



# NZREX CLINICAL

## SAMPLE QUESTIONS

NZREX Clinical is an examination that specifically focuses on your application of **clinical knowledge** and **clinical decision making**. The stations are structured to examine your ability in these areas. In preparing for NZREX Clinical, you are encouraged to focus on the management of common clinical conditions encountered at the level of a recent New Zealand graduate (intern level). Please see the NZREX Clinical handbook for the exam blueprint and matrix of questions.

NZREX Clinical has dynamic and static stations. The majority of stations are dynamic stations where an actor plays the role of a simulated patient. An examiner is also present in these stations.

Dynamic stations will assess your:

- communication and professionalism
- history taking appropriate to the presenting clinical problem
- appropriate clinical examination in a given clinical scenario
- management and appropriate investigations
- other tasks that demonstrate the application of clinical reasoning.

Static stations are paper based and do not have an actor present. These stations focus on application of clinical knowledge and clinical reasoning related to activities such as:

- interpreting x-rays of common conditions and deciding on appropriate management
- interpretation of common abnormal blood tests and deciding on correct management
- interpretation of other investigative tests such as ECGs, spirometry etc, and deciding on appropriate management.

Most static stations have a patient scenario. You are required to choose the **most** appropriate clinical management option from relevant investigations for that scenario.

It is expected that you will demonstrate good communication skills throughout the examination. Typical circumstances requiring good communication that interns encounter include:

- communication with other staff, such as nurses
- gaining informed consent for standard procedures
- delivering bad news
- telephoning a registrar or a consultant seeking advice on management
- writing discharge letters.

The following sample questions are typical examples of stations that you may encounter in NZREX Clinical. These questions are provided to give you an understanding of what is expected of you during the exam and how to approach various types of stations. The questions are intended as a guide only. You are advised not to focus excessively on the clinical detail contained in the following questions as you prepare for NZREX Clinical.



# NZREX CLINICAL

## SAMPLE QUESTIONS

NZREX Clinical is assessing your ability at the level of a recent New Zealand graduate.

The sample questions below include:

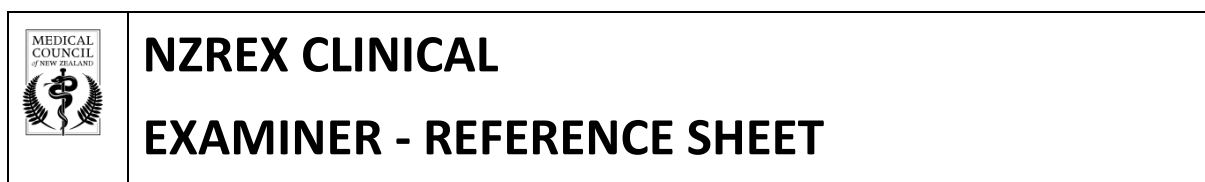
<b>Dynamic / Static</b>	<b>Primary competency</b>	<b>Primary Domain</b>
1. Dynamic	Clinical reasoning	Behavioural
2. Dynamic	Integrated	Musculoskeletal
3. Static	Investigating	Haematological
4. Dynamic	History taking	Cardiovascular
5. Static	Clinical reasoning	Neurology
6. Dynamic	Integrated	Musculoskeletal
7. Dynamic	Integrated	Musculoskeletal

Clinical reasoning, investigating, and management stations can either be static or dynamic. History taking and clinical examination stations will always be dynamic.

It is important that you undertake the tasks outlined in the candidate instructions. You will be given 2 minutes to read the candidate instructions prior to entering the station. The same instructions are also available inside the station should you need to refer to them again. You will have 10 minutes inside each station. We recommend you prepare yourself for NZREX Clinical by practising completing tasks within this timeframe.

In some stations, with 1, 2, or 3 minutes to go, the examiner will ask you to provide a differential diagnosis, preferred investigations, or a management plan. A timer will alert you to this.

The follow reference guide is used by examiners:



In considering which grade to award a candidate in this global marking sheet the following should be used as a guide.

