

Expectations and Preparation for the National Exam

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Faculty of
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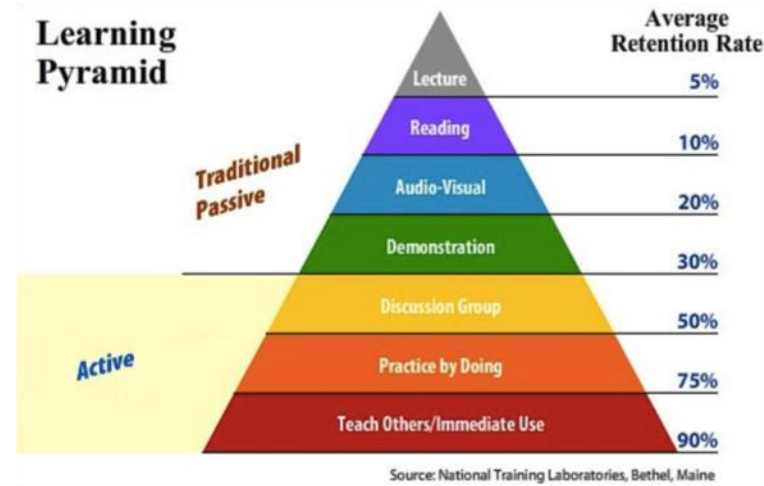
Objectives

- 1. Approach to written exam**
 - 2. Approach to OSCE exam**
 - 3. Placements**
 - 4. Practice Questions**
 - 5. Books**
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- 1. On the day of the exams**
 - 2. Getting your results**
 - 3. Exam pass figures and future exams**



Approach to written exam

- **START EARLY**
- **Consolidate after each taught system**
- **Study groups**
- **Set goals based on the MATRIX**
- **Meet weekly and teach the other member of the group**
- **Format**
- **Development of revision material**
- **Re-certification**



Approach to written exam cont.

Set goals based on the MATRIX

ENDOCRINE AND METABOLIC

<i>Diseases of the Thyroid and Parathyroid</i>	
Hypothyroidism	1A
Hyperthyroidism: Graves' disease	1B
Hyperthyroidism: Hashimoto's thyroiditis	1B
Hyperthyroidism: Thyroid storm	1B
Thyroiditis	1B
Hyperparathyroidism	1B
<u>Hypoparathyroidism</u>	1B
Thyroid neoplastic disease	1B
<i>Diabetes Mellitus</i>	
Type 2 diabetes mellitus	1A
Hypoglycaemia	1A
Type 1 diabetes mellitus	1B
<i>Lipid Disorders</i>	
<u>Hypercholesterolaemia</u>	1A
<u>Hypertriglyceridaemia</u>	2A
<i>Diseases of the Adrenal glands</i>	
<u>Corticoadrenal insufficiency</u>	1B
Cushing's syndrome	2A

<i>Electrolyte and Acid-Base Disorders</i>	
Hypo/ <u>Hypernatraemia</u>	1A
Hypo/ Hyperkalaemia	1A
Hypo/ <u>Hypercalcaemia</u>	1A
Volume depletion	1A
Hypomagnesaemia	1B
Metabolic alkalosis/ acidosis	1B
Respiratory alkalosis/ acidosis	1B
Volume excess	1B
<i>Other Metabolic and Endocrine</i>	
<u>Gynaecomastia</u>	1B
<u>Galactorrhoea</u>	1B
Lactose intolerance	1B
<u>Phaeochromocytoma</u>	2B
<i>Diseases of the Pituitary Gland</i>	
Acromegaly	2B
Diabetes <u>insipidus</u>	2B

Approach to written exam cont.

DR DEACPIMP

Approach to written exam cont.

Diagnosis

Risk Factors

Differentials

Epidemiology

Aetiology

Clinical Features

Pathophysiology

Investigations

Management

Prognosis



Approach to written exam cont.

- **Take breaks**
- **Set achievable goals for the day**
- **Consolidate and refine**
- **Make revision card with questions on the back**

Cardiovascular	12%
Pulmonary	12%
Endocrine	8%
Eyes, Ears, Nose & Throat	5%
Gastrointestinal / Nutrition	12%
Urinary / Renal	6%
Reproductive	7%
Musculoskeletal	6%
Neurology	9%
Psychiatry	9%
Dermatology	5%
Haematology	3%
Infectious Disease	3%
Other (e.g. safeguarding/ consent/ethics)	3%

Approach to OSCE

- **OSCE Blueprint**
- **Write up each examination**
- **Use a checklist**
- **Share time between consultations (40%), examinations (30%), procedures (20%) and emergency management (10%)**
- **Get in to groups and practice (max 3)**
- **1 patient, 1 PA, 1 examiner**

