The Short Case

RACP Clinical Exam Preparation 2014
Cate Rayner & Jono Kaufman
If you know the enemy and know yourself, you need not fear the result of a hundred battles.

Sun Tzu

It’s always better to be doing a short/long case, than to be a short/long case.

Greg Kelly
What happens?

- 4 shorts on the day (2 morning, 2 afternoon)
- 15 minutes each
  - Plus 2 minutes to read the stem outside the door
- 2 examiners (+ observer)
- Use the first 8 – 9 minutes to observe/examine. Try to start presenting back by 9 minutes
- Marked out of 7
The Basics

- Be nice, be yourself
- Pretend to be calm and in control
- Don’t hurt or offend the patient/parent
- Be systematic and sensible
- You don’t need to come up with a diagnosis
Kath Howells approach

- 1. Do your introduction
- 2. Observe, look for clues
- 3. Do the stem systematically
- 4. Target the rest
Using the time you have…

Outside the room

- Read the stem then use your 2 minutes wisely:
- Ask yourself:
  - What are you going to do?
  - What are you going to say?
  - What will you ask for?
  - Where are the extra marks?
- Get out what you need (measuring tape, growth chart)
- Breath slowly and make an effort to slow things down
- Start your watch if you want to know your timing
For every short case, do this first:

- **Introduction**
  - To the patient/parent/examiners

- **Hands**
  - Wash your hands visibly OR tell them you have!

Look around the room and at the patient:

- **Unwell/well**

- **Growth**
  - Comment if it’s obvious, ask for charts/percentiles
  - Expect to measure HC yourself, as well as height in some short cases
I HUG VIDE P

- **Vitals**
  - Ask for them, or announce you would like to check them
  - In a Resp/CVS exam you are expected to do HR, RR yourself and probably BP

- **Iatrogenic**
  - AFO, wheelchair, glasses, hearing aides, surgical scars
  - Look for all the clues in the room

- **Dysmorphic features** (features in keeping with a unifying syndrome, described sensitively but honestly…)

- **Exposure** (and position)
  - Eye exam – get a chair and sit level with the patient
  - Take tops off if needed/shoes and socks off for gait exam
  - Look at the patient from all sides

- **Pain** (and discomfort) – ask, think also of safety, use parent/bulldog
QQ CCC

• Qualify the stem
  • Display the gait difficulty/big head/developmental delay

• Quantify the problem
  • Can they walk/run/hop

• Cause – look for a cause

• Check-in/report back

• Complications
Presenting Back

- Develop a structure for reporting back
- Learn the important signs for each system
  - E.g. in CVS exam:
    - Congenital cardiac disease or not
    - Cyanotic or not
    - Repaired or not
    - Heart failure or not
    - Growth normal/restricted
    - Dysmorphic features or not
- Ask for the investigations (don’t stop talking)
  - I would like to see an ECG and CXR as initial investigations
Thank you Sally (turn to examiners)

Sally is an 8yo girl with difficulty walking, who is able to walk independently without her AFO’s with a foot slapping gait, but unable to run or squat. On examination she has distal weakness bilaterally with impaired sensation and reflexes. There were no surgical scars or spinal abnormalities present.

This would be in keeping with a peripheral neuropathy.

The lack of muscle atrophy, contractures and trophic skin changes suggests an acquired problem such as Guillain Barre, however I would consider chronic causes such as Charcot Marie Tooth in my differentials.

I would like to see nerve conduction studies if they are available, and if acute onset whether an MRI or LP were performed.
Practice, practice, practice

- Do as many as you can
  - Learn the routine: on a teddy bear/friend/well child
  - In a group, do them hot, time yourself
  - Go through each examination on each other
  - Every child you see from now could be a short case (a child with asthma can still have a full resp short case exam)
  - Ask your reg/fellow/consultant to do some with you

- Comment as you go?
  - Personal choice
  - Pros: won’t forget to say something and can use the end to summarise
  - Cons: may say something you regret later on
Stuck?

- I HUG VIDEPI
- General inspection
- Start at the hands ⇒ arms ⇒ face and head ⇒ chest etc. and keep going
- Talk as you go
- Be systematic
- You don’t need to come up with a diagnosis!
Really stuck?

- Take a thinking pause, and a deep relaxing breath
- Think about what you have found so far
- Are the examiners trying to redirect you?

