb
  - His wife insisted that he see his GP, which he did yesterday
  - His GP was concerned about the possibility of a stroke and asked him to come to hospital

# Compare and Contrast

## Unpackaged

- Difficulty swallowing for 1 week, worse with fluids than solids
- He says his wife noticed that his smile was a little crooked
- He has noticed a bit of drooling from the right side
- He has had some difficulty driving for the past 2 days, as he can't seem to tell his right arm what to do, and can't press fully on the brake pedal or accelerator
- The weakness seems worse at the wrist than the shoulder, and the foot more than the thigh; with the upper limb worse than the lower limb
- His wife insisted that he see his GP, which he did yesterday
- His GP was concerned about the possibility of a stroke and asked him to come to hospital

## Packaged

- Functional dysphagia for 1 week
- Associated with right hemifacial weakness, and right distal hemiparesis worse in the upper limb
- He consulted his GP who referred him to the A&E

# Compare and Contrast

## **Task-oriented**

- Checklist
- Temporally-ordered
- Clear, precise
- Verbose
- Explicit
- Current State

## **Goal-oriented**

- Broad Plans
- Priority-ordered
- Flexible, imprecise
- Compressed
- Implicit
- Future Targets

# Compare and Contrast

## Task-oriented

- FBC, U/E/Cr, LFT
- Blood c/s x 2 sets
- 2H parameters
- CECT abd/pelvis cm
- IV Augmentin 1.2g 8H
- NBM, IV D/S 2L/24h
- Update family

## Goal-oriented

- Septic workup
- Empirical antibiotic for intra-abdominal sepsis
- KIV exploratory laparotomy
- Target MAP  $\geq$  65mmHg



Section 2: Answering Direct Questions

# **SPEAKING THE SAME LANGUAGE**

# Approach Summary

1. Aetiology → Diagnosis → Complications
2. Management principles
  - 0<sup>th</sup>, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> 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 mixed mitral valve disease with mitral stenosis predominating, 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
  - C. Therapy

# 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.

Always, always, always!

Aetiology

Diagnosis

Complications

- **DIAGNOSIS**, *secondary to*
- **AETIOLOGY**, *complicated by*
- **COMPLICATIONS**



Section 3

# **GENERAL MEDICAL SYLLABUS**

<b>CATEGORY 1</b> <b>Must Know / Must see</b>	<b>CATEGORY 2</b> <b>Must know / Good to see</b>	<b>CATEGORY 3</b> <b>Good to know / Good to see</b>
<p><b>CARDIOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Coronary artery disease (ischemic heart disease, acute myocardial infarction, stable and unstable angina)</li> <li>2. Cardiac failure (congestive cardiac failure, cor pulmonale, acute pulmonary oedema)</li> <li>3. Hypertension and its major complications</li> <li>4. Valvular heart disease (aortic valve, mitral valve)</li> <li>5. Hyperlipidemia</li> <li>6. Peripheral vascular disease</li> </ol> <p><b>RESPIRATORY MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Asthma</li> <li>2. Chronic obstructive airway disease</li> <li>3. Pneumonia</li> <li>4. Pulmonary TB</li> <li>5. Pleural Effusion</li> <li>6. Pneumothorax</li> <li>7. Lung cancer</li> </ol> <p><b>NEPHROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Acute renal failure</li> <li>2. Chronic renal failure</li> <li>3. Nephrotic syndrome</li> <li>4. Pyelonephritis, UTI</li> <li>5. Patients with electrolyte and acid base disorders (hypo- &amp; hypernatraemia, hypo- &amp; hyperkalaemia)</li> </ol>	<p><b>CARDIOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Patients with prosthetic valves</li> <li>2. Infective endocarditis</li> <li>3. Common cardiac arrhythmias e.g. atrial fibrillation, ventricular ectopics, PAT</li> <li>4. Dilated cardiomyopathy</li> <li>5. Malignant or accelerated hypertension</li> <li>6. Secondary causes of hypertension</li> <li>7. Pulmonary embolism</li> </ol> <p><b>RESPIRATORY MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Bronchiectasis</li> </ol> <p><b>NEPHROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Patients on chronic haemodialysis and chronic peritoneal dialysis</li> <li>2. Polycystic kidneys</li> <li>3. Acute glomerulonephritis</li> <li>4. Asymptomatic haematuria and proteinuria</li> </ol>	<p><b>CARDIOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Pulmonary hypertension</li> <li>2. Aortic aneurysms</li> <li>3. Mitral valve prolapse</li> <li>4. Takayashu's disease</li> <li>5. Myocarditis</li> </ol> <p><b>RESPIRATORY MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Fibrosing alveolitis</li> <li>2. Obstructive sleep apnoea</li> <li>3. Empyema, lung abscess</li> <li>4. Acute respiratory distress syndrome</li> <li>5. Pneumoconiosis</li> </ol> <p><b>NEPHROLOGY</b></p> <p>Renal transplant patients</p>

