

# MULTI-SPECIALTY RECRUITMENT ASSESSMENT (MSRA)

## PRACTICE PAPER WITH ANSWER KEYS AND RATIONALES

### Instructions:

- Thank you for taking the time to complete the Multi-Specialty Recruitment Assessment (MSRA) Practice Paper.
- The Practice Paper is split into **two sections**: the **Professional Dilemma's (PD) Paper** and the **Clinical Problem Solving (CPS) Paper**.
- The PD paper is designed to take **45 minutes** and the CPS paper is designed to take **35 minutes**.
- The paper includes **70 questions** in total.
- **Section 1 - The Professional Dilemma's (PD) Paper – 22 Questions in total.**

*In section 1 you will be presented with typical scenarios that F2 Doctors encounter, and you will be asked questions about dealing with them. Unless the scenario says otherwise, consider yourself to be a second year Foundation doctor (F2) working a rotation. When answering the questions, please answer based on what you **should do** as an F2 doctor.*

- There are **two parts** in PD paper: each with different types of questions.
  - **Part 1a: Ranking questions (Questions 1 – 11)** – In this part you are presented with scenarios followed by a number of possible options. For each scenario you are required to **rank each option** in order from the most appropriate (ranked as 1) to the least appropriate (ranked as 4 or 5) given the circumstances described in the scenario. (NB there are marks available for 'near misses'.)
  - **Part 1b: Multiple Choice questions (Questions 12 – 22)** – In this part you are presented with scenarios followed by a number of possible options. For each scenario select the **THREE** options which together are the most appropriate responses to the situation given the circumstances described. (NB you must only select three options).

	Maximum marks available per response	Responses per scenario	Maximum marks available per scenario
Ranking	4	Rank 4 or 5	20
Multiple choice	4	Choose 3 of 8	12

- You may sometimes feel you would like more information before answering, but please answer each question based only on the information provided.
- For the **PD paper**, under each question, you are presented with the correct answer key and the expert rationale for this. The rationale statements have been written by Subject Matter Experts (SMEs), which provide an explanation as to why the answer key represents an appropriate response to the given scenario.

- **Section 2 - The Clinical Problem Solving (CPS) Paper. 48 Questions in total.**

*The CPS paper presents you with clinical scenarios that require you to exercise judgement and problem solving skills to determine appropriate diagnosis and management of patients.*

- There are **two parts** in the CPS paper, each with different types of questions:
  - **Part 2a: Enhanced Matching Questions - EMQs (Questions 1 – 28)** – You are presented with a list of 6-12 plausible response options and multiple, separate questions linked to this response set. This could be a set of 2, or 3, or 4 etc. You will be required to select the most appropriate or likely answer for each clinical presentation. Each option in the response set may be selected once, more than once or not at all.
  - **Part 2b: Single Best Answer – SBA (Questions 29 – 48)** – You are required to select the single most appropriate answer out of 5 – 8 plausible responses for one clinical presentation.

	Responses per scenario	Maximum marks available per scenario
Enhanced Matching Questions - EMQs	Between 6 - 12	1
Single Best Answer – SBA	Between 5 - 8	1

- You may sometimes feel you would like more information before answering, but please answer each question based only on the information provided.
- Under each question, you are presented with the correct answer key.

**Please note**

- Definitions are available for terms which have been marked with an asterisk (\*). These definitions are included in the **Glossary**. You may find it useful to consult this if you do not understand a term.
- There is an **abbreviations list** available with the abbreviations written out in their full term. You may find it useful to consult this.

## SECTION 1: PROFESSIONAL DILEMMA

### Part 1a: Ranking Questions

1. You are a Foundation (F2) doctor working on a medical ward. You are preparing for your consultant's ward round which takes place this afternoon. Andrew, another F2 doctor, is working with you and is also expected on the ward round. Andrew tells you that he must leave the hospital in the afternoon to attend a court hearing about a car-parking fine which he failed to pay, but he does not want the consultant to know about this. He asks you to tell the consultant, Dr Stevens, that the reason he cannot attend the ward round is because he is unwell.

Rank in order the following actions in response to this situation (1= Most appropriate; 4= Least appropriate).

- **Option A:** Advise Andrew to request leave for the afternoon.
- **Option B:** Suggest Andrew informs Dr Stevens that he is unwell and so cannot attend the ward round.
- **Option C:** Explain to Andrew that you cannot cover for him on this occasion.
- **Option D:** Inform Dr Stevens of Andrew's absence, explaining that you do not know the reason why.

**Correct Answer:** ACDB

**Rationale:** This scenario is about professional integrity. As stated in the GMC Good Medical Practice Trust domain, it is important to maintain positive, personal and professional values such as honesty, integrity and probity. It is important to refrain from being dishonest and complicit in Andrew's reason for leaving early. Option A is the most appropriate response as it allows Andrew to take ownership and responsibility for his own actions, alongside encouraging awareness of patient safety for the hospital as they would subsequently be aware that Andrew will not be present to finish his shift. If Andrew will not inform the consultant himself of his leave, the next appropriate action is to remove yourself from the situation presented, Option C, as this ensures that you are not involved in any dishonest behaviour. Option D partially responds with the awareness of making the hospital aware that there is one less doctor around for patient safety, as it is part of your responsibility to raise concern about conduct and performance where indicated, highlighted in the GMC good medical practice's Safety and Quality domain, however this action means that you are intending to provide false information by explaining that you do not know the reason for his absence. Option B is the least appropriate response as it means that you are complicit in Andrew's reason for leaving early, which directly involves you being dishonest, alongside putting patients at risk with one less doctor on the ward.

2. You are a Foundation (F2) doctor working in a hospital. Mr Ahmed, a 62 year old man, is awaiting the results of tests for bowel cancer. The ward clerk tells you that seven of his relatives are at his bedside. His eldest son has specifically asked that you do not disclose the diagnosis to Mr Ahmed if it is cancer, as he feels his father could not cope. Your consultant calls from the endoscopy suite and advises you that the diagnosis is a sigmoid carcinoma.

Rank in order the following actions in response to this situation (1= Most appropriate; 4= Least appropriate).

- **Option A:** Tell the ward clerk that you will see the son in a side room prior to speaking to Mr Ahmed, to discuss the reason for this request.
- **Option B:** Tell the ward clerk to advise the son that you have to respect Mr Ahmed's autonomy.
- **Option C:** Ask all the relatives to clear the bedside as you need to discuss the findings of the colonoscopy with Mr Ahmed privately.
- **Option D:** Ask Mr Ahmed whether he would like his son present when discussing his results.

**Correct Answer:** ADCB

**Rationale:** This scenario is about empathy and sensitivity. This question relates to the General Medical Council good medical practice's Working in Partnership with Patient's domain, while also outlining the importance of providing patients with information that they want or need in a way they can understand. Option A is the most appropriate action as it suggests active listening to understand the reason behind the request from the son before speaking with Mr Ahmed, without committing to following through with the son's request. Asking Mr Ahmed if he agrees to have his son present, Option D, demonstrates respect for his autonomy and suggests some consideration for the son by providing the option for him to be present, therefore still involving him. Option C is patient centred to explore how much Mr Ahmed wants his family to know about the diagnosis but does not involve any relatives and therefore does not take into consideration the son's request. Option B is the least appropriate as it directly disregards the son's request by placing emphasis on respecting Mr Ahmed's autonomy and therefore not seeming to want to work in partnership.

3. You are a Foundation (F2) doctor, at lunch with your F2 colleague, Sarah, who works on another ward in the hospital. During lunch she is bleeped\* for the fourth time by the nurses on her ward. When she calls back you hear her shout down the telephone at one of the nurses.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Ask other F2 colleagues if Sarah's behaviour is out of character.
- **Option B:** Discuss the incident with Sarah's educational supervisor\*.
- **Option C:** Telephone the nurses on Sarah's ward to find out why they needed to bleep her four times during lunch.
- **Option D:** Ask Sarah if she would like to talk about the nurses' requests and why she responded in the way she did.
- **Option E:** Ask one of the F2 doctors on Sarah's ward to discuss with her how she speaks to the nurses on the team.

**Correct Answer:** DABEC

**Rationale:** This scenario is about coping with pressure. As part of a multi-disciplinary team, it is not unusual that different members of the team may have conflicting priorities. In order for the team to work well together, maintaining good working relationships with others is key. It is important to be clear about routine practice to set expectations to enable the ward staff and nursing colleagues to understand how you work as well as the challenges you face as part of your role which they may be unaware. The General Medical Council illustrates a key aspect of good medical practice is ensuring that doctors work within their limitations and are prompt in raising concerns about practice (GMC good medical practice's Safety and Quality domain). Option D addresses the above by questioning Sarah about the response, implying that the response is not as expected, whilst demonstrating a desire to provide guidance and peer support.

It is also unprofessional not to respond to a work-related call from a colleague or not to complete clinical tasks allocated to be addressed on a shift, as this may be deemed as neglectful and dereliction of your duty to support the delivery of effective patient care. Such an action may result in poor care being delivered or delay in care being delivered which may result in poor health outcomes for patients, such as deterioration in health status. Therefore, if not comfortable with questioning Sarah, then Option A shows a willingness to find out whether this is patterned behaviour from Sarah from colleagues, but at the same level which shows some sensitivity. Option B would demonstrate some sensitivity towards Sarah by sharing concern with someone who has the role to mentor Sarah. Whereas option E is similar to option B but addresses this with others who are not in that mentor role while passing on the responsibility to deal with Sarah. Option C is the least appropriate as it somewhat supports the behaviour of Sarah by affirming that the nurses have bleeped several times, whilst ignoring Sarah's behaviour towards the nurses.

4. You are a Foundation (F2) doctor working in general practice. You finish a difficult consultation with Mrs McCarthy. She is well known to the doctors and other staff due to frequent appointments. She is refusing to stop smoking despite her severe chronic obstructive pulmonary disease (COPD) and is demanding oxygen at home (which she cannot have due to her smoking). One of the receptionists asks you how it went.

