

In the first station I had a paed's resus moulage as in APLS/ALS/ATLS etc where I had a mannequin to resuscitate with competent if not very resourceful assistant. The child was a suspected drowning and had arrested.

Next station I had to talk to an ortho reg at 3am on a telephone to persuade him to come and see a patient with a c-spine injury. You were given the xrs and a telephone and somebody sat on the other side of a screen explaining that they were too tired to see the patient and they could wait until morning.

Next up was catheter insertion. Some poor actor was lying on a bed, in a state of acute embarrassment, with a prosthetic willy attached. All the kit was available and you had to perform catheterisation while explaining to the 'patient' what you were doing.

Then I had a VF arrest scenario where you follow protocol with a mannequin again.

Then there was another moulage with a child with meningitis. The kid was fake but there was an actress playing the mother so you had explain to her what you were doing while trying to resuscitate the child.

Then there was a 14y girl who was seeking morning after contraception and didn't want her mother to know.

There was a suicide risk assessment where you spoke to a well-rehearsed and pretty realistic actor then had to speak to the examiner regarding the key points in the history that gave you cause for concern.

There was a chest pain scenario where you had an actor present with chest pain and you had to manage it as you would in life, then the ecg showed MI and you had to verbally consent for thrombolysis.

Next station "Can you examine this patient's cardiovascular system?" with mitral and aortic valve disease. They seemed to expect a competent examination and only asked a few simple questions after this regarding his condition. I was extremely happy when the time ran out before they could ask anything too difficult.

Breaking bad news was explaining to an actress the prognosis for her mother who had had a very dense CVA. She had travelled up from the south to see her mum, so I just asked if she had packed anything black and told her that she might want to cancel her mum's milk delivery, for ever and she kind of got the message. Then we whiled away the other nine minutes of the exam making jokes about persistent vegetative state and so on. Or something like that.

There was a rest station where you had to read information regarding HIV and needlestick injuries then the next station was discussing with a staffmember who had received a needlestick injury the pros and cons of prophylactic treatment etc

There was a station with a woman with hx of probable subarachnoid haemorrhage where you had to explain the likely diagnosis and what investigations you were going to arrange.

There was a young girl with a wound to her arm on prosthetic skin where you had to inject local, clean the wound and then suture it.

The last station I had was the plastering station. There was an xr of an undisplaced distal radius fracture and then some poor actress who was getting her tenth pop of the day. I had a kind of 'Generation Game' attempt at plastering and ended up with more plaster on my shoes than her arm. I didn't fare quite as badly as the fellow a couple before me who somehow managed to cut his hand with the plaster scissors and had to be excused the rest of that segment while he went outside to bleed.

That's all I can remember out of my stations but hopefully it will give you an idea of what it is like. I suspect they may swap around the prosthetic devices next time so it may be things like central line insertion or chest drain insertion up next time. There wasn't much in the way of questioning by the examiners at all. The questions I was asked were all about acute management and nothing to do with the underlying pathophysiology.