<b>CATEGORY 1</b> <b>Must Know / Must see</b>	<b>CATEGORY 2</b> <b>Must know / Good to see</b>	<b>CATEGORY 3</b> <b>Good to know / Good to see</b>
<p><b>GASTROENTEROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Peptic ulcer disease/<i>Helicobacter pylori</i> related upper GI diseases</li> <li>2. Chronic liver disease</li> <li>3. Acute diarrhea/gastroenteritis</li> <li>4. Acute hepatitis</li> <li>5. Gallstone disease and cholangitis</li> <li>6. Gastrointestinal bleeding</li> <li>7. Gastroesophageal reflux disease</li> <li>8. Drug induced GI/liver diseases</li> </ol> <p><b>ENDOCRINOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Diabetes mellitus and its chronic complications (including understanding of practical management of hyperglycaemia, hypoglycaemia and diabetic ketoacidosis)</li> <li>2. Thyrotoxicosis</li> </ol> <p><b>NEUROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Strokes (TIA, lacunar, major vessel infarct and intracranial hemorrhage)</li> <li>2. Meningitis and encephalitis</li> <li>3. Parkinsons syndrome</li> </ol> <p><b>HAEMATOLOGY/ONCOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Anemic patient (to discuss approach)</li> <li>2. Thrombocytopenia/ITP (to discuss approach)</li> <li>3. Neutropenic sepsis</li> <li>4. Colorectal cancer</li> <li>5. Breast cancer</li> <li>6. Hepatoma</li> <li>7. NPC</li> </ol>	<p><b>GASTROENTEROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Irritable bowel syndrome. Non-ulcer dyspepsia</li> <li>2. Liver abscess</li> <li>3. Acute/chronic pancreatitis</li> <li>4. Chronic diarrhoea/malabsorption</li> <li>5. Inflammatory bowel disease</li> </ol> <p><b>ENDOCRINOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Cushing's syndrome</li> <li>2. Acromegaly</li> <li>3. Hypopituitarism</li> <li>4. Hypothyroidism</li> <li>5. Hypercalcemia</li> </ol> <p><b>NEUROLOGY</b></p> <ol style="list-style-type: none"> <li>1. Alzheimer's disease. Senile dementia</li> <li>2. Peripheral neuropathies</li> <li>3. The Gullain Barre syndrome</li> <li>4. Myasthenia gravis</li> </ol> <p><b>HAEMATOLOGY/ONCOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Acute leukemia, chronic myeloid leukemia</li> <li>2. Lymphomas - Hodgkin's and Non-Hodgkin's</li> <li>3. DIVC</li> <li>4. Deep vein thrombosis</li> <li>5. Haemophilia</li> </ol>	<p><b>ENDOCRINOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Hypogonadism</li> <li>2. Gynaecomastia and its causes</li> <li>3. Chromosomal abnormalities e.g. Turner's, Klinefelter's syndrome etc</li> </ol> <p><b>NEUROLOGY</b></p> <ol style="list-style-type: none"> <li>1. CNS Demyelination including multiple sclerosis</li> <li>2. CNS tumours</li> <li>3. Periodic paralysis</li> <li>4. Motor neurone disease</li> <li>5. Rarer hereditary disorders e.g. spinomuscular atrophy, dystrophia myotonica</li> <li>6. Spinal cord lesions e.g. cervical myelopathy, demyelination and infarcts</li> </ol> <p><b>HAEMATOLOGY/ONCOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Coagulopathies including hemophilia</li> <li>2. Myelodysplastic syndrome</li> <li>3. Myeloproliferative disorders e.g. PRV, myelofibrosis, essential thrombocythaemia</li> <li>4. Myeloma</li> <li>5. Superior vena cava obstruction</li> <li>6. Testicular/germ cell cancer</li> <li>7. Prostate cancer</li> <li>8. Gastric cancer</li> </ol>