Rank in order the following actions in response to this situation (1= Most appropriate; 5 = Least appropriate).

- **Option A:** Explain that you wish Mrs McCarthy would stop smoking to help her COPD.
- **Option B:** Explain your feelings, but do not divulge any clinical information.
- **Option C:** Ignore the receptionist's question and attempt to change the subject.
- **Option D:** Explain to the receptionist that you cannot discuss anything about the consultation with her.
- **Option E:** Tell the receptionist that it is not appropriate for her to try and find out confidential information about patients.

**Correct Answer:** BDECA

**Rationale:** This scenario is about professional integrity. This scenario demonstrates a potential breach in patient confidentiality, which is paramount within medical ethics. This needs to be addressed with professional integrity whilst also maintaining a good working relationship. The most appropriate action is Option B, as this shows an approach that follows the General Medical Council's guidance to protect patient's confidentiality by not revealing any clinical information, while somewhat staying respectful in answering the question from the colleague. Option D again does the above but appears less of a teamwork response by not engaging in any conversation with the colleague. Option E is somewhat adequate in the sense that the action is explaining to the colleague that the information is confidential, however, this option also implies that the colleague is inappropriate. Option C is similar to response E, however here the action is dismissing the question from the colleague altogether and is may be considered rude. Option A is the least appropriate as this would mean disclosing some confidential information and assuming facts are already known that patient is smoking and is asking for oxygen.

5. You are a Foundation (F2) doctor working in the Emergency Department (ED). An F2 colleague, Sara, asks you to assess a patient for her. The patient is intoxicated with alcohol and was verbally abusive to Sara when she attempted to assess him. Sara is very upset about the incident.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Suggest that Sara sees the patient herself.
- **Option B:** Suggest that Sara takes a break.
- **Option C:** Allow Sara to tell you how she feels about what happened.
- **Option D:** Inform the ED consultant about the incident.
- **Option E:** Assess the patient for Sara.

**Correct Answer:** CBEDA

**Rationale:** This scenario is about empathy and sensitivity. There is an expectation/professional responsibility as a doctor to flag up concerns in practice (caused by an abusive patient) that have the potential to adversely impact on patients or staff health and wellbeing. Option C is demonstrating responsibility to listen to Sara's concerns, whilst gathering more information about the incident to assess the risk to either Sara or the patient. Option B is somewhat an adequate action as it shows that you understand that Sara is upset, however, it does assess the risk. Option E is resolving the situation for the patient; however, it does not help Sara address how she is feeling or gather any other information about the incident. Option D demonstrates knowledge that senior involvement may be necessary to protect oneself but does not resolve the immediate issue of how Sara is feeling. Option A is the least appropriate action as this shows no concern for Sara, which could potentially put Sara or the patient at risk.

6. You are a Foundation (F2) doctor working on an elderly care ward. You hear a patient with dementia crying out for help. You go to find the senior ward nurse to see if she can help him. The senior ward nurse apologises and states that she cannot attend to him at present, as there are other people who are very sick, and that all her nurses are also busy at present. She also states that this particular patient, Mr Kirkland, is always crying out and distressed due to his dementia, and although it is sad, there is little she can do.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Offer to help the nurses with the other sick patients so one of them can attend to Mr Kirkland.
- **Option B:** Accept the fact that the senior ward nurse is skilled enough to know that Mr Kirkland cannot be helped.
- **Option C:** Assess Mr Kirkland yourself.
- **Option D:** Ask a nurse from a less busy ward if they could attend to Mr Kirkland.
- **Option E:** Insist that the senior ward nurse gets somebody to attend to Mr Kirkland.

**Correct Answer:** CABDE

**Rationale:** This scenario is about coping with pressure. The General Medical Council stipulates that doctors must recognise and work within the limit of their competence. This may be perceived as unprofessional if nothing is done, and it demonstrates a lack of compassion, poor understanding and insight into the signs/symptoms of the patient's chronic condition (dementia) and how other factors such as sepsis/infection may affect or impact on the patient. Not responding to the patient may be perceived as dereliction of duty, i.e., a clinician failing in their duty of care for a vulnerable patient.

Therefore, Option C is the most appropriate action as you are dealing with the concern straight away. Option A is somewhat addressing the issue of pressures at work, but not acting directly on the issue with Mr Kirkland, but instead with delegation by negotiating a solution to reduce others' workload so that they can attend to him. Option B assumes that the senior nurse knows best, and it may be perceived as unprofessional if nothing is done to help the patient, demonstrating a lack of compassion, but does display trust in a colleague. Option D is looking for an alternative solution, however, there is no guarantee that there will be someone available to help from a less busy ward, therefore the Mr Kirkland may not be seen for some time. The least appropriate action is response E as it demonstrates a lack of understanding that the senior nurse has shared about priority needing to be given to patients based on urgency.



7. You are a Foundation (F2) doctor working in respiratory medicine. Alan is a fellow F2 doctor working on the same ward as you. You see him when you are not at work. Alan tells you that he will refuse to have a seasonal influenza vaccination.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Ask Alan why he is refusing to have an influenza vaccination.
- **Option B:** Inform Alan about the risks to patients.
- **Option C:** Tell Alan he should get an influenza vaccination.
- **Option D:** Tell Alan it is not fair on his F2 colleagues if he gets influenza and they have to cover his work due to sickness.
- **Option E:** Tell Alan the General Medical Council\* (GMC) says he should be vaccinated against common serious communicable diseases\*.

**Correct Answer:** ABEDC

**Rationale:** This scenario is about professional integrity. The General Medical Council's good medical practice is clear that doctors should be immunised against common serious communicable diseases unless this is contraindicated. While they do not set an absolute duty to be vaccinated against any particular disease, they recognise the potential risk of inadvertently spreading flu and coronavirus for example to vulnerable patients, and so advise doctors of being vaccinated, unless there are good reasons not to be. From a professional integrity perspective, the most appropriate response is Option A as it demonstrates the importance of trying to understand the views of Alan by exploring his reasons in a respectful way and there may be an unknown reason for why Alan would refuse to have a seasonal influenza vaccination. Option B is reminding Alan of the risks to patients but does not give the option for Alan to give his views. Option E outlines to Alan the best practice guidelines in place to protect society, but this response could just be stating something he is already aware of. Option D does not tackle the scenario from the perspective of patient duty, but instead from a workload point of view and the consequences to workload is less important as it does not directly resolve the issue. The least appropriate action is response C as is imposing action on Alan, disregarding his choice and reasons.

**8.** You are a Foundation (F2) doctor in obstetrics working in an antenatal clinic. You are waiting to talk to a midwife about your current patient. The midwife is assertively informing another patient of the risks of smoking during pregnancy. The patient does not appear to be listening to this advice. The midwife turns to you and says, "This woman will not stop smoking, what have you got to say to her, doctor?"

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Explain that you are sorry but have actually come to talk about another patient.
- **Option B:** Ignore the comment from the midwife and instead ask the midwife about your patient.
- **Option C:** Agree with the midwife, explaining to the patient how damaging smoking is in pregnancy.
- **Option D:** Say to the patient that it is best not to smoke but it can be very hard for some patients to stop.
- **Option E:** Say to the patient it is difficult to comment as you do not know the full facts of the case.

**Correct Answer:** DAECB

**Rationale:** This scenario is about empathy and sensitivity. As part of good medical practice, the General Medical Council highlight the importance of working in partnership with patients, including, listening to, and responding to their concerns and preferences. A key component of this includes treating patients politely and considerately. The most appropriate response is Option D as it means that you are addressing the midwife, empathising with her frustration, and also acting with sensitivity towards the patient. The General Medical Council's good medical practice's Working in Partnership with Patient's domain also outlines the importance of providing patients with information that they want or need in a way they can understand. Option A is the best next option as saying sorry is an empathic statement but is less appropriate than Option D as it does not provide the patient with what she needs to know about stopping smoking. Option E shows a level of sensitivity but is not expressing empathy by trying to address patients' reasons for not quitting smoking. Option C is not appropriate as it empathises with midwife but not with patient, which can be insensitive towards the patient. The least appropriate response is Option B as both perspectives of the midwife and patient should not be ignored in line with the GMC's importance of working in partnership with patients.

9. You are a Foundation (F2) doctor working in the Emergency Department. The waiting time is currently 4 hours for the least seriously ill patients. A middle-aged female patient, with a small cut on her hand, who has been waiting for 2 hours to be seen stops you as you pass by the waiting room and begins complaining to you about the waiting time. She goes on to say that she needs to collect her daughter from school.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Agree to see her as your next patient.
- **Option B:** Advise the patient to speak to the receptionist for an update on her place in the queue.
- **Option C:** Recommend that if the patient wants to complain that there is a recognised procedure.
- **Option D:** Suggest to the patient that she could see her GP instead.
- **Option E:** Explain that you and the other staff are working as quickly as you can.

**Correct Answer:** BEDCA

**Rationale:** This scenario is about coping with pressure, using effective communication. The General Medical Council prioritises effective communication as a key skill for clinicians. As part of the professional requirements for the medical profession, you are expected to communicate clearly and honestly with patients and their families and to ensure a compassionate, empathetic, and respectful approach. In view of this, Option B is the most appropriate response by directing the patient clearly to the correct person who will be able to advise in this situation and therefore give her the most appropriate information about her place in the queue. This is followed by Option E, as the response aims to reassure the patient that they are a priority. Option D is somewhat adequate by aiming to give a patient another option if she is unhappy with the current wait time, however, it doesn't appear as sensitive as options B and E as the patient could feel dismissed. Option C is inappropriate as it dismisses the patient's needs and appears defence. The least appropriate is Option A, as giving into the patient's complaints means that you are disregarding the rights of other patients, focusing on this patient's demands only.

**10.** You are a Foundation (F2) doctor working on a general medical ward. You have been asked to correct a drug error on a drug chart written by your registrar\*, Dr Smyth. This is the tenth drug chart written by Dr Smyth that you have had to correct this week.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Ask other colleagues whether they have concerns with Dr Smyth.
- **Option B:** Discuss the errors with Dr Smyth.
- **Option C:** Raise the incidents as a significant event\*.
- **Option D:** Request that the nurse in charge investigates your concerns.
- **Option E:** Raise your concerns with your consultant.

