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# Physician Associate National Examination

# **OSCE Sample Scenarios**

Please note that these Physician Associate National Examination (PANE) sample OSCE scenarios are designed to provide the following:

- Examples of how candidate instructions are presented during the PANE OSCE
- Examples of the marksheets used by examiners when assessing a candidate's performance (candidates will not see marksheets on the day of their OSCE).

The scenarios are no longer suitable for use in the real exam because they are either out of date or have been used for a long time previously.

Publishing of the scenarios as samples should not be seen as an indicator as to the content that will appear in forthcoming PANE OSCEs. They are intended for general guidance only.

## **Candidate Instructions**

You are a physician associate working in the emergency department.

The next patient cut their arm on some old chicken wire whilst gardening. Their wound has already been irrigated and anaesthetised with lidocaine.

## **TASKS**

- Obtain appropriate consent from the patient
- Suture the laceration (use the skin pad provided), placing three interrupted sutures
- Provide any appropriate information/advice to the patient (you may do this whilst suturing).

SAMPLE

# Marksheet

	Marks		
Introduction			
Introduces self (full name) and role	1		
Checks patient's name	1		
Additionally, confirms identity using hospital armband	1		
Explanation of procedure and informed consent	3		
Pre-procedure Checks			
Hand hygiene	1		
Checks and gathers all required equipment including checking expiry date on sutures	2		
Opens suture pack and needle onto paper in no-touch manner	2		
Puts on gloves	1		
Checks wound is anaesthetised BEFORE suturing (does = 2, not done = 0)	2		
Placing Sutures			
Safely mounts needle on needle holder	1		
Passes needle through both sides of the wound holding needle at 90 degrees to skin edge	3		
at appropriate distance from skin edge. Everts wound edge with forceps	3		
Ties at least one well tensioned "reef knot": 2 x 1 x 1 throws	2		
Cuts ends of each thread leaving trail of approximately 1 cm	1		
Inserts 2nd and 3rd stitches with all knots on the same side of the wound at appropriate			
distance from skin edge (one point each stitch and one point for knots on same side of			
wound)			
Post Procedure Care			
Clears up and disposes of needle in sharps bin	2		
Indicates that they would apply dry dressing	1		
Enquires about tetanus and realises patient might need tetanus jab	1		
Advises:			
Keep wound clean, dry and covered	3		
Advice about signs of infection	3		
Remove sutures 7-10 days			
Professionalism and Communication			
Good communication throughout procedure	2		
Demonstrates empathy and sensitivity	2		
Total	35		

#### **Candidate Instructions**

You are a physician associate working in general practice.

Robbie Maddison, aged 2, was seen over the weekend by an out of hours doctor for poorly controlled eczema. Robbie scratched incessantly at night and in the morning several of the rashes had become open and weepy with yellow crusts over the neck and elbows.

Robbie's mother, Sharon Maddison, was given a prescription for Eumovate ointment and Flucloxacillin elixir to use in addition to medication that she has at home. She is here today to get information regarding the treatments prescribed to her son.

The full list of prescriptions given can be found on the accompanying sheet.

#### **TASKS**

- Explain the prescription to Mrs Maddison including how and when to use the treatments
- Please answer any questions she has about the treatments.

Pharmacy Sta	mp Age 2 years		Title, Forename, Surname	& Address
	D.o.B.		Please dispense for:	
	22/06/2018		Robbie Maddison	
	22/06/2018		SW17 ORE	
Number of days' treatment		NHS Number: 789 113 76	565	
N.B. Ensure dose is stated  Endorsements			NH3 Nulliber: 785 113 7003	
Endorsements				
Eumovate ointme				
INTSRUCTIONS: A				
Flucloxacillin elixir				
QUANTITY: 100ml				
INTSRUCTIONS: Ta	ake 5ml (1 tablespoor	n) four tim	es daily for 5 days.	
Signature of Preso	riber		Date	
(2		29/11/20		
			,,	
For	Dr. David Chin			
Dispenser	Tooting Medical Cer			
No. of	123 Tooting High St Tooting	reet		
Prescns. On form	London			
C 101111	SW17 ORE			

# Marksheet

	Marks
Introduction	
Introduces self (full name) and role	1
Explanation and informed consent	1
Checks what mother has been told or understands	2
Information Gathering – Clinical Content	
Checks what other medication Robbie is taking	1
Checks for any allergies	1
Checks for any other medical problems	1
Information Giving – Clinical content	
Appropriate explanation of eczema as recurring condition with a cycle of dry skin-	2
itching-scratching-itching	
Importance of emollient use: frequency of application; goal: moist skin	2
Use of soap substitute and bath additive	2
Information Giving – Medication advice	
Eumovate ointment: avoid face; apply 1-2x daily for 1 week; fingertip dose	3
Hydrocortisone cream: for face; apply twice daily	2
Addresses concerns of moderately potent steroid: skin thinning, adrenal	2
suppression – rare with appropriate short-term use	
Flucloxacillin elixir is an antibiotic syrup; for infection; orally 4x/day	3
Communication Skills	
Acknowledges impact on family life and addresses appropriately, Encourages	4
dialogue with the mother	
Well organised (chunks information); Uses clear, jargon-free language; Checks	6
patient understanding; Checks whether patient has any questions; Offers written	
information	
Actor Mark: I felt that the candidate listened to me and understood my concerns	2
Total	35

## **Candidate Instructions**

You are a physician associate working in general practice.

Rosemary Slade, aged 43, has come to see you to discuss her heavy periods.

## **TASKS**

- Take a focused history of the problem
- Address any concerns the patient may have.

You do **NOT** need to examine the patient or make a diagnosis.

SAMPLE

# Marksheet

	Marks
Introduction	
Introduces self (full name) and role	1
Explanation and informed consent	1
Explains what a Physician Associate is	2
Information Gathering – Clinical Content	
Nature of presenting problem (heavy bleeding)	1
Duration of problem (1) progression (1)	2
Heaviness of flow (checks number of pads/tampons)	1
Presence of clots (1) flooding (1)	2
Dysmenorrhoea	1
Date of last menstrual period	1
Whether anaemic symptoms (e.g. fatigue, SOB on exertion)	1
Nature of cycle prior to onset of problems	1
Intermenstrual bleeding (1) post coital bleeding (1)	2
Past gynaecological problems (1), obstetric history (1)	2
Method of contraception (1) time of last smear (1)	2
Establishes Patient Concerns	
Effects of problem on work (2 = time off/embarrassment)	2
Effects on relationship (2 = does it well, 1 = adequately)	2
Communication Skills	
Recognises, acknowledges and validates impact on patient's life, encourages dialogue	3
with the patient	
Appropriate mix of open and closed questions; avoids leading questions; uses clear,	3
jargon-free language	<u> </u>
Well organised; Signposts change of direction in questioning; Checks with	3
patient/summarises; Checks whether patient has any questions	
Actor mark: I felt that the candidate listened to me and understood my concerns	2
Total	35