Long Case Presentation:

An Australian Perspective

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Post-graduate Training & Fellowship Examinations

- Format of examination varies from place to place
- Purpose is to have thorough & fair assessment to select those who are clinically & professionally prepared to act as physicians
- Long case assessment is a very important component of the examination process

In Australia:

- 3 years BPT

- Examination:
  - Written
  - Clinical:
    - 2 long cases
    - 4 short cases
  - 3 yrs advanced training

What is a General Physician?

- Highly trained specialists
- Provide a range of non-surgical health care to adult patients
- Offer ongoing treatment for difficult, serious or unusual medical problems
- Broad range of expertise:
  - Not limited to only one body system or a special area of medical knowledge
- Only see patients referred by other doctors e.g: General Practitioner

Global Approach

- General physician's assessment is always comprehensive
- Ensures problems to be detected and diagnostic possibilities to be considered which might otherwise be missed

Complex Care & Procedures

- General physicians especially trained to care for patients with complex illnesses
- Also trained to deal with social and psychological impact of disease
- Carry out variety of medical procedures for diagnosis and management of patients with severe and complex illnesses

Diagnosis & Treatment

- Knowledgeable on complex interactions of medications given simultaneously to treat multiple illnesses in a patient
- Use diagnostic tests logically, safely and effectively to investigate difficult diagnostic problems
- Also trained to critically analyse and utilise newly available treatments

Pre- & Post- Operative Assessment:

- General physicians frequently asked to review patients before surgery
- Advise surgeons of a patient's risk status and can recommend appropriate management to minimise risk of the operation
- Also assist in pos-toperative care and ongoing medical problems or complications

Long Case Assessment:

- To evaluate:
  - Clinical examination skills
  - Accuracies of History & Findings
  - Attitude to clinical problem
  - Possible diagnosis
  - Investigations required & their appropriateness
  - Overall interpretations
  - Approach to management

Candidates:

- 60 minutes :
  - History
  - Examination
  - Management Plan
- 10 minutes: Prepare for discussion
- 25 minutes: Face 2 examiners

Examiners

- Review patient
  - History
  - Examination
    - Identify issues for discussion
- Done blindly without the patients notes or prepared Histories to ensure fairness
- Both examiners discuss & agree about the format, each one covers the same systems for all candidates


LYELL McEWIN HOSPITAL
ENTRANCE

Calibration

- Must be attended by all examiners & observers
- Long & short cases are presented
- Interactive session
- Consensus about expected standard of the examination

Assessment Domains

- History
- Examination
- Synthesis & Priorities
- Impact of illness on patient & Families
- Management plan

Marking

- The Clinical Examination has a total possible score of 210
- Examiners give a consensus mark between 1-7 for each segment
- The Long Case mark is weighted three times more than the Short Case mark
- Each candidate's overall score for the Examination will be determined by adding the marks of the individual segments
- The pass mark for Candidates is 120 marks out of 210. Candidates must pass at least one Short Case and one Long Case to pass overall

Case Study

- 60 Male
- Increasing shortness of breath for 2 months
- Progressive worsening of exercise tolerance
- Diffuse bone pain
- Numbness & paresthesia of extremities
- Exertional chest pain

- Long H/O DM on Insulin
- CRF on Regular dialysis for 3 yrs
- COAD, not on home oxygen
- HTN on regular medication
- Increasingly dependent on others for day to day activities
- Dependent on son for treatment cost
- Long H/O smoking

- Anemic
- BP: 170/100, no postural drop
- Fluid overloaded with bilateral pleural effusion
- Signs of Emphysema
- Poor distal pulsation on lower limbs
- Signs of sensory-motor neuropathy on lower limbs

Issues According to Priority:

- CRF & Dialysis
- Fluid overload
- Duration, frequency & quantity of ultra-filtration
- Anemia management in CRF
- Renal bone disease
- Osteoporosis , Approach in CRF
- Assessment for renal transplant

- Diabetes management in this patient
- Hypoglycemia/awareness
- Autonomic dysfunction
- Peripheral vascular disease
- Approach to neuropathy

- Management of HTN
- Target BP
- Target HBA1C/ Lipid
- Assessment for possible Coronary artery disease

- COAD
- Role of lung disease in patient's worsening dyspnoea
- Optimisation of Treatment
- ? Home oxygen

- Identify & prioritise issues
- Present in a concise & methodical way
- Comprehensive management plan considering:
  - Social & financial aspect
  - Appropriate counseling to patient & Family

- Is it fair to both candidates & examiners?
- Do we have enough time to assess the candidate's fitness to act as a safe & skilled physician?

- Think beyond infection
- History should be comprehensive, always consider extra intestinal issues
- Consider familial disorder
- Consider Screening & Surveillance

Advanced Training

- 3 years post qualification training
- Vital to prepare someone to practice as a physician in a safe & competent way

Patient #2

- 40 Male
- Loose bowel motion with Blood for 6 weeks
- Vague abdominal pain
- Wt loss 10kg in 2 months
- LOA

- Non smoker
- Farmer
- Non significant PMH
- No extra-intestinal symptoms eg: joint pain
- Not aware of Family H/o Malignancy

- Anemic
- No clubbing
- No Lymphadenopathy
- Afebrile
- Not in AF
- No active arthritis
- Mildly tender RUQ, ? Hepatomegaly
- Vague mass in LIF

- Hb : 90 gm/l
- Mildly deranged LFTs, mostly ALP & GGT
- CT abdomen
- Colonoscopy
- Approach for Small bowel lesion

- Infection, TB
- IBD
- Neoplastic

- Investigate for Large Bowel lesion
- Approach for Small Bowel Pathology
- Liver metastasis, how to approach
- Familial polyposis:
  - Approach
  - Counseling
  - Screening