**Correct Answer:** BECAD

**Rationale:** This scenario is about professional integrity. It is your responsibility as a doctor to ensure that you and the rest of the team have the most up to date and/or relevant information about a patient in order to make decisions about treatment options and to provide the best quality of care (GMC good medical practice's Patient Safety and Quality domain and the Knowledge, Skills and Performance domain). It is important that as a doctor you raise concerns about risk, unsafe practice, or conduct (GMC good medical practice's Communication, Partnership and Teamwork domain). It is also important that you are honest and act with integrity when providing feedback (GMC good medical practice's Maintaining Trust domain). Response Option B demonstrates this by facing the dilemma with the person directly involved in the errors. If you are not comfortable in doing this, then the next best option would be Option E, as this demonstrates the ability to raise concerns with someone who has the role of supporting you in dealing with the errors. The next most appropriate option is to raise it as a significant event, demonstrating an understanding of the significance of the event, but it may not be the most appropriate action in the first instance without trying to directly solve the error. Response A is inappropriate because it ignores the urgency to do something about the error, while undermining the rank of the registrar by talking about the issue with colleagues. Option E is the least appropriate as it undermines the role of the Registrar by asking a nurse to investigate the problem.

**11.** You are a Foundation (F2) doctor working in general practice. Mrs Marshall consults with her 6 year old son, Kris, neither of whom you have met before. Kris has a diagnosis of acute tonsillitis for which you decide to prescribe treatment. Mrs Marshall is annoyed that Kris was seen by the Ear, Nose and Throat (ENT) consultant last month, and was advised that he had not had sufficient episodes of tonsillitis to have a tonsillectomy. She tells you she had her own tonsils out around the same age and felt much better afterwards.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate).

- **Option A:** Explain why tonsillectomy is now much less commonly performed.
- **Option B:** Offer to refer Kris for a second opinion.
- **Option C:** Explore Mrs Marshall's concerns regarding her son not being able to have a tonsillectomy.
- **Option D:** Suggest Mrs Marshall makes a further appointment to discuss the matter with her usual GP.
- **Option E:** Offer advice about how Mrs Marshall could make a complaint about the ENT consultant.

**Correct Answer:** CADBE

**Rationale:** This scenario is about empathy and sensitivity. The General Medical Council's standards of practice include the ability to listen to and respond to patients' concerns and preferences (GMC good medical practice's Communication, Partnership and Teamwork domain). As a doctor you have a responsibility to work with your patients to address their concerns (General Medical Council [GMC] good medical practice's Communication, Partnership and Teamwork domain). It is also important to be able to be available to provide support to the relative and patients (GMC good medical practice's Communication, Partnership and Teamwork domain). Response C demonstrates this by showing genuine attention to mother's ideas, concerns and expectation, with high level of empathy and sensitivity. The next best option is response A as it shows that you have understood why the mother is concerned and what to help explain the reasons for this but is less empathic than listening actively to her concerns. Response D shows some sensitivity by trying to help the mother find a solution, but is less appropriate than Responses C and A as it doesn't help the mother with her concerns immediately. Response B is less appropriate as it demonstrates passing on the concern to someone else, so may appear that you are uninterested in supporting the patient. The least appropriate is response E as it not only shows no empathy for the mother's concerns but it also undermines the ENT consultant.

## SECTION 1: PROFESSIONAL DILEMMA

### Part 1b: Multiple Choice Questions

**12.** You are a Foundation (F2) doctor working in the Emergency Department (ED). You are in the relatives' room with a 55 year old woman, Mary. You have just told her that you and your team were unable to resuscitate her husband who was brought in this morning. He had been in cardiac arrest for 10 minutes before arrival at the ED. She becomes quiet and then suddenly grabs you by the shirt and screams that it cannot be true. She shouts that it is your fault her husband has died and you should have been able to resuscitate him.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Acknowledge Mary's distress.
- **Option B:** Inform Mary that her behaviour may be perceived as threatening.
- **Option C:** Explain to Mary that everyone did everything they could for her husband.
- **Option D:** Explain to Mary that there was nothing that could be done as her husband had been in cardiac arrest before he arrived.
- **Option E:** Call security.
- **Option F:** Seek assistance from a colleague.
- **Option G:** Explain the complaints procedure to Mary.
- **Option H:** Ask Mary whether she would like to speak to a more senior doctor.

**Correct Answer: ACH**

**Rationale:** This scenario is about empathy and sensitivity. The General Medical Council's (GMC) standards of practice include the ability to listen to and respond to patients' concerns and preferences (GMC good medical practice's Communication, Partnership and Teamwork domain). The GMC's Good Medical Practice states that Doctors have a duty to be considerate to those close to their patient and to be sensitive and responsive in giving them information and support, while respecting the patient's right to confidentiality. Therefore, an appropriate response to this situation would be to acknowledge Mary's distress (option A) to validate Mary's feelings regarding the news of her Husband's death. Another appropriate response would be to explain to Mary that everyone did everything they could for her husband (option C), as it acknowledges that you have listened to Mary's concern of feeling that that you are to blame, while reassuring Mary that you did everything you could have done in the situation presented.

In some cases, as the messenger, the only way to resolve the situation is to defer to a more senior colleague or the primary decision maker, so that Mary has the option of speaking with another person for further explanation or clarification if she would feel that she wanted to so (GMC good medical practice's Communication, Partnership and Teamwork domain). Therefore, seeking assistance from a

senior colleague by asking Mary if she would like to speak to a more senior doctor (option H), would also be appropriate action to take in this situation. In the first instance, you should try to deal with the situation yourself before escalating to a senior, rather than seeking assistance from a colleague (option F) who may have other priorities and make take them away from their duties.

Informing Mary that her behaviour may be perceived as threatening (option B) and calling security (option E) would be inappropriate responses, as she is likely to be upset about the news of her husband and you have a duty to be sensitive in providing support. Furthermore, explaining to Mary that there was nothing that could be done as her husband had been in cardiac arrest before he arrived (option D) is unlikely to help the situation and likely to make Mary more upset, therefore this would be an inappropriate response.

**13.** You are a Foundation (F2) doctor working in paediatrics. You are just about to leave the hospital after a long day on-call when the nurse asks you to take a telephone call from Sarah Davies. Her 3 year old son, Ben, has been admitted three times in the past month with abdominal pain. Investigations have all been normal. Ben has the same pain again this evening. When you speak to Sarah, she wants to know why the doctors have been unable to find out what is wrong with Ben and she is concerned about his health. She is becoming upset.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Reassure Sarah that previous investigations have been normal.
- **Option B:** Arrange Ben's immediate re-admission to the ward.
- **Option C:** Arrange to repeat the investigations.
- **Option D:** Ask Sarah to call the GP out-of-hours service\*.
- **Option E:** Explain to Sarah that you will speak with Ben's GP the next day.
- **Option F:** Explain to Sarah that you will arrange a consultant review for the next clinic.
- **Option G:** Advise Sarah to take Ben to the Emergency Department.
- **Option H:** Ask Sarah more about Ben's abdominal pain.

**Correct Answer: ADH**

**Rationale:** This scenario is about coping with pressure. The General Medical Council (GMC) priorities effective communication as a key skill for clinicians. As part of the professional requirements for the medical profession, you are expected to communicate clearly and honestly with patients and their families and to ensure a compassionate, empathetic, and respectful approach. It is your responsibility as a doctor to respond to the patient's concerns (GMC good medical practice: Communication, Partnership and Teamwork domain). Therefore, reassuring Sarah that previous investigations have been normal (option A) is an appropriate response, as it informs the child's mother that previous investigations have not shown anything that would explain her son's pain, as well as reassuring her that investigations have not shown anything concerning.

In this situation it is important to respond to a concern that has been raised by the patient's mother. Simply hearing more about the situation by asking Sarah more about Ben's abdominal pain (option H), will reassure the mother that their concerns are being listened to and may lead to some mutually agreed solutions to the problem.

In some cases, the only way to resolve the situation is to defer to another course of support such a so colleague or team, so that Sarah has the option of speaking with another doctor for further explanation or clarification if she would feel that she wanted to so (GMC good medical practice's Communication, Partnership and Teamwork domain). Therefore, suggesting Sarah calls the GP out of hours service (option D) would be an appropriate action in order to get Ben the medical advice he requires.

It would not be appropriate to arrange to repeat the investigations (option C) as the patient has been investigated with normal results and the patient would need to be reassessed face to face first.



Furthermore, arranging the patient's immediate re-admission (option B) would be inappropriate as you are just about to leave the hospital and should factor in safety as it is the end of your shift (GMC good medical practice's Knowledge, Skills and Performance domain and the Safety and Quality domain). Advising the patient to be taken to the Emergency Department (option G) would also be inappropriate as this may not be an appropriate use of resources without knowing more about the situation.

Explaining to the patient's mum that you will speak to the patient's GP the next day (option E) and arranging a consultation review for the next clinic (option F) are also inappropriate responses as the patient may be acutely unwell and it may be outside of your competence to suggest this without seeing and examining the patient.

**14.** You are a Foundation (F2) doctor working in gastroenterology out-patients. You review a 30 year old woman, Helen, who has been seen on three occasions with Irritable Bowel Syndrome (IBS). Helen starts crying, and states that the severity of the symptoms she experiences has ruined her life. She claims that your consultant Professor Khan (a very well respected gastroenterologist) does not care about her, as he said that there are much worse diagnoses, and she must try to learn to live with it.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Suggest that Helen seeks a second opinion from another consultant.
- **Option B:** Explain that IBS is often very hard to treat.
- **Option C:** Apologise to Helen that she feels that her previous consultations were unsatisfactory.
- **Option D:** Ask a nurse to comfort Helen.
- **Option E:** Ask Helen why she feels the symptoms are ruining her life.
- **Option F:** Reassure Helen that Professor Khan would have not meant to upset her.
- **Option G:** Tell Professor Khan that Helen is unhappy with their previous consultations.
- **Option H:** Give Helen as much information about her condition as possible to help her understand it better.

