



MB ChB Final exam 2014 graduates

Objective Long Cases 1, 2 and 3

Academy	Candidate name	
Date of assessment	Examiner name (please print)	Examiner GMC number

Examiners, you must spend a minute or two with the patient before the candidate arrives so that you can confirm clinical signs and collect important additional information (such as blood pressure)

Explain:- You have 60 mins to collect and record the history and carry out a complete examination

When the hour is up we will request a summary of the case - as if presented on a ward round, then provide some feedback

When the candidate arrives, please introduce yourselves and establish whether the candidate has any prior knowledge of the patient

Would you like a time warning?

If the candidate is concerned that the patient has been in hospital for some time and doesn't know whether to treat the case as a new admission, I would suggest that the patient is treated as if recently transferred to the ward from elsewhere.

It is essential, please, that you fill in the panels below for optical marking, and statistical analysis

<input type="radio"/> <input checked="" type="radio"/> Please fill circles in: do not 'tick' or 'scribble'	Fail means that he or she is very likely to misinterpret the history, miss important clinical signs and put patients at risk, or that the component was omitted altogether	Borderline means that you're not sure whether the candidate has reached a standard that will allow her or him to function as an FI				
	Fail	Borderline	Clear Pass	Good Pass	Excellent	
Quality of the history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of the cardiovascular system examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of the respiratory system examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of the abdominal examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of the nervous system examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Behaviour (apparent attitude) towards the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Presentation (inc. interpretation) of the case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Examiner, please ask yourself the following:-

- Was the candidate able to perform a competent and complete examination of the patient? Was the examination formulaic and uninformative? Were signs missed, misinterpreted or invented? Did elements of it appear to have considerable novelty value?
- Was the candidate able to identify and integrate the important elements of history and examination, keep the patient comfortable mentally and physically, and put together an appropriate management plan?
- If you found significant fault with the candidate's performance, does s/he require an hour of intensive tuition to sort it out, or do you feel that several more months of undergraduate training (at least) is going to be required?
- Based on what you have seen today, would you be happy to have this candidate work for you tomorrow? ie. Is the candidate fit to start practicing medicine?

THE BOTTOM LINE

- **Does the candidate have integrity? Please consider that at this stage of their careers, lack of integrity, rather than being relatively slow or moderately inept, may be most likely to cause future problems**

With your co-examiner, it is crucial that you agree a global opinion

Global judgement:				
Clear fail	Borderline	Clear pass	Very good pass	Excellent pass
<input type="radio"/>				

Thank you for acting as an examiner

Objective Long Case descriptors

The following are designed to help you reach a decision when assessing a final MBChB long case

Successful candidates should not accumulate more than 10 minor faults and no more than 2 in any category

Any major fault should cause you to ask yourself whether you would consider this candidate unsafe

Two or more major faults should fail unless there are significant mitigating circumstances

Minor faults

Omissions or misinterpretations that do not significantly affect patient safety or hinder a correct diagnosis and management

Major faults

Omissions or misinterpretations that compromise patient safety or hinder a correct diagnosis and management

History	Examples of minor faults	Examples of major faults
Attitude	Lack of empathy Interrupting the patient unnecessarily Inappropriate language	Lack of integrity Complete lack of respect for the patient Play acting - going through the motions
Organisation & communication	Slow/long winded Formulaic Repetitive Consistently misses the point	Important/vital information overlooked Major misunderstandings Failure to complete clerking in available time
Examination	Examples of minor faults	Examples of major faults
General	Failure to appreciate bedside clues Elements of examination seem to be novel Generally unpractised	Patient repeatedly made to feel ill at ease Pain ignored or caused unnecessarily You would just not be happy to have the candidate work for you (explain why)
Cardiovascular	Doesn't measure the BP Doesn't listen for femoral bruits Doesn't feel foot pulses Doesn't assess the JVP	Reports pulse as regular when it's AF Misses the presence of a significant murmur
Respiratory	Doesn't check fremitus Doesn't check chest expansion Doesn't notice thoracotomy scar	Misses bronchial breathing Misses signs of a pleural effusion
Abdominal	Doesn't check hernial orifices adequately Doesn't listen for bowel sounds	Misses marked hepatomegaly Misses an abdominal mass Causes unnecessary pain
Nervous system	Doesn't check fine touch adequately Doesn't check integrity of pain sensation or vibration sense	Misses spasticity Misses profound weakness Misses lateralizing signs
Other - Rheumatology & GU	Fails to percuss the bladder despite prostatism	Omits joint examination if clearly appropriate to assess it
Presentation	Examples of minor faults	Examples of major faults
	Formulation of an inadequate or incomplete management plan	Completely unable to integrate findings of history and examination Management plan potentially dangerous