<b>CATEGORY 1</b> <b>Must Know / Must see</b>	<b>CATEGORY 2</b> <b>Must know / Good to see</b>	<b>CATEGORY 3</b> <b>Good to know / Good to see</b>
<p><b>RHEUMATOLOGY</b></p> <ol style="list-style-type: none"> <li>1. SLE</li> <li>2. Rheumatoid arthritis</li> <li>3. Gout</li> <li>4. Osteoarthritis</li> </ol> <p><b>GENERAL MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Fever of unknown origin</li> <li>2. Common acute infections <ul style="list-style-type: none"> <li>• dengue HF</li> <li>• malaria</li> <li>• typhoid</li> <li>• TB</li> <li>• Nosocomial infection</li> </ul> </li> <li>3. Obesity</li> </ol> <p><b>GERIATRIC MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Immobility in the elderly</li> <li>2. Recurrent falls and imbalance</li> <li>3. Impaired cognition (Dementia also covered in Psychiatry)</li> <li>4. Incontinence (Also covered in Surgery)</li> </ol>	<p><b>RHEUMATOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Scleroderma</li> <li>2. Sero-negative spondyloarthropathy</li> </ol> <p><b>GENERAL MEDICINE</b></p> <ol style="list-style-type: none"> <li>1. Dependence on alcohol and other substances</li> <li>2. Acute Infection – HIV, Meloidosis</li> </ol> <p><b>DERMATOLOGY (also covered in Fifth year Dermatology posting)</b></p> <ol style="list-style-type: none"> <li>1. Endogenous &amp; Exogenous eczema</li> <li>2. Psoriasis &amp; other papulosuamous disorders</li> <li>3. Acne vulgaris</li> <li>4. Common Skin Infections</li> <li>5. Adverse Cutaneous Drug Eruptions</li> <li>6. Skin tumours</li> <li>7. Cutaneous manifestations of internal diseases</li> <li>8. Management of sexually transmitted diseases (STD)</li> </ol>	<ol style="list-style-type: none"> <li>9. Metastatic cancer <ul style="list-style-type: none"> <li>• Spinal mets causing impending cord compression</li> <li>• CNS mets</li> </ul> </li> </ol> <p><b>RHEUMATOLOGY / IMMUNOLOGY</b></p> <ol style="list-style-type: none"> <li>1. Antiphospholipid syndrome</li> </ol> <p><b>DERMATOLOGY (also covered in Fifth year Dermatology posting)</b></p> <ol style="list-style-type: none"> <li>1. Dermatomyositis</li> <li>2. Lichen planus</li> <li>3. Recurrent oral ulceration</li> <li>4. Pigmentation disorders e.g. melasma</li> <li>5. Alopecia</li> <li>6. Skin cancers e.g. basal cell carcinoma, squamous cell carcinoma, melanoma</li> <li>7. Erythema nodosum</li> </ol>

Section 4: Precision in Language

# **MRCs FAIR ACCESS**

# Command Words

<b>Analyse</b>	Separate information into components and identify their characteristics.
<b>Apply</b>	Put into effect in a recognised way.
<b>Argue</b>	Present a reasoned case.
<b>Assess</b>	Make an informed judgement.
<b>Comment</b>	Present an informed opinion.
<b>Compare</b>	Identify similarities.
<b>Consider</b>	Review and respond to given information.
<b>Contrast</b>	Identify differences.
<b>Criticise</b>	Assess worth against explicit expectations.
<b>Debate</b>	Present different perspectives on an issue.
<b>Deduce</b>	Draw conclusions from information provided.
<b>Define</b>	Specify meaning.

# Command Words

<b>Describe</b>	Set out characteristics.
<b>Discuss</b>	Present salient points.
<b>Estimate</b>	Assign an approximate value.
<b>Evaluate</b>	Judge from available evidence.
<b>Examine</b>	Investigate closely.
<b>Explain</b>	Set out purposes or reasons.
<b>Explore</b>	Investigate without preconceptions.
<b>Identify</b>	Name or otherwise characterise.

# Command Words

<b>Illustrate</b>	Present clarifying examples.
<b>Interpret</b>	Translate information into recognisable form.
<b>Justify</b>	Present a reasoned case.
<b>Outline</b>	Set out main characteristics.
<b>Prove</b>	Demonstrate validity on the basis of evidence.
<b>Relate</b>	Demonstrate interconnections.
<b>Review</b>	Survey information.
<b>State</b>	Express in unequivocal terms.
<b>Suggest</b>	Present a possible case.
<b>Summarise</b>	Present principal points without detail.