**Correct Answer: CEH**

**Rationale:** This scenario is about empathy and sensitivity. It is your responsibility as a doctor to respond to the patient's concern (GMC good medical practice's Communication, Partnership and Teamwork domain), in this case, Helen's concern is not being happy with the professor's comments. The four pillars of medical ethics include autonomy, which is the patient's right to make decisions about their health. Therefore, apologising to Helen for how she has felt with consultant (option C) would be an appropriate action to take in this situation, as this shows that you respect how she feels about the professor's comments.

The General Medical Council's (GMC's) standards of practice include working in partnership with patients by being able to listen to and respond to their concerns and preferences (GMC good medical practice's Communication, Partnership and Teamwork domain). Simply hearing more about the situation and why she feels the symptoms are running her life (option E) will reassure Helen that her concerns are being listened to. The GMC good medical practice's Working in Partnership with Patient's domain also outlines the importance of providing patients with information that they want or need in a way they can understand. Therefore, giving Helen as much information as possible about her condition (option H), would be appropriate as this would provide Helen with expectations about what this condition means for her, which would help her consider her day-to-day lifestyle.

Explaining to the patient that IBS is often very hard to treat (option B) is an inappropriate response and likely to cause more upset to the patient. It is also possible to manage the symptoms of IBS.

Suggesting that Helen seeks a second opinion (option A) would be inappropriate as her concerns are regarding the professor's comments about her diagnosis rather than the diagnosis itself. However, the patient is entitled to make a choice about who treats them (GMC good medical practice's Communication, Partnership and Teamwork domain) if requested.

It would also be inappropriate to reassure Helen that the professor did not mean to upset her (option F) as you do not have all the facts about what exactly was said to the patient, therefore it is difficult to completely reassure the patient (GMC good medical practice's Maintaining Trust domain). Furthermore, asking a nurse to comfort Helen (option D) may mean that you are taking a nurse away from their own work and it hasn't dealt with the concerns of the patient at this time.

Telling Professor Khan that Helen is unhappy with her previous consultations (option G) is inappropriate at this moment in time as the patient is upset about his comments and you want to support the patient. You may want to raise your concerns with the professor further down the line to re-establish the patient relationship and rebuild trust (GMC good medical practice's Safety and Quality domain, Maintaining Trust domain).

15. You are working as a Foundation (F2) doctor on a busy medical ward. A patient, Mr Davies, complains to you that the registrar\* has spoken to him in a very brief and cold manner on two occasions. You know that the registrar has a very kind and gentle manner with patients.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Advise Mr Davies to discuss this with the consultant.
- **Option B:** Explain to Mr Davies that you believe the registrar is a good doctor.
- **Option C:** Ask Mr Davies to explain further.
- **Option D:** Tell Mr Davies you are sorry that he is feeling this way.
- **Option E:** Explain to Mr Davies the procedure for making a formal complaint.
- **Option F:** Explain to Mr Davies how busy the job is for all of the staff.
- **Option G:** Ask Mr Davies what he would like you to do.
- **Option H:** Reassure Mr Davies that the registrar did not intend to seem dismissive.

**Correct Answer: CDG**

**Rationale:** This scenario is about professional integrity. A key component of the General Medical Council (GMC) good medical practice's Communication, Partnership and Teamwork domain includes treating patients politely and considerately. In its Working in Partnership with Patient's domain, the GMC also highlights the importance of listening to and responding to patients' concerns and preferences. In view of these two domains, telling Mr Davies you are sorry that he is feeling this way (option D) is an appropriate response as you are acknowledging how he is feeling.

The GMC emphasises the role of teamwork as an important aspect of good medical practice (GMC good medical practice's Communication, Partnership and Teamwork domain). An integral part of teamwork is supporting each other and working together to achieve a common aim/goal. It may be the case that the registrar did not intend to seem dismissive, but you cannot know that from what Mr Davies has said. Therefore, asking Mr Davies to explain further (option C) would be an appropriate response as it means that he feels listened to, but it also means that you can ask for more information about what has happened before making a decision on what to do next.

In view of the two aspects described above i.e., Working in Partnership with Patient's domain and the role of Teamwork, asking Mr Davies what he would like you to do (option G) would also be appropriate as you are giving Mr Davies the choice on how he would like to proceed with the situation, as you do not yet know whether he would wish to make a complaint about your colleague or how he would like to progress with the Registrar. As the patient has not asked about the formal complaints' procedure (option E) this would be an inappropriate action at this stage.

It would be inappropriate to explain that you believe the registrar is a good doctor (option B) as it is not appropriate to offer your opinion in this way, as it may seem like you are dismissing the patient's concerns and colluding with the registrar. Furthermore, explaining how busy the job is (option F) is inappropriate as this is not relevant to what Mr Davies has shared with you about how he feels. At this stage, you want to listen to the patient's concerns and therefore advising that he discusses this with the consultant (option A) is inappropriate, unless he wants to escalate the matter further.

**16.** You are working in acute medicine and are covering the coronary care unit. It is your partner's birthday and you have tickets for the theatre. You need to finish promptly to get home in time. Just before the end of the shift, Dr Orr, who is taking over, calls to say he is stuck in traffic and will be an hour late.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Leave the hospital to get home on time.
- **Option B:** Telephone your partner to cancel.
- **Option C:** Telephone your partner to arrange to meet at the theatre.
- **Option D:** Ask if your senior colleague is willing to cover.
- **Option E:** Ask the nursing staff to call Dr Orr on his mobile if there are any problems.
- **Option F:** Telephone medical staffing\* and ask them to arrange cover immediately.
- **Option G:** Ask another Foundation (F2) doctor to cover.
- **Option H:** Telephone Dr Orr to tell him to be as quick as possible as you need to finish.

**Correct Answer: CDG**

**Rationale:** This scenario is about coping with pressure. The General Medical Council (GMC) prioritise patient safety as core to good medical practice and part of that outlines the doctor's responsibility to ensure that their allocated workload is covered appropriately (GMC good medical practice's Safety and Quality and the Communication, Partnership and Teamwork domains). Your social life commitments are important for your wellbeing, but it is expected that patients' needs will be given priority in emergency situations. Therefore, asking if your senior colleague is willing to cover (option D) and asking another Foundation doctor to cover (option G) are both appropriate responses as they highlight ways to find a replacement colleague or alternative solution so that the patients are not impacted. Both options are ways where it is you who is taking responsibility to find the cover and not passing this responsibility on to someone else such as the medical staffing or nursing staff.

Finding a balance to also continue with your pre-arranged social commitments is also important. Not defaulting to cancelling your plans (option B) straight away until you have explored alternative options would be ideal. Therefore, telephoning your partner to arrange to meet at the theatre (option C) would be appropriate to give you some time to find alternative cover without cancelling your personal plans.

Leaving the hospital to get home on time (option A) is inappropriate as this is unprofessional and dangerous. It is expected that patients' needs will be given priority in emergency situations. Furthermore, asking the nursing staff to call Dr Orr on his mobile if there are any problems (option E) and telephoning medical staffing to arrange cover immediately (option F) are also inappropriate actions as you are not Dr Orr's line manager or the consultant in charge to make these decisions as a Foundation doctor.

**17.** You are a Foundation (F2) doctor working in general surgery. You are coming to the end of your night shift. Sarah, the F2 taking over from you, tells you she has just found out that her mother is critically ill after a road traffic accident. Despite this, Sarah has turned up for work as usual and says she does not wish to have time off "on her record".

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Advise Sarah to book an appointment with occupational health\*.
- **Option B:** Offer support and an opportunity to talk things through with Sarah.
- **Option C:** Inform Sarah's educational supervisor\* that Sarah is concerned about how time off may affect her record.
- **Option D:** Offer to cover Sarah's duties for her.
- **Option E:** Explain to Sarah that if she remains at work, patient safety may be affected.
- **Option F:** Enquire with medical staffing\* whether another F2 doctor has capacity to cover Sarah's shift.
- **Option G:** Inform the consultant in charge of the ward about Sarah's mother.
- **Option H:** Suggest that Sarah leaves goes to visit her mother during her break.

**Correct Answer: BEF**

**Rationale:** This scenario is about empathy and sensitivity. Peer support is an important aspect of teamwork and as part of a Multi-Disciplinary Team (MDT), doctors are expected to support each other and other colleagues (GMC good medical practice's Safety and Quality and the Communication, Partnership and Teamwork domains). Therefore, an appropriate action to take in this situation is to offer support and an opportunity to talk things through with Sarah (option B), as this provides her with the opportunity to discuss what has happened and why she feels it is appropriate to remain at work, despite the circumstances.

In addition to peer support, providing feedback and raising concern about conduct is part of the professional responsibilities for all doctors, including providing feedback or raising concern with colleagues (General Medical Council [GMC] good medical practice's Safety and Quality and the Communication, Partnership and Teamwork domains). Therefore, explaining to Sarah that patient safety may be affected if she remains at work (option E) would be an appropriate response as this highlights the important aspect of patient safety and the risks associated with remaining at work. This would make Sarah think twice about her current situation from a patient safety perspective.

Enquire with medical staffing\* whether another F2 doctor has capacity to cover Sarah's shift (option F) would also be appropriate and a proactive action to see if appropriate cover can be provided to allow Sarah to have some time off, whilst considering patient safety.

It would be inappropriate for you to cover Sarah's duties for her (option C) as it is outside of your scope of practice to take on your colleague's workload and this would also raise potential risk to patient safety (GMC good medical practice's Knowledge, Skills and Performance domain and the Patient Safety and Quality domain).

Advising Sarah to book an appointment with occupational health (option A), informing the consultant in charge of the ward about Sarah's mother (option G), and informing her educational supervisor that Sarah is concerned about how her time off may affect her record (option B) would also be inappropriate actions to take, as she has not asked for your advice or raised any concerns that would require to you take further action at this stage.