<b>Information gathering</b>	<ul style="list-style-type: none"> <li>• History – an accurate succinct history</li> <li>• Clinical examination / mental state examination</li> <li>• Ordering an interpretation of tests</li> <li>• Efficiency and effectiveness of information gathering</li> </ul>
<b>Clinical management</b>	<ul style="list-style-type: none"> <li>• Current medical knowledge</li> <li>• Clinical reasoning</li> <li>• Application of evidence based practice</li> <li>• Prescribing</li> <li>• Referral</li> <li>• Advice / counselling</li> <li>• Professional Standards</li> <li>• Infection control</li> <li>• Procedures</li> <li>• Health promotion</li> <li>• Certification</li> <li>• Health and work</li> </ul>
<b>Interpersonal skills</b>	<ul style="list-style-type: none"> <li>• Culturally appropriate (may include involvement of family)</li> <li>• Access to health care</li> <li>• Communication skills (complaints, privacy, interpreter, breaking bad news)</li> <li>• Open disclosure</li> <li>• Providing information</li> <li>• Respect</li> <li>• Power sharing</li> </ul>



## NZREX CLINICAL SAMPLE 1 – CLINICAL REASONING

### CANDIDATE INSTRUCTIONS

- You are a house officer in the emergency department.
- You have been requested by a nurse to see a patient, Jane Oliver.
- The nurse has bandaged a laceration on Ms Oliver. The nurse is concerned that the patient may have self-inflicted the wound and is concerned about the patient's state of mental health. The wound has been treated and requires no further care.
- Your tasks are to:
  - take a **focused history**
  - **assess** the patient's mental state
  - **advise** her on appropriate management.
- This station does not require a physical examination. **No marks** are awarded for physical examination.



# NZREX CLINICAL

## SAMPLE 1 – CLINICAL REASONING

### ACTOR INSTRUCTIONS

#### SCENARIO

- Your name is Jane Oliver.
- You are 20 years of age. Your friends brought you to hospital as you have cut your arm.
- Although you told your friends that the injury was on a piece of broken glass, in fact you deliberately cut yourself with a razor blade.
- The nurse who saw you seemed to think that you may have self-harmed. She has asked the doctor to see you.

#### BACKGROUND

- You have had problems with your mood for the last 4 years, mostly remaining stable but sometimes going into what feels like a deep depression.
- You found it very difficult to get out of these moods that seem to last for many weeks.
- The cause of the mood problems was probably a physically abusive and distant father and a depressed mother who was totally unable to cope with him.
- Two years ago you saw a GP who put you on to an antidepressant. This seemed to work and you continued taking them for 12 months. In the last year your mood has been reasonable but not terrific.
- You are at a technical institute doing a tourism course. You really enjoy the course.
- About 6 weeks ago your boyfriend and you broke up. This has devastated you and your mood has gone downhill ever since.
- You are now drinking lots of alcohol at night to sleep. The usual things you enjoy in life seem to have lost their appeal.
- You have tried cannabis but don't regularly do any recreational drugs. You have never used IV drugs.
- A week ago you saw your GP and explained what has been happening. Between yourself and your GP, you agreed that the previous problem of depression was resurfacing and that you would be best back on medication. She warned you that it would take 2 – 3 weeks for the medication to work.
- There are occasional thoughts of self-harm and you acted on impulse on them today. In the past (2 years ago) you cut yourself on several occasions but not since being on the medication.
- You live in a flat with two very close friends who give you lots of support.
- Although you have occasionally thought of killing yourself, you don't really want to do this and certainly have not thought about how you would do it. Even in the past you never really seriously considered killing yourself.
- You have not heard voices or had unusual experiences that other people wouldn't understand.

**NOTE:** It is important to balance scene realism with the time limitations of the candidates. If a candidate takes a wrong turn and upsets you, convey this. When a candidate makes an effort to put things right, allow the situation to improve so that the interview can continue. Don't force an upset reaction to drag on for minutes at a time unless the candidate is behaving in a way that would make you continue to be upset as the only option.



# NZREX CLINICAL MARK SHEET

## SAMPLE 1 – CLINICAL REASONING

- Greet the candidate and give him/her the written instructions.
- The standard expected is that of recent New Zealand graduate (new house officer).
- Please see the reference sheet for using this marking scheme.
- You must clearly indicate how you grade the candidate.

	Information gathering	Clinical management	Interpersonal skills <i>(include actor feedback)</i>
<b>Excellent</b>			
<b>Good</b>			
<b>Satisfactory</b>			
<b>Fail</b>			
<b>Severe fail</b>			
<b>For staff use only</b>			

<b>Overall rating of candidate performance</b>	<b>Pass</b>	<b>Borderline</b>	<b>Fail</b>
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**Feedback to candidate on areas of concern:**

Please indicate with a tick if the candidate performed poorly in any of the following aspects.