- The child is under the bed screaming
  - Use the parents to help you
  - Use your bulldog to blow bubbles
  - Talk anyway: “Billy appears small for his age, but does not appear cyanotic when distressed”
Sensible stuff

- Know your bag, love your bag
- Wear comfortable/sensible clothes and practise in them
- Talk clearly, slowly and smile
- Learn to take criticism from your friends and learn how to provide feedback (try not to be insulted and insulting)
- Once the case is done, its done. Don’t dwell, move on.
Exams to know: predict the stems

- **CVS** (Hypertension)
- **Resp** (CF short)
- **Abdo/Gastro** (Liver disease)
- Joints/Hands/Rheum
- Developmental
- Dysmorphology
- Short/tall stature
- Scoliosis
- Nutritional assessment
- Haem/Bleeding
- Oncology side effects
- Prematurity
- Obesity
- Steroid side effects
- Thyroid
- Neuro
Neuro exams to know:

- Gait/Hemiplegia/Neuromuscular
- UL Neuro (difficulty writing)
- LL Neuro
- Ataxia/Cerebellar
- Floppy baby
- CNs (Facial weakness)
- Eyes (trouble with vision)
- Big head/small head
- Involuntary movements
They might not tell you which system it is

- Jimmy is an 8yo boy having difficulty with his hands, please perform an UL neurological examination and proceed as appropriate.
  - UL neuro, then ? CN/LL neuro if time

- Jimmy is an 8yo boy who is having difficulty handwriting, please examine him and proceed as appropriate.
  - ? neuro ? rheum ? other
  - → get him to write something
  - → get him to do one or two other UL functional tasks
  - → start at the fingers, work up arms
  - → when you think you know, systematic stem neuro/rheum
<table>
<thead>
<tr>
<th>System</th>
<th>Stem</th>
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<th>Stem</th>
</tr>
</thead>
</table>
| Behavioural| 1. Child with difficulty concentrating/hyperactivity  
2. Child suspected of having autism | Neonates   | 1. Neonatal examination  
2. 6-week check  
3. Ex-prem |
| Cardiology | 1. Cardiovascular system                   | Renal      | 1. Renal examination  
2. Hypertension  
3. Oedema |
| Endocrine  | 1. Diabetes  
2. Short stature  
3. Tall stature  
4. Obesity  
5. Normal puberty  
6. Precocious puberty  
7. Delayed puberty  
8. Thyroid disorders | Neuro      | 1. Developmental delay  
2. Eye examination  
3. Motor cranial nerves  
4. Upper limb neuro  
5. Lower limb neuro  
6. Gait  
7. Cerebellar function  
8. Large head  
9. Small head  
10. Seizures  
11. Facial weakness  
12. Floppy infant  
13. Hemiplegia  
14. Intellectual impairment  
15. Involuntary movement  
16. NF-1  
17. Neuromuscular assessment  
18. Scoliosis  
19. Spina bifida |
| Gastro     | 1. Gastrointestinal system/abdomen  
2. Jaundice  
3. Nutritional assessment  
4. Failure to thrive  
5. Poor feeding | Oncology   | 1. Late effects of oncology treatment |
| Genetics   | 1. Dysmorphic  
2. NF-1  
3. TS | Resp       | 1. Respiratory system  
2. Chest  
3. Stridor |
| Haem       | 1. Haematological system  
2. Thalassaemia | Rheum      | 1. Joint examination |
Think systematically

- Structural
- Congenital
- Infective
- Malignant
- Inflammatory
- Infiltrative/Metabolic
- Iatrogenic
- Trauma
- Toxin
- Vascular
Write lists + quiz each other

- Syndromes + their features (Down, Noonan, Turner)
- Developmental Milestones
- Primitive Reflexes

Causes of hepatomegaly, splenomegaly, jaundice, short stature, tall stature, big head, small head, steroid side-effects, obesity complications, floppy baby, clubbing, café-au-lait
Marking

<table>
<thead>
<tr>
<th>EXAMINERS' CONFIDENTIAL NOTES</th>
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<tbody>
<tr>
<td>Were there any procedural problems? (Use a set to indicate if a significant problem)</td>
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<tr>
<td>Indicate if problem allowed for when awarding mark</td>
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<tr>
<td>Comment</td>
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</table>

<table>
<thead>
<tr>
<th>Initials</th>
<th>Score</th>
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<tbody>
<tr>
<td>Examiner 1:</td>
<td></td>
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<tr>
<td>Examiner 2:</td>
<td></td>
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<tr>
<td>CONSENSUS</td>
<td></td>
</tr>
</tbody>
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**Complete consensus mark clearly**

## Short Case Feedback

**Hospital – Date**

**SURNAME, First names**

### Approach to patient

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<th>Highly unsatisfactory</th>
<th>Satisfactory</th>
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### Examination technique

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### Examination accuracy

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### Interpretation of signs

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### Investigations

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### Other Comments

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### Overall

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## Appendix 2: Criteria for Assessment of Performance in the Short Case

