

**STATION 1 – PAEDIATRIC RESUS (SCE)**

The candidate was required to lead the resuscitation of a critically sick child, going through a structured ABCDE assessment, recognising deterioration and managing accordingly and communicating with the child's parent. Candidates who performed well were structured in their history taking and ABCDE approach and showed appropriate leadership in the scenario. The most common errors in this station were:

- Poor history-taking skills
- Unstructured examination
- Incorrect diagnosis
- Unfamiliar with paediatric resuscitation including use of appropriate drugs and their dosages

**STATION 2 – ENT EMERGENCIES (SOE)**

The candidate was asked to discuss a presentation of a child with an ENT emergency, picking out the key points in the history to determine the cause of ear symptoms, outlining the best approach to examination of a child with an ear problem while referring to relevant anatomy and physiology and describing the best management for the condition. Good-performing candidates were familiar with basic sciences, could describe how to perform otoscopy safely and recognised the potential of child abuse. Candidates who did not do well:

- Failed to recognise a potentially very sick child
- Could not describe basic sciences
- Failed to recognise safeguarding issues
- Showed lack of appropriate and comprehensive communication with the parents

**STATION 3 – HISTORY-TAKING – CHEST PAIN (SCE)**

The objectives of this station were to assess how the candidate could evaluate a patient with a common complaint (chest pain) by taking a focused history and requesting appropriate investigations and interpreting them correctly, communicate professionally with the patient and together formulate a management plan. Candidates who performed well appeared self-assured, calm and professional, were able to take a history logically and communicated well with the patient. Poorly-performing candidates:

- Appeared under or over-confident
- Used medical jargon without explanation
- Did not explain diagnosis and differential diagnosis to the patient
- Did not discuss the management plan with the patient.

**STATION 4 – ABNORMAL LFTs (SOE)**

The objectives of this station were to assess how a candidate could evaluate limited information and make a working diagnosis based on clinical and biochemical findings, outline further investigations which would confirm the diagnosis, construct a safe management plan and communicate the prognosis and possible complications. Well-performing candidates gave structured answers with a good rationale and were able to generate an acceptable management plan. Candidates who did not do well:

- Showed general lack of understanding how to interpret liver function tests even in commonly encountered scenarios
- Could not make a clinical correlation with the lab results

### **STATION 5 – ADULT TRAUMA (SCE)**

The objectives of this station were to perform a focused clinical assessment of an adult patient with major trauma and resuscitate adequately, to prioritise interventions, to manage acute coagulopathy appropriately and to coordinate team members. Candidates who did well demonstrated good history-taking skills and could evaluate and manage the patient in a structured manner. Poorly performing candidates:

- Did not ask for past medical history
- Could not interpret lab results appropriately
- Limited knowledge about ROTEM
- Limited knowledge of how to manage a trauma patient with coagulopathy
- Did not discuss the eventual disposition of the patient

### **STATION 6 – COLLAPSED PATIENT (SOE)**

The objectives of this station were to assess how the candidate gathers information in a logical manner, perform a structured initial assessment, recognise and manage the underlying condition including reference to basic sciences, and how to make a definitive plan. Good candidates could identify the underlying condition leading to the presentation and were able to request further investigations appropriately. Candidates who did not do well:

- Could not elaborate on a differential diagnosis
- Were unable to differentiate between syncope and seizure
- Showed lack of in-depth knowledge of complications and prognosis of the condition.

### **STATION 7 – COMMUNICATION WITH DIFFICULT RELATIVE (SCE)**

The objectives of this station were to assess the communication skills of candidates when faced with a challenging situation. Examiners were looking for professionalism, ethical considerations, clinical knowledge, decision-making under pressure and conflict resolution skills. Good candidates communicated well and showed situational awareness. Poorly-performing candidates:

- Did not introduce themselves
- Ran out of time
- Did not take control of the situation
- Did not summarise or confirm whether the relative understood the plan or process.

### **STATION 8 – MEDICAL TRANSFERS (SOE)**

The candidate was asked to describe how to plan and conduct an inter-hospital transfer of a seriously injured patient, including how to maintain safety during transport by monitoring and documentation, use of personnel and timing. Well-performing candidates could describe clearly how they would stabilise the patient prior to transfer. Poorly performing candidates:

- Did not answer what the examiners were asking
- Were unable to describe procedures adequately
- Did not emphasise communication between teams.