<b>Listening</b>	<b>Rapport</b>	<b>Communication</b>	<b>Professionalism</b>	<b>Cultural Competence</b>	
<b>Medical knowledge</b>	<b>Clinical examination</b>	<b>Clinical reasoning</b>	<b>History</b>	<b>Clinical Management</b>	<b>Time Management</b>

<b>SERIOUS CONCERN - CAUTION</b>	
Tick if candidate is <b>significantly</b> below minimum expected standards	<input type="checkbox"/>
<p><b>Points of focus:</b></p> <ul style="list-style-type: none"> <li>• Current and past history of self-harm</li> <li>• History of depression and treatment</li> <li>• Current and past history of suicidality</li> <li>• Social and psychological supports</li> <li>• Check for substance abuse</li> </ul>	



## NZREX CLINICAL SAMPLE 2 – INTEGRATED

### CANDIDATE INSTRUCTIONS

- You are a house officer on an orthopaedic attachment.
- You are seeing Mr Colin Brown, who is 55 years old, in outpatients.
- Your tasks are:
  - to **take a focused history**
  - to **undertake a physical examination of his left shoulder.**
- Please explain to the examiner what you are doing.



## NZREX CLINICAL SAMPLE 2 – INTEGRATED

### ACTOR INSTRUCTIONS

Your name is Colin Brown, age 55 years. You are here today to see a doctor about some pain in your left shoulder. Please expect the doctor to ask you focused questions and take an examination of your shoulder.

You have your own dairy farm. You were lifting a sack of fertiliser 10 days ago and at that time you experienced a sudden severe pain in the left shoulder. Since that time, whenever you have lifted things, the pain comes back on. Apart from that you have no other major issues with your shoulder.

#### **Only if asked:**

- You experience some minor discomfort during the day and night time.
- You also have a little discomfort when reaching up.
- There is no radiation of the pain.
- You have no pins and needles sensation in your arm.
- You have no chest tightness, chest pain or jaw pain.
- You have no weakness in your arm (you can still lift things but it causes some discomfort). There is no pain in the elbow or neck.
- You've never had any major issues with your shoulder before. You have had no other joint pain before. Your father had hip replacements because of osteoarthritis.
  
- **Medications:**
  - You take medication for high cholesterol and you know that high cholesterol runs in your family. You are not allergic to any medications.
  
- **Social history:**
  - You live with your wife on the farm and you have two late teenage children.
  - You do not smoke and you are an occasional social drinker.
  - The pain in your shoulder is now starting to affect your ability to run the farm.

Please do as the candidate asks you to do.





# NZREX CLINICAL

## SAMPLE 2 – INTEGRATED

- Greet the candidate and give him/her the written instructions.
- The standard expected is that of recent New Zealand graduate (new house officer).
- Please see the reference sheet for using this marking scheme.
- You must clearly indicate how you grade the candidate.

	Information gathering	Clinical management	Interpersonal skills <i>(include actor feedback)</i>
Excellent			
Good			
Satisfactory			
Fail			
Severe fail			
For staff use only			

Overall rating of candidate performance	Pass	Borderline	Fail
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### Feedback to candidate on areas of concern:

Please indicate with a tick if the candidate performed poorly in any of the following aspects.

Listening	Rapport	Communication	Professionalism	Cultural Competence	
Medical knowledge	Clinical examination	Clinical reasoning	History	Clinical Management	Time Management

<b>SERIOUS CONCERN - CAUTION</b>	
Tick if candidate is significantly below minimum expected standards	<input type="checkbox"/>
<b>Points of focus:</b> <ul style="list-style-type: none"> <li>• Clear history of trauma</li> <li>• Current symptoms</li> <li>• Excludes cardiac pain</li> <li>• Examines active ROM</li> <li>• Examines rotator cuff muscles</li> <li>• Diagnoses rotator cuff tendonitis/tear</li> </ul>	



## NZREX CLINICAL SAMPLE 3 – INVESTIGATING

### CANDIDATE INSTRUCTIONS:

- This is a static station. There is no patient.
- You are in hospital outpatient clinic reviewing blood test results.
- There are **eight** parts to this paper based station.
- You are expected to complete all eight parts in the allotted time for the station.
- Use the following list of actions to select the **most** appropriate option for each part.
- **The options will be the same for each part. Answers may occur more than once.**
- Please use the mark sheet to record your answer.



