Tips from Examiners

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1. Tips from AMC Examiner Observations

As in any examination, it is critical that you read and process all the information provided, noting the tasks and suggested times, and plan your approach accordingly. No marks are given for doing a task that is not requested.

Note that:

 x   Each scenario will mainly focus on performance in one of four Predominant Assessment

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Things to avoid:

x   Not using the given candidate information as a base to frame your data gathering

x   Not listening to or responding specifically to the initial statements or concerns of the patient/carer/team member

x   Taking a cursory history and jumping to a conclusion about the diagnosis oruiH4.5 (t)-6.6 hsiH4.5 (t)-6.6

x Systematically report exactly what you find in your patient/model on that day using appropriate terminology. Be specific about what you have observed

x If the task is to report your findings to the examiner as you proceed, then report all the positive and significant negative findings.

Things to avoid:

x If a history component is part of the station, not doing this in a focused manner and within any given time limit

x Saying to the examiner, 'I would like to...' or 'I am going to examine…' without actually doing the examination carefully

x Presuming any findings in a case

x Taking a scattergun approach to examination

x Not demonstrating familiarity with basic equipment; for example, unable to turn on an otoscope or ophthalmoscope or incorrectly placing a BP cuff

x Lack of correct and appropriate technique of physical or mental state examination. For example:

  – The predominant system or body part selected for examination lacks relevance to the case, such as a neurological examination instead of a musculoskeletal examination for a painful wrist

  – Poor physical examination technique that makes eliciting signs impossible; for example, palpation of the abdomen is so light that no tenderness or organomegaly could possibly be elicited

  – Mental state examination technique that makes eliciting relevant findings impossible; for example, mood/affect are not sought; judgment questions are poorly aligned to pati( )]T0)Tja8 (ent6 (i)2.6 (ao( )Tja(y)-2 (6n)-6 (.5 (o)10T (e pd5 (o)10.9 (o.)10 (t)-6.7 2 (o.)10 (t)2

Online assessment of examination PAA

- differential diagnoses/likely diagnoses - give a prioritised selection

x Use the specific tasks and any times allocated to guide your data-gathering process

x Seek history, physical and mental state examination findings, or investigations which are prioritised according to relevance. Avoid wasting time on searches of low relevance

x Synthesise the information you have gathered from what you have read in the candidate information, asked and found on examination or investigation results

x Avoid premature closure, 'knowing the answer', without obtaining sufficient data

x Demonstrate your ability to make a reasoned diagnostic conclusion for this particular patient.

x Clearly explain your reasoning in your diagnostic formulation

x Give the reasons for a prioritised differential diagnoses using information gathered specific to this patient

x Avoid using technical language and/or euphemisms when giving the diagnosis/differential diagnoses to the patient/carer.

Things to avoid:

x Using insufficient data/inadequate attention to other tasks (history/physical examination/investigations) to come to a diagnosis

x Not demonstrating logic and clinical reasoning in either gathering the additional data (history, examination findings and investigations) or in the diagnoses made

x Giving a long "textbook" list of possible diagnoses bearing little relationship to the particular features of the scenario

x Using technical language without plain explanation to the patient/carer

x Selecting diagnoses that are mutually exclusive (e.g. upper airway signs versus lower airway signs: tonsillitis vs pneumonia)

x Selected diagnosis is non-specific. For example:

- "Psychosis" where the features clearly allow a diagnosis of schizophrenia

- A euphemism e.g. "nasty growth" when a cancer is suspected

x Not providing justification/reasoning for the diagnosis.

1.4.   Management/Counselling/Education PAA

These scenarios predominantly assess your ability to develop and communicate an appropriate management plan that may involve patient/carer education and counselling as well as treatment.

A candidate who performs well may do the following:

x   Listen carefully to the opening statement of the patient/carer and carefully observe their behaviour and responses

x   Pause and check regularly for patient/carer understanding

x   Recognise clinical urgency and responds accordingly

– Likewise, just stating "Don't worry you are in good hands" or "You will be well cared for" or "I will give you some relevant education material" by themselves are generally insufficient

x The treatment plan for this patient with this condition at this time is incorrect/inaccurate.