SHOULDER EXAMINATION			
Intro		Special tests	
Wash hands		SUBSCAPULARIS/GERBER'S TEST(rot cuff strength)	
Introduce self		hand dorsum lifts off bum against resistance	
Confirm patient's name and age		INFRASPINATUS/TERES MINOR	
Explain examination		Ext rot against resistance (1st sign frozn shlder)	
Gain consent		SUPRASPINATUS/JOBE'S EMPTY CAN TEST	
Correct positioning standing		-supraspinatus, flex/abd 30°	
Ask if you'd like a chaperone		Resisted abduction ?impingement	
Exposure - top off to waist		thumb down painful> thumb up	
		IMPINGEMENT TESTS	
General Obs (patient stood up)		Hawkin's test, shoulder/elbow flexed 90°	
Skin		Support elbow, internally rotate arm= pain	
Scars		ACROMIOCLAVICULAR JOINT	
Redness		Scarf test- bent arm over to opposite shoulder	
Soft tissues		Apprehension test	
Wasting pec/deltoid/ rotator cuffs		Outro	
Bony deformity		Thank patient	
Clavicle		Wash hands	
Wing Scapula (push against wall)		Report findings	
Palpate		To complete my examination	
Skin - warmth, tenderness		Examine joints above and below	
In systematic order		XR joint	
Sternoclavicular joint			
Clavicle			
Acromioclavicular joint		SHOULDER X RAY	
Greater & less tuberosities		1) Is glenoid empty? If yes- dislocation, med=ant lat=post	
Glenohumeral joint		2) Cortex - look for fractures/ calcification / sclerotic lesions	
Spine of scapula		3) ACJ/CCJ = arthritis? Inferio surfaces should be in line	
Coracoid process		4) Chest XR	
From behind- mark out scapula		Lateral = if head in Y of scapula = :)	
Move			
ACTIVE FIRST			
Flex/Ext, Ab/Adduction, Int/Ext rot		*Easier to get them to copy you	
		?painful arc impingement 60-90°	

Approach to OSCE (if all else fails)

- **Introduce yourself**
- **WASH your HANDS**
- **IPPA**
 - **Inspect**
 - **Palpate**
 - **Percuss**
 - **Auscultate**
- **Look, Feel, Move**
- **TOPCARS - Tone, Power, Co-ordination, Reflexes, Sensation**



Placements

- **Make a patient record sheet**

PC HPC
PMH
Drugs
Social history
Family history
On Examination

Investigations/results
Diagnosis
Management
Learning points
Follow up

Placements cont.

- **See patients**
- **Find opportunities to see patients**
- **Use placement as OSCE practice**
- **Practice presenting patients**
 - **Situation**
 - **Background**
 - **Assessment**
 - **Recommendation**



Practice Questions

Online

- Pass Medicine (£15/ 6 months)
- PasTest (£33/6 months)
- BMJ On Examination (£50/ 6 months)

Books

- Oxford Assess and Progress: Clinical Medicine
- Complete self assessment for Medical and Surgical finals (Kinesh Patel)
- PANCE Practice Questions
- A Comprehensive Review for the Certification and Recertification Examinations for Physician Assistants (Claire O'Connell)

- Write your own – use a page from a text book and think what questions could be asked

Books and tips

Written

- Oxford Handbook of Clinical Medicine
- The Top 100 drugs: Clinical Pharmacology and Practical Prescribing (Emma Baker)
- 100 Cases in Acute Medicine (Kerry Layne)
- Complete Revision Notes for Medical and Surgical Finals (Kinesh Patel)
- NICE Guidelines
- UpToDate

OCSE

- OSCE Cases with Mark Schemes: A Revision Aid for Medical Finals (Susan Sheldine et al)
- The Unofficial Guide to Passing OSCEs (Zeshan Qureshi)
- Geeky Medics
- OSCE Stop



On the day of the exams

- **Plan your route – if you are late you will not be allowed to sit the exam**
- **Stationary for the written exam (pencil and rubber)**
- **Stethoscope and watch for the OSCE**
- **ID**

Written Exam

- **200 questions in total**
- **Two sessions lasting 2 hours (100 questions each session)**
- **Lunch break (at least 1 hour)**
- **READ THE QUESTION**
- **Which is the most correct?**
- **If you don't know MOVE ON!!!**



Lionel Walter Rothschild (1868-1937), 2nd Baron Rothschild, with his famed zebra carriage, which he frequently drove through London – <https://commons.wikimedia.org/wiki/File:WalterRothschildwithZebras.jpg?uselang=en-gb>

OSCE

- **16 stations in total (2 rest stations)**
- **2 minutes of reading and transitional time**
- **8 minutes in the station (1 minute warning buzzer)**
- **READ THE INSTRUCTIONS FULLY!**
- **Each station is individually marked**

Must pass 10/14 stations

Getting your results

- **Board of examiners**
- **Emails sent out – PASS/FAIL**
- **As numbers increase the time taken for results to be issued is increasing**
- **Join the Managed Voluntary Register ASAP**
- **Detailed email of the break down for the written and OSCE**



HAVE PATIENCE!!!

Exam pass figures from May 2017

Written (39 candidates)

- **Pass mark = 54.5% (modified Angoff Method)**
- **Pass rate of 92.3%**

OSCE (25 candidates)

- **Pass mark = 50% for each station**
Must pass 10/14 stations
- **Pass rate of 92%**

Future exams

- **Movement towards electronic examinations**
- **September 2017 = 127 candidates (95 candidates passed)**
- **January 2018 = 225 candidates**
- **September 2018 = 400 candidates**

THANK YOU
ANY QUESTIONS?



FAQ

How was the transition from student to a qualified PA?

FAQ

What is the most advanced procedure you perform as a Physician Associate?

FAQ

How have you progressed since starting your career as a qualified PA?

FAQ

With regards to prescribing, how does it practically work in the clinical setting?

FAQ

Do PAs working in hospitals do on calls, shift work, weekends and nights?

FAQ

Where do you see yourself in 5 years?