**18.** You are on a medical ward round when the consultant tells your Foundation (F2) doctor colleague, Emily, to perform a pleural tap on Mr Lucas. Emily tells the consultant that she is competent to do the procedure. However, Emily told you a few days ago that this was a procedure she had not yet performed. You have performed this procedure several times.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Insist on performing the procedure yourself.
- **Option B:** Explain your concerns to Emily.
- **Option C:** Offer to help Emily with the procedure.
- **Option D:** Explain your concerns to the consultant.
- **Option E:** Explain your concerns to Mr Lucas.
- **Option F:** Get advice from your medical defence organisation\*.
- **Option G:** Bring the issue up at your next Foundation teaching session.
- **Option H:** Tell Emily to talk to her consultant.

**Correct Answer: BCH**

**Rationale:** This scenario is about professional integrity. In this scenario, your colleague Emily is not performing to the level that is expected of her. However, the main priority is to ensure that the patient, Mr Lucas, has his procedure performed by a clinician who is competent in the procedure. The General Medical Council (GMC) stipulates that, doctors must only practice within their scope of competence. This is essential to maintain safety in clinical practice and ensures that patients receive appropriate and effective care. Therefore, initially it would be appropriate to speak directly to Emily to explain your concerns (option A) which allows Emily to address the concerns first. There may be reasons that she has told the consultant that she can complete this task. If this is the case, then speaking to her directly can allow you to offer support before jumping straight to seniors unnecessarily. Time in this situation is also important, at a later stage it may be appropriate to discuss the issue up at your next Foundation teaching session (option G), but currently, you need to ensure that the patient receives appropriate and effective care, therefore option G would be inappropriate at this stage.

Linked to this, the GMC emphasises the role of teamwork as an important aspect of good medical practice (GMC good medical practice's Communication, Partnership and Teamwork domain). It would be more appropriate to encourage Emily to talk to her consultant about the situation herself (option H) rather than speaking to the consultant (option D) which would directly bypasses your colleague and does not allow her to address the concerns first. Also, there has been no clinical error, therefore seeking advice from your medical defence organisation is not appropriate.

It is not appropriate to tell the patient your concerns (option E) about a colleague as it may affect the patient's confidence in the medical team and the doctor patient relationship. This response may also result in lack of trust and reputation damage (GMC good medical practice's Communication, Partnership and Teamwork domain and the Maintaining Trust domain), which would be detrimental to establishing an effective working relationship.



According to the GMC seeking support/help/guidance is a professional requirement for the medical profession. The GMC professional requirements for doctors includes a competency framework in which all clinical skills must be assessed, and the clinician deemed to be competent and safe by an appropriately trained/qualified person before they can perform the skill independently or unsupervised on a patient. You have performed the procedure several times before, therefore suggesting to Emily that you will help her to perform the procedure (option C) would be an appropriate action and provide Emily with a learning opportunity, whilst you are there to support and offer the appropriate guidance and ensure patient safety. Whereas, insisting on performing the procedure yourself (option A), is not appropriate as the consultant has asked your colleague to carry out the procedure in the first instance.

**19.** You are a Foundation (F2) doctor working in an Emergency Department. As part of your training, you are entitled to protected study leave within which you can arrange time to meet with your educational supervisor\*. You had originally arranged to meet with him last week, but you ultimately cancelled your meeting because the consultant asked you to stay in the department at short notice due to a lack of staff. Your meeting has been rearranged for today. As you are about to finish your shift and leave for your meeting, the consultant approaches you to ask if you can stay a little longer as the department is extremely busy.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Find a colleague to assist in the department instead.
- **Option B:** Insist on your right to protected study leave.
- **Option C:** Stay to help in the department.
- **Option D:** Rearrange the meeting with your educational supervisor.
- **Option E:** Contact the LETB\* for advice regarding your right to study leave.
- **Option F:** Remind your consultant that you missed your meeting last time due to a similar request.
- **Option G:** Contact your educational supervisor to inform him you may be late.
- **Option H:** Contact your educational supervisor to ask him to speak to the consultant.

**Correct Answer: AFG**

**Rationale:** This scenario is about coping with pressure. The GMC standards of practice and guidelines for good practice stipulate that doctors should actively engage in Continuous Professional Development (CPD) and take advantage of any opportunities provided to advance their development as a clinician. It is important that you take the right steps to ensure that you receive and are able to evidence your essential supervision meetings as an F2 doctor. It would be appropriate here to do what you can do in order to attend your meeting. Therefore, it would be appropriate to find a colleague who can support in the department (option A), to ensure that there is sufficient cover to support the consultant and the department, while you attend your meeting with your supervisor as planned. Contacting your educational supervisor to ask him to speak to the consultant (option H) is inappropriate as it is your responsibility to speak to your consultant to find the appropriate cover and explain that you need to attend the meeting with your educational supervisor. It may be appropriate to escalate the situation with your educational supervisor so he/she is aware of the reasons why you have been unable to attend the meeting or attend later, but you should try and find alternative support for the consultant so that you can attend the meeting, rather than asking for your educational supervisor to speak to the consultant directly.

To say that you would stay to help in the department (option C) is somewhat inappropriate for two reasons. One reason being that you should not be expected to work more than your allocated hours each shift, as rest periods are important and built into rotas to reduce risk or mistakes and clinical errors. Another reason is that if you agree to stay and help in the department, there is a risk that the

meeting with your educational supervisor will have to be cancelled or rearranged again. This would reflect poorly on you and is likely to have an impact on your progression through training. Furthermore, rearranging your meeting (option D) so that you can stay and support on the department is an inappropriate action as you had to cancel your last meeting with your education supervisor, who would also have had to rearrange their schedule to meet with you. It would only be if all other options have been explored and you are unable to find suitable cover that it may be appropriate to stay longer to support with the most urgent clinical priorities. Contacting the LETB for advice regarding your right to study leave (option E) may be appropriate further down the line if you have to end up rearranging the meeting for a third time but would be inappropriate to contact them at this stage. Initially, you should speak to the person involved directly to resolve any issues locally, before escalating up.

It would also be appropriate to remind your consultant that you missed your meeting with your educational supervisor last week due to a similar request to stay on the department (option F), so that the consultant is aware that this is not the first time this has happened, and you have previously agreed to re-arrange your meeting in order to stay on the department longer. It is important that the consultant is aware that his request will have a consequence on you being able to attend your meeting with your supervisor.

In order to do the above, your consultant may need some immediate support and you could offer to help with the most urgent tasks. It would therefore be appropriate for you to contact your educational supervisor to inform him that you may be late (option G) so that you can support your consultant and prioritise the most urgent tasks before leaving to attend your meeting. Option B, insisting on your right to protected study leave, is an inappropriate action, as all clinicians work as part of a multi-disciplinary team, therefore the potential impact on others should also be considered as being important. This is not an appropriate response as it does not take patient care into account and may be considered unprofessional.

**20.** You have been very busy at work recently, as some of your colleagues have been on leave. There are a number of personal issues which are troubling you. You have not been sleeping well. You are aware that you are not performing as well as usual and you often do not complete your duties by the end of a shift. You have been irritable with colleagues.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Arrive at work an hour early each day so that you can complete unfinished tasks.
- **Option B:** Arrange to see your GP or occupational health physician.
- **Option C:** Book a course on time management.
- **Option D:** Consider taking some time off work.
- **Option E:** Discuss the issues with a senior colleague on the team.
- **Option F:** Focus on work and put your personal issues to the back of your mind.
- **Option G:** Make a complaint about your workload to the hospital management.
- **Option H:** Visit your local pharmacy to obtain a sleep remedy.

**Correct Answer: BDE**

**Rationale:** This scenario is about professional integrity. The General Medical Council (GMC) stipulates that, doctors must only practice within their scope of competence. This is essential to maintain safety in clinical practice and ensures that patients receive appropriate and effective care. Not only is this important for the practice of your colleagues, but it is also just as important to take responsibility for your own practice. Recognising your own limitations and that you are becoming overwhelmed and require support with how you are feeling is essential. Asking for help is a positive step and ensures patient safety. Therefore, it would be appropriate to escalate this to a senior colleague on the team (option E) to ask for advice about how to best manage the workload and how you are feeling, including the possibility of prioritising the workload with support. It may be appropriate to consider taking some time taking a break to recuperate (option D), working collaboratively with the rest of the team to ensure that patient care is appropriately covered. Arranging to see your GP or occupational health physician (option B) would also be appropriate to seek advice regarding the impact your personal problems are having on your sleep and as a result, your ability to do your job to your usual competence.

Whereas, focusing on work and putting your personal issues to the back of your mind (option F), is an inappropriate action as you are not taking responsibility for how you are feeling or thinking about the impact that your practice may have on patients. Complaining about your workload to hospital management (option G) may be appropriate if the amount of work is impacting patient safety, however, the cause of you not being able to complete your tasks is due to tiredness, rather than the workload. Moreover, visiting your local pharmacy to obtain a sleep remedy (option H) is somewhat inappropriate as buying a sleep remedy is not helping you to take responsibility and deal with the issues causing your lack of sleep.

If your concern was time management booking a course on time management (option C) may be appropriate as you would benefit from new skills and techniques to help with managing workload

better. However, in this scenario it is your lack of sleep and personal issues are having an impact on your general health and wellbeing. Therefore, booking a time management course is unlikely to help deal with how you are performing your duties due to personal issues causing a lack of sleep.

Moreover, arriving at work an hour early each day so that you can complete unfinished tasks (option A) is an inappropriate response. Despite the good intentions behind coming to work early to get the jobs completed, you are tired, and will be more tired after a long shift, and in these circumstances mistakes can happen. Rest periods are essential, so you need to finish your shift when allocated and get the appropriate rest needed, so that you are ready for your next shift.