<table>
<thead>
<tr>
<th>Assessment Domains</th>
<th>Approach to Patient</th>
<th>Examination Technique</th>
<th>Examination Accuracy</th>
<th>Interpretation of Physical Findings</th>
<th>Discussion of Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exceptional Performance</strong></td>
<td>Meets expected standard</td>
<td>Fluent and accurate and within time</td>
<td>Makes adjustment to routine when appropriate</td>
<td>Correctly identifies all signs found by examiners</td>
<td>Establishes a most likely diagnosis on basis of examination and includes discussion of difficult signs</td>
</tr>
<tr>
<td><strong>Much Better than Expected Standard</strong></td>
<td>Meets expected standard</td>
<td>Fluent and accurate and within time</td>
<td>Makes adjustment to routine when appropriate</td>
<td>Correctly identifies all essential and desirable signs</td>
<td>Establishes a most likely diagnosis on basis of examination, considers all likely alternatives</td>
</tr>
<tr>
<td><strong>Better than Expected Standard</strong></td>
<td>Meets expected standard</td>
<td>Fluent and accurate and within time</td>
<td>Makes adjustment to routine when appropriate</td>
<td>Correctly identifies all essential and most desirable signs</td>
<td>Identifies most likely diagnosis and provides a reasonable differential diagnosis based on physical findings</td>
</tr>
<tr>
<td><strong>Expected Standard</strong></td>
<td>Introduces him/herself to the patient</td>
<td>Undertakes systematic examination of required area or system, without unnecessary duplication</td>
<td>Demonstrates confidence in the examination</td>
<td>Detects all essential signs</td>
<td>Provides appropriate interpretation of signs</td>
</tr>
<tr>
<td><strong>Short of Expected Standard</strong></td>
<td>Less than expected standard, unduly rough, clumsy or causes pain without adjustment or apology</td>
<td>Expected components not completed</td>
<td>May require prompting to proceed with appropriate examination</td>
<td>Misses essential signs</td>
<td>Not confident with a diagnosis</td>
</tr>
<tr>
<td><strong>Well Short of Expected Standard</strong></td>
<td>Less than expected standard, requiring examiners to intervene</td>
<td>Very slow and requires substantial prompting and guidance</td>
<td></td>
<td>Misses essential signs</td>
<td>List of differential diagnoses poorly developed</td>
</tr>
<tr>
<td><strong>Very Poor Performance</strong></td>
<td>Inappropriate and insensitive approach to patient</td>
<td>Slow examination not completed in appropriate time</td>
<td>Cannot perform appropriate examination of system</td>
<td>Misses all essential signs</td>
<td>Unable to suggest a reasonable diagnosis</td>
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Thorough interpretation of investigations, including integration with physical examination | Recognises areas of doubt and discusses at consultant equivalent | Correctly interprets investigations, integrates with examination findings without prompting, at a mature level | Correctly interprets all major findings |

Integrates investigations with examination findings | Integrates investigations with examination findings | Provides appropriate interpretation of signs | Identifies most likely diagnosis and provides a reasonable differential diagnosis based on physical findings |

Recognises inconsistencies in interpretation and findings | Provides sensitive priorities in diagnosis | Discusses appropriate alternative diagnoses |

Does not offer appropriate investigations | Misinterprets or is unable to integrate investigations with examination findings | Unable to suggest a reasonable diagnosis | Unable to use investigations to assist in diagnosis |

Inappropriate dependence on investigations | Unable to suggest reasonable investigations | Incorrect diagnosis inconsistent with signs | Unable to reconsider additional information which may alter diagnosis |

Requires substantial prompting | Unable to suggest a reasonable diagnosis | Unable to interpret the physical signs elicited | Unable to suggest reasonable investigations |

Misinterprets information provided |
Resources

- Other people’s notes
  - Bec James short case notes
- Talley and O’Connor
- Examination Paediatrics (Harris) – some people find this useful, not all

**Tutes**

- M. Zacharin’s tutes (will toughen you up and teach you to think)
- Monash Saturday mornings
- Neurology and cardiology tutes – try to get to some
- Public shorts (volunteer to do them from the beginning)
- If you are observing a short, write down what you would be doing
Practice, practice, practice

- Work out your approach to the various short cases
- Learn the routine: teddy bear, friend, study group
- Practice: on some kids with/without signs
- Practice to time under exam conditions
- If you get stuck, having a system that you can follow automatically will really help!
- Consider finding an advanced trainee ‘mentor’
- Ask all of your colleagues to find you cases, and watch you do them, and watch them
- You are unlikely to make the same mistake twice, so the more mistakes you make in the lead up to exam day the better
- The day can be stressful, practice doing it while you feel stressed
- The feedback can make you feel uncertain, practice getting hammered
Good luck

It’ll all be over soon

I noticed you cram right before your exams

I too like to live dangerously