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 1

A 68 year old man with 1 month of lethargy and abdominal pain. His full blood count shows:

**Hb = 90 (N = 135 – 175 g/l) \*\*\***  
Platelets = 220 (N = 160 – 400 X 10<sup>9</sup>)  
**MCV = 72 (N = 80 – 96 fL) \*\*\***  
MCH = 28 (N = 24 – 32 pg)  
WBC = 6.8 (N = 4.0 – 14.0 X 10<sup>9</sup>)  
Neutrophils = 4.1 (N = 2.0 – 6.0 X 10<sup>9</sup>)  
Lymphocytes = 1.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)  
Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)  
Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)

ESR = 32 (N = 5 – 35)

**Serum ferritin = 5 (N = 25 – 350)\*\*\***

The most appropriate next step is:

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 2

A 52 year old woman with 2 years of increasing lethargy. Her full blood count shows:

Hb = 148 (N = 135 – 175 g/l)  
Platelets = 274 (N = 160 – 400 X 10<sup>9</sup>)  
MCV = 88 (N = 80 – 96 fL)  
MCH = 28 (N = 24 – 32 pg)  
WBC = 6.8 (N = 4.0 – 14.0 X 10<sup>9</sup>)  
    Neutrophils = 4.1 (N = 2.0 – 6.0 X 10<sup>9</sup>)  
    Lymphocytes = 1.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)  
    Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)  
    Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)

ESR = 26

**Serum ferritin = 890 (N = 15 – 300) \*\*\***

**Transferrin saturation = 99% (N=25 - 50) \*\*\***

**The most appropriate next step is:**

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 3

A 48 year old woman presents to the outpatient clinic with long standing Rheumatoid arthritis and general tiredness. Her full blood count shows:

**Hb = 120 (N = 125 – 165 g/l) \*\*\***  
Platelets = 348 (N = 160 – 400 X 10<sup>9</sup>)  
MCV = 82 (N = 80 – 96 fL)  
MCH = 28 (N = 24 – 32 pg)  
WBC = 8.8 (N = 4.0 – 14.0 X 10<sup>9</sup>)  
    Neutrophils = 5.1 (N = 2.0 – 6.0 X 10<sup>9</sup>)  
    Lymphocytes = 3.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)  
    Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)  
    Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)  
ESR = 30 (N = 5 – 35)  
Serum ferritin = 150 (N = 15 – 300)

#### The most appropriate next step is:

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 4

An 18 year old male recently started on tegretol (carbamazepine) for control of epilepsy presenting with general malaise:

**Hb = 90 (N = 135 – 175 g/l) \*\*\***  
**Platelets = 32 (N = 160 – 400 X 10<sup>9</sup>) \*\*\***  
MCV = 88 (N = 80 – 96 fL)  
MCH = 28 (N = 24 – 32 pg)  
**WBC = 1.8 (N = 4.0 – 14.0 X 10<sup>9</sup>) \*\*\***  
    **Neutrophils = 0.8 (N = 2.0 – 6.0 X 10<sup>9</sup>) \*\*\***  
    **Lymphocytes = 0.4 (N = 1.0 – 4.0 X 10<sup>9</sup>) \*\*\***  
    **Monocytes = 0.3 (N = 0.5 – 1.5 X 10<sup>9</sup>) \*\*\***  
    Eosinophils = 0.08 (N = 0.0 – 0.6 x 10<sup>9</sup>)  
ESR = 18 (N = 5 – 25)  
Serum ferritin = 34 (N = 20 – 350)

**The most appropriate next step is:**

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 5

A 25 year old woman who is vegan presents with fatigue. Her full blood count shows:

**Hb = 82 (N = 135 – 175 g/l) \*\*\***

Platelets = 340 (N = 160 – 400 X 10<sup>9</sup>)

**MCV = 103 (N = 80 – 96 fL) \*\*\***

MCH = 28 (N = 24 – 32 pg)

WBC = 8.2 (N = 4.0 – 14.0 X 10<sup>9</sup>)

Neutrophils = 5.8 (N = 2.0 – 6.0 X 10<sup>9</sup>)

Lymphocytes = 2.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)

Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)

Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)

ESR = 10 (N = 5 – 35)

Serum ferritin = 26 (N = 15 – 300)

#### The most appropriate next step is:

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 6

A 70 year old man with 3 months of fatigue, general malaise and shortness of breath. Examination shows a large spleen and supraclavicular lymph nodes. His full blood count shows:

**Hb = 92 (N = 135 – 175 g/l) \*\*\***  
**Platelets = 84 (N = 160 – 400 X 10<sup>9</sup>) \*\*\***  
MCV = 88 (N = 80 – 96 fL)  
MCH = 28 (N = 24 – 32 pg)  
**WBC = 18.8 (N = 4.0 – 14.0 X 10<sup>9</sup>)**  
Neutrophils = 4.1 (N = 2.0 – 6.0 X 10<sup>9</sup>)  
**Lymphocytes = 13.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)**  
Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)  
Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)  
**ESR = 58 (N = 5 – 35)**  
Serum ferritin = 36 (N = 20 – 350)

**What is the most appropriate next step:**

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner





## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 7

A 22 year old woman presenting with 3 weeks of fatigue after pharyngitis. She is keen to know the reason for her symptoms. Her full blood count shows:

Hb =	129 (N = 125 – 165 g/l)
Platelets =	320 (N = 160 – 400 X 10 <sup>9</sup> )
MCV =	88 (N = 80 – 96 fL)
MCH =	28 (N = 24 – 32 pg)
WBC =	11.8 (N = 4.0 – 14.0 X 10 <sup>9</sup> )
Neutrophils =	4.1 (N = 2.0 – 6.0 X 10 <sup>9</sup> )
<b>Lymphocytes =</b>	<b>6.9 (N = 1.0 – 4.0 X 10<sup>9</sup>) ***</b>
Monocytes =	0.9 (N = 0.5 – 1.5 X 10 <sup>9</sup> )
Eosinophils =	0.02 (N = 0.0 – 0.6 x 10 <sup>9</sup> )

Comment on blood film: 15% atypical lymphocytes found

ESR = 20 (N = 5 – 25)

Serum ferritin = 35 (N = 15 – 300)

#### The most appropriate next step is:

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



## NZREX CLINICAL

### SAMPLE 3 – INVESTIGATING

#### Part 8

A 22 year old man presents 1 month after open reduction and internal fixation of a fractured femur. His full blood count shows:

**Hb = 112 (N = 135 – 175 g/l) \*\*\***  
Platelets = 222 (N = 160 – 400 X 10<sup>9</sup>)  
MCV = **79 (N = 80 – 96 fL) \*\*\***  
MCH = 27 (N = 24 – 32 pg)  
WBC = 6.8 (N = 4.0 – 14.0 X 10<sup>9</sup>)  
    Neutrophils = 4.1 (N = 2.0 – 6.0 X 10<sup>9</sup>)  
    Lymphocytes = 1.8 (N = 1.0 – 4.0 X 10<sup>9</sup>)  
    Monocytes = 0.9 (N = 0.5 – 1.5 X 10<sup>9</sup>)  
    Eosinophils = 0.02 (N = 0.0 – 0.6 x 10<sup>9</sup>)  
ESR = 18  
**Serum ferritin = 8 (N = 20 – 350) \*\*\***

**The most appropriate next step is:**

1. Give iron replacement and repeat tests in 3 months
2. Arrange gastroscopy and colonoscopy
3. Discharge to care of general practitioner and repeat tests in 3 months
4. Arrange Epstein Barr viral titres
5. Arrange further blood tests for vitamin B12 and folate
6. Arrange barium swallow
7. Arrange haemochromatosis gene studies
8. Admit under haematology service
9. Prescribe aspirin 150mg a day and refer back to general practitioner



# NZREX CLINICAL

## SAMPLE 3 – INVESTIGATING

### MARK SHEET

Please circle your answer:

PART	ANSWER								
Part 1	1	2	3	4	5	6	7	8	9
Part 2	1	2	3	4	5	6	7	8	9
Part 3	1	2	3	4	5	6	7	8	9
Part 4	1	2	3	4	5	6	7	8	9
Part 5	1	2	3	4	5	6	7	8	9
Part 6	1	2	3	4	5	6	7	8	9
Part 7	1	2	3	4	5	6	7	8	9
Part 8	1	2	3	4	5	6	7	8	9



# NZREX CLINICAL

## SAMPLE 3 – INVESTIGATING

### CORRECT ANSWERS

PART	ANSWER
Part 1	2
Part 2	7
Part 3	3
Part 4	8
Part 5	5
Part 6	8
Part 7	4
Part 8	1

MARK	PERCENTAGE
1 mark =	12.5%
2 marks =	25 %
3 marks =	37.5 %
4 marks =	50 %
5 marks =	62.5 %
6 marks =	75 %
7 marks =	87.5 %
8 marks =	100 %



## NZREX CLINICAL

### SAMPLE 4 – HISTORY TAKING

#### CANDIDATE INSTRUCTIONS

- You are seeing Harry Patterson, aged 65, in outpatients who has been referred by his general practitioner because of leg pain.
- Your task is to take a **focused history** from the patient and undertake a **focused examination**.
- During your physical examination, please tell the examiner what you are doing.
- The examiner will give you information on clinical findings if your examination is relevant to the presenting problem.
- With **1 minute** to go the examiner will ask you for your preferred diagnosis.

Do **not** discuss treatment options. **No** marks available for either of these.



## **NZREX CLINICAL**

### **SAMPLE 4 – HISTORY TAKING**

#### **EXAMINER INSTRUCTIONS**

If the candidate examines the following, please inform them of the results as they proceed. Only give the results pertinent to what they are examining at the time.

