How to structure a long case
(And approach the clinical exam)
Overview

1. What happens on exam day?
2. What do I need to do now
3. What do I need to do soon
4. Long case – what, how?
Exam day

- Long case x2
  - 60mins in room
  - Expected to complete history, exam
  - Further 10mins writing time
  - Panel of 3 examiners
  - Present your summary <10-15mins, then peppered with questions 10-15mins to score you more points (25mins total)
- Your opinion as a registrar

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You need

• Exam bag
  • Laptop bag vs Crumpler bag vs Handbag
  • Briefcase vs Doctors bag

• Exam attire
  ▪ Match what the examiners wear, but err on being slightly more conservative
    ▪ Suit is not essential, but most wear one
    ▪ Tie is not essential, but most wear one
Exam day – Exam bag

1. Own bag vs someone else’s
   • Comfortable and not too heavy
   • Easy to find; hard to break

2. Use containers/separators
   • Prepared so all ready to go at the door
   • Use items/objects that double up vs multiple similar
Exam day - Exam bag contents

- Examiners only have a stethoscope, but can call for more
- Some sites provided ALL equipment (including ophthalmoscope) – mine did!
- Be flexible in what you do! Especially with an uncooperative child.
Exam bag: Bubbles and more....

- Flashy light squishy toy e.g. penguin, flashing ball
- A girl toy: doll
- A boy toy: car
- Colouring in books, Thomas the Tank Engine/Dinosaurs (kids with ASD)
- Blank paper and textas (show the examiners what the child drew!)
- Bubbles – choose good quality ones that pop!
- Stickers – for boys and girls
Exam bag - Writing Materials

- Manila folders +/- clipboard
- Cue cards – LARGE size
- Pens – colours, highlighters, ones that actually work on the day
- Post-it notes
- Card Binder
Exam bag - General Use

- Stethoscope – paeds vs neonate vs both
- Timer: e.g kitchen timer (Count down/Count up) or stopwatch
- Tape measure (1.5m, 2m)
- Disposable tape measures (HC)
- Growth charts – laminate and make sure they are appropriate (APEG)
- Non-permanent markers
- Alcohol wipes
Neuro Kit

- Tendon hammer
- Snellen chart with string
- Pen torch
- Red hat pin
- Cotton wool
- Neuro tips
- Tongue depressors
- Tuning forks (x2, or just a 256)
- Ophthalmoscope (and spare batteries!)
- Otoscope and covers
- Rattle (or make one with 100s and 1000s in a container)
- Paediatric blood tube with vegemite/toothpaste
Developmental Kit

- **Vision**
  - Snellen, finger puppet
  - Little red car, red string ball, ‘red nose’, flashing light (Or use something that’s familiar to the patient – their toy, recognition of carer etc)

- **Hearing**
  - Rattle, squeaky toy, bell

- **Fine motor**
  - 8 blocks, scribble book, sultanas and 100s and 1000s

- **Testing hand/fine-motor function**
  - Zipper, key, lid of bottle/jar, plastic cutlery
  - My Soft Book, custom make your own
  - Feed your doll
Exam study books

• Clinical Paediatrics for Postgraduate examinations - Pass Paediatrics Series
• Examination Paediatrics 4ed by Wayne Harris
• Other clinical cases books
• ECG folder/samples
• Other peoples notes: don’t always need to reinvent the wheel, modify to suit
...just keep swimming...
What do I need to do now?

• Make sure you have an honorary MMC/RCH appointment.
  • And that everyone else does too!
• Think about how you learn best
  • Theory and apply the clinical. Or not.
  • Solo vs group vs different study group
  • Do you have a post exam person who likes you?
• Decide if you’re a borrow vs. new bag person
  • IF you’re borrowing: Ask everyone you know ASAP
  • IF you’re buying: get together with other buyers and work out?buy in bulk
What do I need to do soon?

