



# Physician Associate National Examination

## OSCE Sample Scenario 3

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Please note that this Physician Associate National Examination (PANE) sample OSCE scenario is designed to provide the following:

- An example of how candidate instructions are presented during the PANE OSCE
- An example of the marksheet used by examiners when assessing a candidate's performance (candidates will not see on the day of their OSCE).

The scenario is no longer suitable for use in the real exam because it is either out of date, too technical, or has been used for a long time previously.

Publishing of the scenario as a sample should not be seen as an indicator as to the content that will appear in forthcoming PANE OSCEs. It is intended for general guidance only.

**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.

# SAMPLE

## 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>