- Popliteal pulses are 2/3 on both sides
- Posterior tibial pulses 1/3 on both sides
- Tibialis anterior pulses 1/3 on both sides
- Capillary refill time of 5 seconds



## NZREX CLINICAL

### SAMPLE 4 – HISTORY TAKING

#### ACTOR INSTRUCTIONS

Your name is Harry Patterson, age 65 years. Your general practitioner has referred you to hospital outpatients for an opinion.

You have had increasing pain in your right leg for 9 months now. It started as an ache when walking that you felt mainly in your right calf. If you stopped walking the pain would go in a couple of minutes. Although you used to be able to walk about a kilometre, the pain seems to come on much sooner now and you find that walking more than 100 metres will bring the pain on. Over the last month or so you have noticed that your foot feels very cold at night. You have not had any pain in your leg or foot when resting.

***Past history:***

You have had high blood pressure for about 10 years. You take bendrofluazide for this. More recently your general practitioner put you on medication called felodipine to assist with your blood pressure and to help with the leg pain. It seems to have made little difference to the pain.

You had your appendix removed as a young man and had fractured an ankle many years ago that required you to be in a cast for 6 weeks. You smoke 20 cigarettes a day and have done so since you were about 20 years of age. You go to the RSA club on a Friday night and have about 3-4 glasses of beer, but do not drink alcohol apart from this. You are retired from your job as an electrician and live with your wife, she keeps in good health.

The candidate will examine your legs and may take your blood pressure.



# NZREX CLINICAL MARK SHEET

## SAMPLE 4 – HISTORY TAKING

- Greet the candidate and give him/her the written instructions.
- The standard expected is that of recent New Zealand graduate (new house officer).
- Please see the reference sheet for using this marking scheme.
- You must clearly indicate how you grade the candidate.

	Information gathering	Clinical management	Interpersonal skills <i>(include actor feedback)</i>
<b>Excellent</b>			
<b>Good</b>			
<b>Satisfactory</b>			
<b>Fail</b>			
<b>Severe fail</b>			
<b>For staff use only</b>			

<b>Overall rating of candidate performance</b>	<b>Pass</b>	<b>Borderline</b>	<b>Fail</b>
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### Feedback to candidate on areas of concern:

Please indicate with a tick if the candidate performed poorly in any of the following aspects.

<b>Listening</b>	<b>Rapport</b>	<b>Communication</b>	<b>Professionalism</b>	<b>Cultural Competence</b>	
<b>Medical knowledge</b>	<b>Clinical examination</b>	<b>Clinical reasoning</b>	<b>History</b>	<b>Clinical Management</b>	<b>Time Management</b>

<b>SERIOUS CONCERN - CAUTION</b>	
Tick if candidate is <b>significantly</b> below minimal expected standards	<input type="checkbox"/>
<p><b>Points of focus:</b></p> <ul style="list-style-type: none"> <li>• History of claudication</li> <li>• Past relevant medical history of hypertension</li> <li>• Social history including tobacco</li> <li>• Examination of leg pulses and capillary return</li> <li>• Diagnosis of peripheral vascular disease.</li> </ul> <p>With <b>1 minute</b> to go ask for preferred diagnosis.</p>	





## NZREX CLINICAL

### SAMPLE 5 – CLINICAL REASONING

#### CANDIDATE INSTRUCTIONS

- This is a static station. There is no patient.
- There are **five** parts to this paper based station.
- You are expected to complete all **five** parts in the allotted time for the station.
- Use the following list of actions to select the **most** appropriate option for each part.
- **The options will be the same for each part. Answers may occur more than once.**
- Please use the mark sheet to record your answer.



## NZREX CLINICAL

### SAMPLE 5 – CLINICAL REASONING

#### Part 1

An 82 year old man presents with increasing confusion that he has had for 1 week. Examination is unhelpful, however, shows him to be afebrile, his pulse is 72 and regular. His notes indicate minor head trauma 3 weeks ago, but are otherwise unhelpful.

**The most appropriate next step is:**

- a) admit acutely to hospital
- b) refer to geriatric outpatients
- c) review in 2 days
- d) refer to social workers
- e) commence treatment with antibiotics.

#### Part 2

You are called to see a 72 year old woman in a rest home. She has been generally unwell for 2 days with a mild fever. She has mild dementia and type 2 diabetes. Treatment with trimethoprim for presumed cystitis was initiated yesterday. Examination shows a temperature of 37.6, her blood sugar is 8.4, blood pressure is 168/86, and her pulse is 74 and regular. There are no other findings of note.

**The most appropriate next step is:**

- a) admit acutely to hospital
- b) refer to geriatric outpatients
- c) review in 2 days
- d) refer to social workers
- e) commence treatment with antibiotics.