**21.** You are a Foundation (F2) doctor working in a hospital clinic. A patient disagrees with your diagnosis and asks to be referred for a second opinion. He threatens to take legal action if you do not comply.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Explore the reasons why the patient disagrees with your opinion.
- **Option B:** Agree the patient has a right to a second opinion and facilitate this.
- **Option C:** Request that the patient is transferred to a different clinical team.
- **Option D:** Explain that NHS resources are scarce and that arranging a second opinion would involve unnecessary costs.
- **Option E:** Ask the patient to put his specific concerns in writing to the Trust's\* complaints department.
- **Option F:** Offer to ask a senior colleague to review your diagnosis.
- **Option G:** Suggest that the patient might seek a second opinion from a specialist in the private sector.
- **Option H:** Advise the patient that you will discharge him from follow-up.

**Correct Answer: ABF**

**Rationale:** This scenario is about professional integrity. One of your responsibilities as a doctor is to ensure the provision of sufficient information about treatment options so that patients can make an informed choice about their medical care, including the consequences of refusing treatment (GMC good medical practice's Knowledge, Skills and Performance domain and the Communication, Partnership and Teamwork domain). Initially, you should try to explore the reasons why the patient disagrees with your opinion (option A) to understand their concerns. If the patient would still value a second opinion, you should acknowledge to patient that he is entitled to second opinion and facilitate this (option B) and offer to ask a senior colleague to review your diagnosis (option F) to reassure the patient that your diagnosis is correct. Whereas, to request that the patient is transferred to a different clinical team (option C), this could somewhat be interpreted by the patient as defensive and unhelpful.

Explaining to the patient that NHS resources are scarce and that arranging a second opinion would involve unnecessary costs (option D) will antagonise the patient further, as he likely to already be angry. Despite the GMC stating that doctors should minimise waste, improve services and promote the effective use of resources, you should take financial responsibility for delivering your service at a level appropriate to your role. You should understand the roles and policies of local and, where relevant, regional and national agencies involved in healthcare if they affect your role as a doctor. Moreover, asking the patient to put his specific concerns in writing to the Trust's\* complaints department (option E) is not an appropriate action as the patient is not complaining about his care, rather forcefully stating that he wants to be referred for a second opinion, that the GMC states that patients are able to make choices about their care and treatment.

The GMC states that 'All doctors must make the care of patients their first concern. However, the treatment options that can be offered to patients may be affected by limits on resources' as the patient is asking for a second opinion as he disagrees with the diagnosis, which he is entitled to do. Therefore, to suggest that the patient might seek a second opinion from a specialist in the private sector (option G) or advise the patient that you will discharge him from follow-up (option H) are both inappropriate actions. Whilst communication is integral to establishing a good working relationship with your patient (GMC good medical practice's Communication, Partnership and Teamwork domain) and it is important to establish boundaries to be able to develop and/or maintain a respectful dialogue between both parties, these responses may be interpreted by the patient as confrontational and unprofessional.

**22.** You are a Foundation (F2) doctor in surgery. You are looking after Carrie, a 25 year old patient, who was operated on by your registrar\* yesterday. You have just taken post-operative blood from Carrie, when the theatre nurse bleeps\* you. She asks you to add an HIV test to these requests, as your surgical registrar sustained a needle stick injury whilst performing Carrie's operation.

Choose the **THREE most appropriate actions** to take in this situation.

- **Option A:** Add the HIV request to the blood samples.
- **Option B:** Ask Carrie for permission to check her HIV status.
- **Option C:** Ask the nurse in charge to speak to Carrie about the needle stick injury.
- **Option D:** Ask your registrar to contact occupational health\*.
- **Option E:** Look up the hospital records to see if there have been previous HIV tests performed on Carrie.
- **Option F:** Complete a significant event\* form.
- **Option G:** Ask Carrie if she has any risk factors for HIV.
- **Option H:** Discuss the situation with your medical defence organisation\*.

**Correct Answer: BDG**

**Rationale:** This scenario is about coping with pressure. According to the General Medical Council (GMC), every healthcare professional must be open and honest with patients and people in their care when something goes wrong with their treatment or care or has the potential to cause harm or distress. This means that health and care professionals must tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong, apologise to the person (or their advocate, carer or family), offer an appropriate remedy or support to put matters right (if possible) and explain fully to the person (or their advocate, carer or family) the short- and long-term effects of what has happened. Therefore, the most appropriate actions to take this situation would be to ask the patient for permission to check her HIV status (option B), checking if the patient has any risk factors for HIV (option G), and asking your registrar to contact occupational health (option D) in order to be transparent with the patient about what has happened and be proactive in acting on the information that Carrie has disclosed to you.

It is not appropriate adding the HIV request to the blood samples without speaking and getting the patient's consent to (option A) and following duty of candor in telling the patient what has happened. Ideally the registrar should be the one to speak to the patient. It is not appropriate to introduce anything that may be perceived as further barrier(s) to open and honest communication therefore, potentially jeopardising the working relationship between the clinical team and the patient by asking the nurse is inappropriate (option C).



Looking at the patients records to see if there have been any previous HIV tests performed (option E) does not add anything to the outcome, as the patient may have been at risk of HIV since the last blood test. Currently there is a clear path of what should happen next, and the hospital has clear protocols on what do to regarding a needle stick injury, therefore at the moment (option H) is not appropriate. However, if a complaint arose then it may be appropriate to get advice and support from the defence union. Moreover, completing a significant event form (option F) is something that will be done as a result of the incident, but ideally the registrar should do this, and may have done this already.

## SECTION 2: CLINICAL PROBLEM SOLVING

### Part 2a: Enhanced Matching (EMQ) Questions

#### 1. Blood in urine (1 of 2)

A 59 year old man complaining of sudden onset of severe pain in his left loin associated with visible haematuria. He returned from a holiday in Africa yesterday.

For each patient, what is the most likely **diagnosis**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Bladder cancer
- B. Glomerulonephritis
- C. Kidney stone
- D. March haematuria
- E. Prostatitis
- F. Renal cancer
- G. Urethritis
- H. Urinary tract infection

**Correct Answer: C**

#### 2. Blood in urine (2 of 2)

A 19 year old man presenting with weight loss. On examination, he has a left varicocele and visible haematuria.

For each patient, what is the most likely **diagnosis**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Bladder cancer
- B. Glomerulonephritis
- C. Kidney stone
- D. March haematuria
- E. Prostatitis
- F. Renal cancer
- G. Urethritis
- H. Urinary tract infection

**Correct Answer: F**

### 3. Dermatological to skin (1 of 2)

A 56 year old diabetic man has thickening and discolouration of all his toe nails, with itching and flaking skin between the toes. Skin scrapings culture trichophytum rubrum.

For each patient, what is the most appropriate **treatment**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Betamethasone valerate cream
- B. Flucloxacillin 500mg, four times daily
- C. Fusidic acid cream
- D. Hydrocortisone 1% cream
- E. Metronidazole gel
- F. Oxytetracycline 500mg, twice daily
- G. Permethrin 5% cream
- H. Terbinafine 250mg, daily

**Correct Answer: H**

### 4. Dermatological to skin (2 of 2)

A 28 year old female school teacher complains of a 3 day history of intense itching all over her body, particularly at night. Examination reveals excoriation marks on her skin and a rash in her finger web spaces.

For each patient, what is the most appropriate **treatment**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Betamethasone valerate cream
- B. Flucloxacillin 500mg, four times daily
- C. Fusidic acid cream
- D. Hydrocortisone 1% cream
- E. Metronidazole gel
- F. Oxytetracycline 500mg, twice daily
- G. Permethrin 5% cream
- H. Terbinafine 250mg, daily

**Correct Answer: G**

**5. 'Tired all the time' (1 of 2)**

A 55 year old woman who complains that people say she looks tired. On examination she has thinning hair, dry skin and facial puffiness.

For each patient, which **investigation** could confirm the most likely diagnosis?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. 24-hour urinary catecholamines
- B. 24-hour urinary free cortisol
- C. Fasting glucose
- D. Fluid deprivation test with response to desmopressin
- E. Renal function tests
- F. Serum calcitonin
- G. Serum growth hormone suppression test
- H. Thyroid function tests

**Correct Answer: H**

**6. 'Tired all the time' (2 of 2)**

A 35 year old man presents with tiredness. He explains that his ring is getting much tighter.

For each patient, which **investigation** could confirm the most likely diagnosis?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. 24-hour urinary catecholamines
- B. 24-hour urinary free cortisol
- C. Fasting glucose
- D. Fluid deprivation test with response to desmopressin
- E. Renal function tests
- F. Serum calcitonin
- G. Serum growth hormone suppression test
- H. Thyroid function tests

**Correct Answer: G**

**7. Side effects of antibiotics (1 of 3)**

A 52 year old man with a swollen, tender Achilles tendon following a course of antibiotics.

For each patient, what is the most likely **causative drug**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Amoxicillin
- B. Ciprofloxacin
- C. Clotrimazole
- D. Co-trimoxazole
- E. Erythromycin
- F. Flucloxacillin
- G. Fluconazole
- H. Minocycline
- I. Nitrofurantoin
- J. Trimethoprim

**Correct Answer: B**

**8. Side effects of antibiotics (2 of 3)**

A 19 year old female who develops a widespread rash following treatment with antibiotics for a sore throat associated with swollen neck glands and fatigue.

For each patient, what is the most likely **causative drug**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Amoxicillin
- B. Ciprofloxacin
- C. Clotrimazole
- D. Co-trimoxazole
- E. Erythromycin
- F. Flucloxacillin
- G. Fluconazole
- H. Minocycline
- I. Nitrofurantoin
- J. Trimethoprim

**Correct Answer: A**

**9. Side effects of antibiotics (3 of 3)**

A 20 year old man who develops pigmentation to his face during treatment for acne.