- Subscribe to all the email lists
- Check out the online RACCP materials
  - RCH intranet AND RACP assessment sheets
- Interrogate recent exam successful regs
- Get ALL bag materials and practise using them
- **Time** your exams/interviews
- **Think** about how you present patients
- **Learn how to best approach the long case**... and think of these things when admitting/rounding
How to structure a long case

AS WE CHANGE THE DIAPER

THE DIAPER ALSO CHANGES US
Long case: What to cover

- Opening statement (1 min)
- History (2-3 mins)
- Exam (2-3 mins)
- Impact of illness on both patient and family (2-3 mins)
- Synthesis and priorities (2-3 mins)
- Management plan (3 mins +)
Long case: Opening statement

• Find a generic phrase that works for you

• “Today I had the pleasure of reviewing A with her mother B who is a 14yo girl from Timbuktu, 30mins drive from the nearest hospital. She attended the Day Medical Unit today for dialysis and suffers from X,Y,Z (where Z is well/poorly managed/evolving/brittle)... The treatment of which is complicated by her fractured home care attended by a single mother with poor access to tertiary supports, with significant financial stressors and poor understanding of her guarded prognosis”
Long case: History

• “I’m so sorry and don’t mean to be rude but I will be asking you rapid fire questions, some of which may be probing/delicate – I promise to leave in 60mins. Firstly, can you tell me all your child’s medical problems and which doctors or allied health people they see?”
  
  • Diagnosis (and when)
  • Symptoms (and when)
  • Treatment
    • Drugs
    • Non-drugs
    • Alternative therapies
    • Past treatment and treatment changes
  
  • Current status/Control
  • Investigations
  • Complications
  • CRITICAL (Does it make sense? Gaps? Why haven’t they done/ tried other things?)
  • Inactive issues, birth/neonatal etc.
This becomes:

• “I’d like to list A’s problems by system ...”
• “A’s disease has had a relapsing/remitting pattern though there has a gradual increase in hospitalisations and reduction in her quality life in the last 12months due to...”
• “It is best to consider A’s illness as the ongoing acute medical issues, chronic medical issues mostly stemming from her previous meningitis and anticipated issues including stable but evolving AKI...”
Long case: History

- **Medications** including alternate/non drug Rx
  - “Here’s a list examiners”
  - Administration
  - Compliance (how is this achieved? Teenager?)
  - Side effects
  - Future treatments

- **Allergies & Immunisations** (+ ‘extra’ immn)

- **Who’s in the treating team?**
  - Specialists
  - GPs
  - Allied health
  - How often does this mean the patient is in-hospital?
  - How often does this mean the patient attends OPC?
  - What’s missing....
Long case: History

• Development (places them at...needs help with)
• The “THE FIBS & PIBS”
  o Teeth
  o Hearing
  o Eyes (sight)
  o Feeding/growth/nutrition
  o Incontinence
  o Bones
  o Sleep
  o Puberty (HEADSS)
  o IQ/intelligence
  o Behaviour
  o Seizures
Long case: Family History

- DRAW a 3-generation genogram
- Supports (family/carers, emotional, GP, comm)
- Custody
- Accommodation
- Transport
- Finances (employment, mortgage, carer’s $)
- Respite
- Understanding of illness
- Palliative care/Advanced care directives
- Transition – to care, to adulthood
- School
Prudent positives and negatives related to their condition(s)

• On my review they were doing this...
• Vitals. Height, weight that puts them on X centiles and the general trend would indicate....
• Tanner staging
• These are the developmental milestones I observed whilst in the room
• Apply the **KISS principle**
• They’re a patient with IBD: +/- mucocutaneous stigmata, +/- HSM, who is/isn’t malnourished, who has/hasn’t entered puberty +/- signs of prev surg
Long case: Impact

• What worries you the most?
• **What worries the patient the most?**
• What has this meant for your family?
• What do they enjoy?
• What do you understand of their disease/what hopes do you have for them in future?

And that’s just the info gathering bit...
Long case: Summary & Priorities

• “In summary, I reviewed Miss A who... now I am adding detail to show that I have considered their unique family/support situation and disease course...

• As her Paediatric registrar, my priorities for her management would include... that is the same or different from her/her family’s priorities
Long case: Management

• I would start by:
  1. This very concrete thing that will change management (i.e. continue her current antibiotic
  2. Then this one
  3. Then this one
  4. And I’m going to continue talking until interrupted by examiner questions...
Take Home Messages

1. Breathe
2. The earlier you have all your equipment, the better
3. The earlier you think about timing, the better
4. Practice ‘complete’ history taking
5. Who can you model (steal) from...?
Questions