#### Part 3

A 74 year old man living with his family has become disruptive at times over the last 2 weeks, particularly at night. When you see him at home he is aggressive and uncooperative. His pulse is 92 and regular, blood pressure is 132/68 and his temperature is 37.9.

**The most appropriate next step is:**

- a) admit acutely to hospital
- b) refer to geriatric outpatients
- c) review in 2 days
- d) refer to social workers
- e) commence treatment with antibiotics.



## NZREX CLINICAL

### SAMPLE 5 – CLINICAL REASONING

#### Part 4

A 68 year old woman is recovering from surgery to a pin fracture of her left neck of femur 2 weeks ago. Her daughter is concerned as her mother appears confused since the time of surgery. Examination shows a mildly confused elderly woman, her pulse is 84 and regular, blood pressure 156/82, her respiratory rate is 22 and regular, her temperature is 37.4, her chest is clear. The surgical site is healthy. There are no other abnormal findings on examination.

**The most appropriate next step is:**

- a) admit acutely to hospital
- b) refer to geriatric outpatients
- c) review in 2 days
- d) refer to social workers
- e) commence treatment with antibiotics.

#### Part 5

A 73 year old man living alone at his home has become progressively more forgetful. He has left the hot plate of the stove going on several occasions. There is documented evidence of several previous small strokes. He has a history of hypertension but not other major medical problems. Examination shows mild L hemiparesis as previously noted and a blood pressure of 172/90. There are no other examination findings of note.

**The most appropriate next step is:**

- a) admit acutely to hospital
- b) refer to geriatric outpatients
- c) review in 2 days
- d) refer to social workers
- e) commence treatment with antibiotics.



# NZREX CLINICAL

## SAMPLE 5 – CLINICAL REASONING

### MARK SHEET

Please circle your answer:

PART	ANSWER				
Part 1	A	B	C	D	E
Part 2	A	B	C	D	E
Part 3	A	B	C	D	E
Part 4	A	B	C	D	E
Part 5	A	B	C	D	E



# NZREX CLINICAL

## SAMPLE 5 – CLINICAL REASONING

### CORRECT ANSWERS

PART	ANSWER
Part 1	A
Part 2	C
Part 3	A
Part 4	B
Part 5	D

MARK	PERCENTAGE
1 mark =	20%
2 marks =	40%
3 marks =	60%
4 marks =	80%
5 marks =	100%



## NZREX CLINICAL SAMPLE 6 – INTEGRATED

### CANDIDATE INSTRUCTIONS

- You are a house officer in the Accident and Emergency Department.
- You have been requested to see a patient John Smith who has injured his ankle.

Your task is to

- Take a **focused history** relevant to the presenting complaint.
- Undertake a **focused examination** relevant to the presenting complaint.
- **Describe the x-rays** presented to you.
- Describe to John what your **management plan** will be.



## **NZREX CLINICAL SAMPLE 6 – INTEGRATED**

### **ACTOR INSTRUCTIONS**

- Your name is John Smith and you are 50 years old. You are seeing a doctor in the Accident and Emergency Department.
- You have had an x-ray taken of your ankle.
- Five days ago, you were playing soccer on a wet field; you slipped and rolled your right ankle. You think that your foot went inwards.
- You could not play on because of the pain. You iced it immediately and then every 2 hours for the remainder of that day. The ankle became swollen on the outside within an hour of injuring it.
- You strapped the ankle which seemed to help a little.
- You are an architect. Because you have been busy, you didn't get your ankle seen by a doctor at the time.
- The swelling has mostly gone but the ankle is still quite sore.
- You can walk reasonably comfortably but get increased pain with running.
- You want to get back to playing soccer and so you decided to have your ankle seen at the Accident and Emergency Department.
- You wonder if you need a cast or a splint of some sort.
- You are otherwise fit and healthy. You have never damaged your ankle before. You take no medications.

#### **The specific questions you have for the doctor are:**

1. What is wrong with your ankle?
2. What therapy is needed?
3. When can you get back to playing soccer?



**NZREX CLINICAL**  
**SAMPLE 6 – INTEGRATED**

**X-ray**







**NZREX CLINICAL**  
**SAMPLE 6 – INTEGRATED**

**X-ray**





# NZREX CLINICAL MARK SHEET

## SAMPLE 6 – HISTORY TAKING

- Greet the candidate and give him/her the written instructions.
- The standard expected is that of recent New Zealand graduate (new house officer).
- Please see the reference sheet for using this marking scheme.
- You must clearly indicate how you grade the candidate.