*For each patient, what is the most likely **causative drug**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Amoxicillin
- B. Ciprofloxacin
- C. Clotrimazole
- D. Co-trimoxazole
- E. Erythromycin
- F. Flucloxacillin
- G. Fluconazole
- H. Minocycline
- I. Nitrofurantoin
- J. Trimethoprim

**Correct Answer: H**

**10. Diarrhoea in children (1 of 2)**

A 2 year old boy with a 3 day history of vomiting and profuse watery diarrhoea.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Coeliac disease
- B. Constipation with overflow
- C. Cow's milk protein allergy
- D. E. Coli 0157 infection
- E. Lactose intolerance
- F. Pseudomembranous colitis
- G. Rotavirus infection
- H. Toddler's diarrhoea

**Correct Answer: G**

**11. Diarrhoea in children (2 of 2)**

A 3 year old girl who has been getting episodes of abdominal pain and is soiling her underwear with liquid stool for several weeks.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Coeliac disease
- B. Constipation with overflow
- C. Cow's milk protein allergy
- D. E. Coli 0157 infection
- E. Lactose intolerance
- F. Pseudomembranous colitis
- G. Rotavirus infection
- H. Toddler's diarrhoea

**Correct Answer: B**

**12. Heart murmurs (1 of 2)**

A 78 year old woman with breathlessness and intermittent dizziness. Examination reveals a loud ejection systolic murmur which radiates to her neck. Chest examination is otherwise normal.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Aortic regurgitation
- B. Aortic sclerosis
- C. Aortic stenosis
- D. Atrial septal defect
- E. Mitral stenosis
- F. Mitral valve prolapse
- G. Tricuspid stenosis
- H. Ventricular septal defect

**Correct Answer: C**

**13. Heart murmurs (2 of 2)**

An 84 year old woman complaining of breathlessness and palpitations. She is concerned as she has recently coughed up blood. Examination reveals an irregularly irregular pulse and a diastolic murmur at the apex.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Aortic regurgitation
- B. Aortic sclerosis
- C. Aortic stenosis
- D. Atrial septal defect
- E. Mitral stenosis
- F. Mitral valve prolapse
- G. Tricuspid stenosis
- H. Ventricular septal defect

**Correct Answer: E**



**14. Upper abdominal pain (1 of 3)**

A 54 year old male ex-smoker with upper abdominal pain which is worse after eating and is accompanied by an acidic taste in his mouth.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Gallstones
- B. Gastric cancer
- C. Gastro-oesophageal reflux
- D. Hepatic abscess
- E. Hepatitis A
- F. Myocardial infarction
- G. Oesophageal cancer
- H. Pancreatic cancer
- I. Pancreatitis
- J. Strangulated spigelian hernia

**Correct Answer: C**

**15. Upper abdominal pain (2 of 3)**

A 40 year old overweight alcoholic woman presents with upper abdominal pain which is worse after eating and radiates through to her back.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Gallstones
- B. Gastric cancer
- C. Gastro-oesophageal reflux
- D. Hepatic abscess
- E. Hepatitis A
- F. Myocardial infarction
- G. Oesophageal cancer
- H. Pancreatic cancer
- I. Pancreatitis
- J. Strangulated spigelian hernia

**Correct Answer: I**

**16. Upper abdominal pain (3 of 3)**

A 40 year old woman with episodes of spasmodic upper abdominal pain which is worse after eating and can keep her awake at night.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Gallstones
- B. Gastric cancer
- C. Gastro-oesophageal reflux
- D. Hepatic abscess
- E. Hepatitis A
- F. Myocardial infarction
- G. Oesophageal cancer
- H. Pancreatic cancer
- I. Pancreatitis
- J. Strangulated spigelian hernia

**Correct Answer: A**

**17. Swollen joint (1 of 3)**

A 58 year old man with a history of hypertension and 1 day history of pain in his right foot. On examination, he has a tender swollen first metatarsal-phalangeal joint.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Bursitis
- B. Gout
- C. Haemarthrosis
- D. Osteoarthritis
- E. Pseudogout
- F. Psoriatic arthropathy
- G. Rheumatoid arthritis
- H. Septic joint

**Correct Answer: B**

**18. Swollen joint (2 of 3)**

A 45 year old woman presents with stiff swollen joints affecting her left hand with pitting of her nails.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Bursitis
- B. Gout
- C. Haemarthrosis
- D. Osteoarthritis
- E. Pseudogout
- F. Psoriatic arthropathy
- G. Rheumatoid arthritis
- H. Septic joint

**Correct Answer: F**

**19. Swollen joint (3 of 3)**

A 35 year old tiler with a 2 day history of a painful swollen right knee. On examination, there is a fluctuant swelling anterior to the patella.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Bursitis
- B. Gout
- C. Haemarthrosis
- D. Osteoarthritis
- E. Pseudogout
- F. Psoriatic arthropathy
- G. Rheumatoid arthritis
- H. Septic joint

**Correct Answer: A**

**20. Antibody Blood tests (1 of 2)**

A 24 year old woman with a past medical history of recurrent miscarriages and deep vein thrombosis.

For each patient, what is the most appropriate **investigation**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Anti-centromere antibodies
- B. Anti-gliadin antibodies
- C. Anti-Jo antibodies
- D. Anti-mitochondrial antibodies
- E. Anti-neutrophil cytoplasmic antibodies
- F. Anti-nuclear antibodies
- G. Anti-phospholipid antibodies
- H. Anti-Ro antibodies
- I. Parietal cell antibodies

**Correct Answer: G**

**21. Antibody Blood tests (2 of 2)**

A 45 year old woman with fatigue, itch and jaundice. Investigations reveal abnormal LFTs.

For each patient, what is the most appropriate **investigation**?

Select **ONE** option only from the list.

Each option may be selected once, more than once, or not at all.

- A. Anti-centromere antibodies
- B. Anti-gliadin antibodies
- C. Anti-Jo antibodies
- D. Anti-mitochondrial antibodies
- E. Anti-neutrophil cytoplasmic antibodies
- F. Anti-nuclear antibodies
- G. Anti-phospholipid antibodies
- H. Anti-Ro antibodies
- I. Parietal cell antibodies

**Correct Answer: D**

**22. Movement symptoms (1 of 3)**

A 55 year old accountant who presents in the afternoon, explaining that he had experienced difficulty moving his hand well enough to control his computer mouse that morning. His problem had resolved by lunchtime.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Alzheimer's disease
- B. Essential tremor
- C. Multiple sclerosis
- D. Parkinson's disease
- E. Thyrotoxicosis
- F. Transient ischaemic attack
- G. Wernicke's encephalopathy
- H. Wilson's disease

**Correct Answer: F**

**23. Movement symptoms (2 of 3)**

A 63 year old man complains that over the past few months he is finding it difficult to turn over in bed and needs help to do up his shirt buttons in the morning.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Alzheimer's disease
- B. Essential tremor
- C. Multiple sclerosis
- D. Parkinson's disease
- E. Thyrotoxicosis
- F. Transient ischaemic attack
- G. Wernicke's encephalopathy
- H. Wilson's disease

**Correct Answer: D**

**24. Movement symptoms (3 of 3)**

A 41 year old woman who has noticed that her hands shake. It happened occasionally, about 4 years ago, but now it seems to occur almost all the time. She had wondered if she might be drinking too much alcohol, but actually it seemed to help. Her mother had a similar problem.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Alzheimer's disease
- B. Essential tremor
- C. Multiple sclerosis
- D. Parkinson's disease
- E. Thyrotoxicosis
- F. Transient ischaemic attack
- G. Wernicke's encephalopathy
- H. Wilson's disease

**Correct Answer: B**

**25. Increasing breathlessness (1 of 2)**

A 72 year old female with a history of bronchiectasis who presents with increasing breathlessness and mucopurulent sputum over a week. On examination of her chest she has left basal crepitations; her SpO<sub>2</sub> is 96%, respiratory rate is 15/min, and temperature is 35.8°C.

*For each patient, what is the most appropriate **investigation**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Bronchoscopy
- B. Blood tests (FBC and CRP)
- C. Chest ultrasound
- D. Chest x-ray
- E. Computerised Tomography Pulmonary Angiogram (CTPA)
- F. MRI of chest
- G. Pleural aspiration
- H. Sputum culture

**Correct Answer: H**

**26. Increasing breathlessness (2 of 2)**

A 36 year old man with a 2 day history of increased breathlessness and blood stained mucoïd sputum. On examination his chest is clear, SpO<sub>2</sub> is 93%, pulse is 106 beats per minute, and BMI is 36.

*For each patient, what is the most appropriate **investigation**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Bronchoscopy
- B. Blood tests (FBC and CRP)
- C. Chest ultrasound
- D. Chest x-ray
- E. Computerised Tomography Pulmonary Angiogram (CTPA)
- F. MRI of chest
- G. Pleural aspiration
- H. Sputum culture

**Correct Answer: E**



**27. Erectile dysfunction (1 of 2)**

A 40 year old man with erectile dysfunction. He has been a smoker for 20 years and has recently stopped. He describes a pain in the buttock area when he walks briskly.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Cauda equina syndrome
- B. Diabetes mellitus
- C. Drug-induced
- D. Hyperprolactinaemia
- E. Hypopituitarism
- F. Multiple sclerosis
- G. Peripheral vascular disease
- H. Psychological

**Correct Answer: G**

**28. Erectile dysfunction (2 of 2)**

A 30 year old man with erectile dysfunction. It has been recent in onset. He describes an episode of numbness in his left leg, which spread up his leg 3 months previously, lasted 2 weeks and then resolved. He also had an episode of blurred vision last year, which resolved after a few days. He takes omeprazole for oesophageal reflux and cetirizine for urticaria.

*For each patient, what is the most likely **diagnosis**?*

*Select **ONE** option only from the list.*

*Each option may be selected once, more than once, or not at all.*

- A. Cauda equina syndrome
- B. Diabetes mellitus
- C. Drug-induced
- D. Hyperprolactinaemia
- E. Hypopituitarism
- F. Multiple sclerosis
- G. Peripheral vascular disease
- H. Psychological

**Correct Answer: F**

## SECTION 2: CLINICAL PROBLEM SOLVING

### Part 2a: Single Best Answer (SBA) Questions

#### 29. Chest pain

A 53 year old woman with SLE presents with dull central chest pains and gradually increasing shortness of breath. Examination reveals a raised JVP, soft heart sounds and a blood pressure of 120/60, which drops to 100/60 on inspiration.