Behavioural Indicators

1. EMPATHY & SENSITIVITY

Capacity and motivation to take in patient/colleague perspective, and sense associated feelings. Generates safe/understanding atmosphere. The search for shared understanding.

POSITIVE INDICATORS

responded to needs/concerns with interest/understanding
acted in open, non-judgmental manner
was co-operative/inclusive in approach
spoke and behaved with warmth and encouragement
generated safe / trusting atmosphere

NEGATIVE INDICATORS

showed very little visible interest/understanding
was quick to judge, make assumptions
appeared isolated or authoritarian
lacked warmth in voice/manner; failed to encourage
created uncomfortable atmosphere

2. COMMUNICATION SKILLS

Capacity to adjust behaviour & language (written/spoken) as appropriate to needs of differing situations. Actively and clearly engages patient (and colleague) in equal/open dialogue

POSITIVE INDICATORS

where possible used open, patient-centred questions
adjusted style of questioning/response as appropriate
was able to express ideas clearly (written/spoken)
used effective non-verbal behaviour (voice, posture etc)
used inventive language (humour/analogy etc)

NEGATIVE INDICATORS

restricted dialogue by overuse of closed questions
was unable to adapt language behaviour as needed
was often unclear when contributing ideas/ questions
failed to engage at non-verbal level
use of language too functional/narrow/inflexible

3. PROBLEM-SOLVING SKILLS

Capacity to think/see beyond the obvious, with analytical but flexible mind. Maximises information and time efficiently and creatively.

POSITIVE INDICATORS

attempted to think 'around' issue
was open to new ideas/possibilities
generated, functional solution
prioritised information/time well
was able to identify key points

NEGATIVE INDICATORS

made immediate assumption about problem
dealt with issue narrowly or dogmatically
was unable to suggest 'workable' outcome
was disorganised/unsystematic
focused on non-important/peripheral issues

4. PROFESSIONAL INTEGRITY

Capacity and motivation to take responsibility for own actions (and thus mistakes). Respects/defends contribution & views, of all. [Respect for "position, patients & protocol"].

POSITIVE INDICATORS

demonstrated respect for patient(s)/colleague(s)
was positive/enthusiastic when dealing with problems
was able to admit mistakes/learn from them
was committed to equality of care for all
backed own judgment appropriately

NEGATIVE INDICATORS

Lacked sufficient respect for others
Treated issues as problems rather than challenges
Avoided taking responsibility for poor decisions
showed more concern for some than others
was tentative when explaining decisions/actions

5. COPING with PRESSURE

Capacity to put difficulties into perspective, retaining control over events. Aware of own strengths/limitations and able to "share the load".

POSITIVE INDICATORS

remained calm/under control
rarely lost sight of wider needs of situation
recognised own limitations and compromised
was able to seek help when necessary
used strategies to deal with pressure/stress

NEGATIVE INDICATORS

became tense or agitated
shifted focus largely to immediate worries/needs
became defensive or uncompromising
tried unsuccessfully to deal with situation alone
could not find a way to resolve problem

6. CLINICAL EXPERTISE

Capacity to apply sound clinical knowledge & awareness to full investigation of problems. Makes clear, sound and proactive decisions, reflecting good clinical judgment.

POSITIVE INDICATORS

elicited necessary detail from patient/colleague
identified key issues involved
was aware of appropriate options
showed sound/systematic judgment in making decisions
was able to anticipate possible issues

NEGATIVE INDICATORS

failed to explore information/signals
overlooked important issues
suggested too narrow range of options
was too quick/unsystematic in making decisions
needed the "full picture" before understanding prob'











Specific comments passed on to the candidate by the assessor

Thank you for acting as an examiner