	Information gathering	Clinical management	Interpersonal skills <i>(include actor feedback)</i>
<b>Excellent</b>			
<b>Good</b>			
<b>Satisfactory</b>			
<b>Fail</b>			
<b>Severe fail</b>			
<b>For staff use only</b>			

<b>Overall rating of candidate performance</b>	<b>Pass</b>	<b>Borderline</b>	<b>Fail</b>
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**Feedback to candidate on areas of concern:**

Please indicate with a tick if the candidate performed poorly in any of the following aspects.

<b>Listening</b>	<b>Rapport</b>	<b>Communication</b>	<b>Professionalism</b>	<b>Cultural Competence</b>	
<b>Medical knowledge</b>	<b>Clinical examination</b>	<b>Clinical reasoning</b>	<b>History</b>	<b>Clinical Management</b>	<b>Time Management</b>

<b>SERIOUS CONCERN - CAUTION</b>		
Tick if candidate is <b>significantly</b> below minimal expected standards <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<p><b>Points of focus:</b></p> <ul style="list-style-type: none"> <li>• Mechanism of injury</li> <li>• Past Hx injuries</li> <li>• Applies Ottawa ankle rules</li> <li>• Diagnoses avulsion fracture</li> <li>• Advises mobilisation and physiotherapy</li> <li>• Return to soccer after minimum of 3 weeks</li> </ul>
<input type="checkbox"/>		



## NZREX CLINICAL

### SAMPLE 7 – INTEGRATED STATION

#### CANDIDATE INSTRUCTIONS

- You are a house officer working in an outpatient clinic.
- You have been requested to see a 30 year old patient, Hollie Stabler.
- She works as a bartender in a busy nightclub. She has had 6 weeks of increasing pain in her right elbow when opening bottles.
- Your task is to undertake a **focused history** of her elbow pain and undertake an appropriate **focused physical examination**. You will be asked to provide a probable diagnosis.
- Please tell the examiner what you are doing and what your findings are.
- **With 1 minute to go you will be asked for the most likely diagnosis and your treatment recommendation.**



## NZREX CLINICAL

### STATION 7 – INTEGRATED STATION

#### ACTOR INSTRUCTIONS

Your name is Hollie Stabler. You are 30 years of age.

You work as a bartender. A large amount of the work is opening bottles, which means repetitive twisting of caps of bottles. For the last 6 weeks, you have experienced pain around the outside of your right elbow when opening bottles. For the last 2 weeks, the aching pain has been present even at rest but is much worse while you are at work opening bottles. At times when working this pain can be quite severe (7 out of 10 rating). Other activities that require you to bend your wrist backwards also cause significant discomfort. You have not seen a doctor or physio for this. You have taken some ibuprofen which seemed to help. The pain does not radiate up or down your arm.

Your health is otherwise good. You have no other joint pains. There is no family history of arthritis. You have no tingling or strange sensations in your arm. You have no history of injuries. You have no rashes. You have been feeling well and not had any fevers.

The candidate will be performing a physical exam and taking a focused history.

There is tenderness if the doctor presses on the outer part of the elbow. **Examiner will demonstrate.**

There is pain on resisted wrist extension. **Examiner will explain.**

There is marked pain on resisted middle finger extension with the arms straight.



# NZREX CLINICAL

## SAMPLE 7 – INTEGRATED STATION

- Greet the candidate and give him/her the written instructions.
- The standard expected is that of recent New Zealand graduate (new house officer).
- Please see the reference sheet for using this marking scheme.
- You must clearly indicate how you grade the candidate.

	Information gathering	Clinical management	Interpersonal skills <i>(include actor feedback)</i>
Excellent			
Good			
Satisfactory			
Fail			
Severe fail			
For staff use only			

Overall rating of candidate performance	Pass	Borderline	Fail
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### Feedback to candidate on areas of concern:

Please indicate with a tick if the candidate performed poorly in any of the following aspects.

Listening	Rapport	Communication	Professionalism	Cultural Competence	
Medical knowledge	Clinical examination	Clinical reasoning	History	Clinical Management	Time Management

<b>SERIOUS CONCERN - CAUTION</b>	
Tick if candidate is <b>significantly</b> below minimal expected standards	<input type="checkbox"/>
<p><b>Points of focus:</b></p> <ul style="list-style-type: none"> <li>• Pain history</li> <li>• Clear history of repetitive actions</li> <li>• Point tenderness over lateral epicondyle</li> <li>• Specific tests for lateral epicondylitis</li> <li>• No investigations</li> <li>• Physio and NSAID</li> </ul> <p><b>With 1 minute to go,</b> ask for the most likely diagnosis and treatment recommendation.</p>	