



# Physician Associate Registration Assessment

## OSCE Sample Scenarios

---

Please note that the Physician Associate Registration Assessment (PARA) sample OSCE scenarios are designed to provide the following:

- > An example of how candidate instructions are presented during the PARA OSCE
- > An example of the marksheet used by examiners when assessing a candidate's performance (candidates do not see marksheets at any point before, during or after their OSCE).

Publishing of these sample scenarios should not be seen as an indicator as to the content or standard of historical and/or forthcoming PARA OSCEs.

## Scenario 1

---

### 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).

## Marksheet

	Marks
<b>Introduction</b>	
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
<b>Pre-procedure Checks</b>	
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
<b>Placing Sutures</b>	
Safely mounts needle on needle holder	1
Passes needle through both sides of the wound holding needle at 90 degrees to skin edge 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)	3
<b>Post Procedure Care</b>	
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: <ul style="list-style-type: none"> <li>Keep wound clean, dry and covered</li> <li>Advice about signs of infection</li> <li>Remove sutures 7-10 days</li> </ul>	3
<b>Professionalism and Communication</b>	
Good communication throughout procedure	2
Demonstrates empathy and sensitivity	2
Total	35

## Scenario 2

---

### 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 Stamp	Age 2 years	Title, Forename, Surname & Address  Please dispense for: Robbie Maddison  SW17 ORE
	D.o.B. <u>22/06/2018</u>	
Number of days' treatment N.B. Ensure dose is stated		NHS Number: 789 113 7665
Endorsements		
<p><u>Eumovate</u> ointment (clobetasone butyrate 0.05%) QUANTITY: 30 gm INSTRUCTIONS: Apply thinly 1-2 times daily over affected area for 1 week.</p> <p>Flucloxacillin elixir 125mg/5ml. QUANTITY: 100ml INSTRUCTIONS: Take 5ml (1 tablespoon) four times daily for 5 days.</p>		
Signature of Prescriber 		Date 29/11/20
For Dispenser No. of Prescns. On form	<u>Dr. David Chin</u> Tooting Medical Centre 123 Tooting High Street Tooting London SW17 ORE	

## Marksheet

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

## Scenario 3

---

### 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.

## Marksheet

	Marks
<b>Introduction</b>	
Introduces self (full name) and role	1
Explanation and informed consent	1
Explains what a Physician Associate is	2
<b>Information Gathering – Clinical Content</b>	
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
<b>Establishes Patient Concerns</b>	
Effects of problem on work (2 = time off/embarrassment)	2
Effects on relationship (2 = does it well, 1 = adequately)	2
<b>Communication Skills</b>	
Recognises, acknowledges and validates impact on patient's life, encourages dialogue with the patient	3
Appropriate mix of open and closed questions; avoids leading questions; uses clear, jargon-free language	3
Well organised; Signposts change of direction in questioning; Checks with patient/summarises; Checks whether patient has any questions	3
<b>Actor mark:</b> I felt that the candidate listened to me and understood my concerns	2
<b>Total</b>	<b>35</b>