Select the **SINGLE** most appropriate **investigation** from the list below. Select **ONE** option only.

- A. Cardiac angiography
- B. Cardiac MRI
- C. ECG
- D. Echo
- E. Exercise ECG

**Correct Answer: D**

**30. Treatment of type 2 diabetes**

A 60 year old woman who has had type 2 diabetes for 3 years and has been diet controlled so far. Her BP is 155/95 and her body mass index is 32. Her HBA1c has risen to 70 mmol/mol (8.6%). Target range < 48 mmol/mol (6.5%).

Select the **SINGLE** most appropriate **treatment** from the list below. Select **ONE** option only

- A. Acarbose
- B. Exanetide
- C. Gliclazide
- D. Insulin
- E. Metformin
- F. Pioglitazone
- G. Vildagliptin

**Correct Answer: E**

### 31. Investigations

A 75 year old man presents with fatigue. He had a partial gastrectomy 40 years ago. The results of a full blood count are shown below (normal range in brackets):

	Count	Normal Range
White cell count	$5.0 \times 10^9/L$	$(4-11 \times 10^9/L)$
Haemoglobin	8.3 g/dL	$(13.5 - 18 \text{ g/dL})$
Mean cell volume	107fL	$(76 - 97\text{fL})$
Mean cell haemoglobin	34pg	$(27 - 32\text{pg})$
Platelet count	$200 \times 10^9/L$	$(150 - 400 \times 10^9/L)$
Reticulocyte count	$40 \times 10^9/L$	$(25 - 100 \times 10^9/L)$

Select the **SINGLE** most appropriate **investigation that is likely to lead to the correct diagnosis** from the list below. Select **ONE** option only.

- A. Haemoglobin electrophoresis
- B. Liver function test (LFT)
- C. Serum ferritin
- D. Serum vitamin B12
- E. Thyroid function test (TFT)

**Correct Answer: D**

**32. Abdominal pain**

A 9 year old boy presents to the Emergency Department (ED) with a 1 day history of intermittent diarrhoea and central abdominal pain which is now moving to the right iliac fossa. On examination, he is pyrexial with guarding in the right iliac fossa.

Select the **SINGLE** most appropriate **investigation** from the list below. Select **ONE** option only.

- A. Abdominal x-ray
- B. CT abdomen pelvis
- C. MRI abdomen pelvis
- D. USS abdomen pelvis
- E. White cell scan

**Correct Answer: D**

### **33. Cerebral Ischaemia**

A 72 year old man is admitted to the Emergency Department within 1 hour of sudden onset of right-sided weakness and speech difficulties. He has no significant past medical history and is on no medication. Brain imaging reveals an area of ischaemia in the left middle cerebral hemisphere.

Select the **SINGLE** most appropriate **immediate treatment** from the list below. Select **ONE** option only.

- A. Alteplase
- B. Clopidogrel
- C. Dabigatrin
- D. Low molecular weight heparin
- E. Warfarin

**Correct Answer: A**

**34. Loin pain**

A 48 year old male presents with left loin pain, having recently had an episode of diarrhoea and vomiting. The pain was severe several hours ago, but has mostly settled now. Examination is unremarkable and urinalysis shows some blood, but no glucose, protein or nitrite.

Select the **SINGLE** most appropriate **investigation** from the list below. Select **ONE** option only.

- A. CT scan of kidney, ureters and bladder
- B. Full blood count
- C. Prostate specific antigen
- D. Serum calcium
- E. Stool culture
- F. Ultrasound scan of pelvis

**Correct Answer: A**

**35. Ear problem**

A 25 year old man presents with a 6 day history of an itchy discharging left ear. He is not in pain. On examination he has patches of eczema on his trunk and arms. Examination of his ears reveals a moist left external auditory canal. His tympanic membranes appear normal.

Select the **SINGLE** most appropriate **treatment** from the list below. Select **ONE** option only.

- A. Oral antibiotics
- B. Topical antibiotic and steroid drops
- C. Topical antibiotic and steroid drops and oral antibiotics
- D. Topical antibiotic drops and oral steroids
- E. Topical antifungal drops

**Correct Answer: B**



**36. Analgesia**

A 52 year old man presents with abrupt onset of acute redness, severe pain and swelling in his right first metatarso-phalangeal (MTP) joint.

Select the **SINGLE** most appropriate **treatment option** from the list below. Select **ONE** option only.

- A. Amitriptyline hydrochloride
- B. Capsaicin
- C. Dihydrocodeine tartrate
- D. Morphine sulphate
- E. Naproxen
- F. Paracetamol

**Correct Answer: E**

**37. Scrotal Swelling**

A 25 year old man presents with a left scrotal swelling. He states that he and his partner have been struggling to conceive for 2 years. The swelling seems to disappear when he lies down.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Epididymal cyst
- B. Hydrocele
- C. Inguinal hernia
- D. Seminoma
- E. Varicocele

**Correct Answer: E**

**38. Lung tumours**

A 59 year old man had a pleural biopsy 1 year ago for pleural thickening and effusion, which was inconclusive. He now presents with a large mass over the entry site of the biopsy needle.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Bronchial carcinoma
- B. Carcinoid tumour
- C. Mesothelioma
- D. Secondary metastases
- E. Squamous cell carcinoma

**Correct Answer: C**

**39. Reduced vision**

A 70 year old woman complains that her left eye is acutely watering, painful and red with some blurring of her vision. Her visual acuity is reduced, but the pupillary reaction is normal.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Conjunctivitis
- B. Dendritic ulcer
- C. Floaters
- D. Stye
- E. Subconjunctival haemorrhage
- F. Temporal arteritis

**Correct Answer: B**

**40. Sexual health**

A 30 year old woman presents with a history of menorrhagia. She has completed her family.

Select the **SINGLE** most appropriate **choice of contraception** from the list below. Select **ONE** option only.

- A. Combined oral contraceptive pill
- B. Female sterilisation
- C. Intra uterine contraceptive device
- D. Intra uterine system (Mirena)
- E. Oral progesterone only contraceptives
- F. Progesterone only contraceptive injection

**Correct Answer: D**

**41. Amenorrhoea**

A 39 year old woman presents with a 6 month history of amenorrhoea. She has schizophrenia. She denies sexual intercourse over the past 2 years and reports some episodes of lactation. Follicle-stimulating hormone (FSH) and luteinising hormone (LH) are within normal limits, prolactin is 1125 (normal range < 500).

Select the **SINGLE** most likely **cause of her symptoms** from the list below. Select **ONE** option only.

- A. Adverse reaction to antipsychotic medication
- B. Early menopause
- C. Pregnancy
- D. Prolactinoma
- E. Stress due to schizophrenia

**Correct Answer: A**

**42. Nasal symptoms**

A 14 year old boy presents with a one month history of bilateral nasal blockage, sneezing and a clear bilateral nasal discharge. The family have recently purchased a cat.

Select the **SINGLE** most appropriate **management option** from the list below. Select **ONE** option only.

- A. Intramuscular methylprednisolone
- B. Intranasal beclometasone
- C. Intranasal ipratropium
- D. Intranasal xylometazoline
- E. Oral montelukast

**Correct Answer: B**

**43. Painless jaundice**

A 64 year old woman with weight loss and painless jaundice.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Alcohol-induced hepatitis
- B. Cancer of the head of pancreas
- C. Cholelithiasis
- D. Haemochromatosis
- E. Viral hepatitis
- F. Wilson's disease

**Correct Answer: B**



**44. Management of lower back pain**

A 28 year old man presents with a 1 day history of right-sided low back pain. On examination, he has a straight leg raise of 55° on the right side and 85° on the left side, with a bilateral negative sciatic stretch test. There is no bony tenderness and no neurological signs of note.

Select the **SINGLE** most appropriate **management option** from the list below. Select **ONE** option only.

- A. Prescribe diazepam
- B. Prescribe tramadol
- C. Refer to physiotherapy
- D. Self-management advice
- E. X-ray of the lumbar spine

**Correct Answer: D**

**45. Breathlessness**

A 35 year old woman presents with worsening difficulty breathing. On examination, she is talking in single words at a time, and appears blue around the lips. Her respiratory rate is 28, oxygen saturations 92% and her heart rate is 120 beats per minute. Auscultation of her chest reveals widespread wheeze and poor air entry to the lung bases.

Select the **SINGLE** most appropriate **immediate management option** from the list below. Select **ONE** option only.

- A. Amoxicillin 500mg, orally
- B. Beclametasone 200mcg, Inhaler 2 puffs via spacer
- C. Prednisolone 40mg, orally
- D. Salbutamol 5mg, nebuliser
- E. Tazocin 4.5g, IV

**Correct Answer: D**

**46. Endocrine disease**

A 28 year old woman has lost 15 kg in weight over the past 2 months. She also has a fine tremor and amenorrhoea.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Addison's disease
- B. Graves' disease
- C. Polycystic ovary syndrome
- D. Primary hyperparathyroidism
- E. Primary hypothyroidism
- F. Type 1 diabetes mellitus

**Correct Answer: B**

**47. Paediatric diagnosis**

A 6 month old boy, born at term by normal delivery, presents with coryza, dry cough and tachypnoea. On examination he has a temperature 37.5°C with intercostal and subcostal recession. On auscultation there are mild crepitations throughout both lung fields.

Select the **SINGLE** most likely **diagnosis** from the list below. Select **ONE** option only.

- A. Acute asthma
- B. Bronchiolitis
- C. Congestive heart failure
- D. Cystic fibrosis
- E. Pneumonia

**Correct Answer: B**

**48. Diagnosis of dysrhythmia**

A 64 year old man having a routine blood pressure check whose pulse rate is 68. The rate is noted to increase during inhalation and decrease during exhalation.

Select the **SINGLE** most likely **cause of his irregular pulse** from the list below. Select **ONE** option only.

- A. Complete heart block
- B. Sinus arrhythmia
- C. Sinus bradycardia
- D. Sinus rhythm
- E. Supraventricular tachycardia
- F. Ventricular fibrillation

**Correct Answer: B**

**End.**