

1. Paeds resus moulage as in APLS/ALS/ATLS etc with a mannequin to resuscitate with competent if not very resourceful assistant. The child was a suspected drowning and had arrested.
2. Talking 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 xrays 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.
3. Catheter insertion. Some poor actor was lying on a bed, in a state of acute embarrassment, with a prosthetic penis attached. All the kit was available and you had to perform catheterisation while explaining to the 'patient' what you were doing.
4. VF arrest scenario where you follow protocol with a mannequin.
5. Moulage with a child with meningitis. The child 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.
6. 14y girl who was seeking morning after contraception and didn't want her mother to know.
7. Suicide risk assessment where you spoke to a well-rehearsed and pretty realistic actor then speak to the examiner regarding the key points in the history that gave you cause for concern.
8. 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.
9. "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.
10. Breaking bad news - 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.
11. Rest station where you had to read information regarding HIV and needlestick injuries then the next station was discussing with a staff member who had received a needlestick injury the pros and cons of prophylactic treatment etc
12. 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.

13. Young girl with a wound to her arm on prosthetic skin where you had to inject local, clean the wound and then suture it.
14. Plastering station. There was an xray of an undisplaced distal radius fracture and then some poor actress getting her tenth pop of the day.

The prosthetic devices may be swapped around next time so it may be things like central line insertion or chest drain insertion up next time. Not much in the way of questioning by the examiners at all. The questions asked were all about acute management and nothing to do with the underlying pathophysiology.