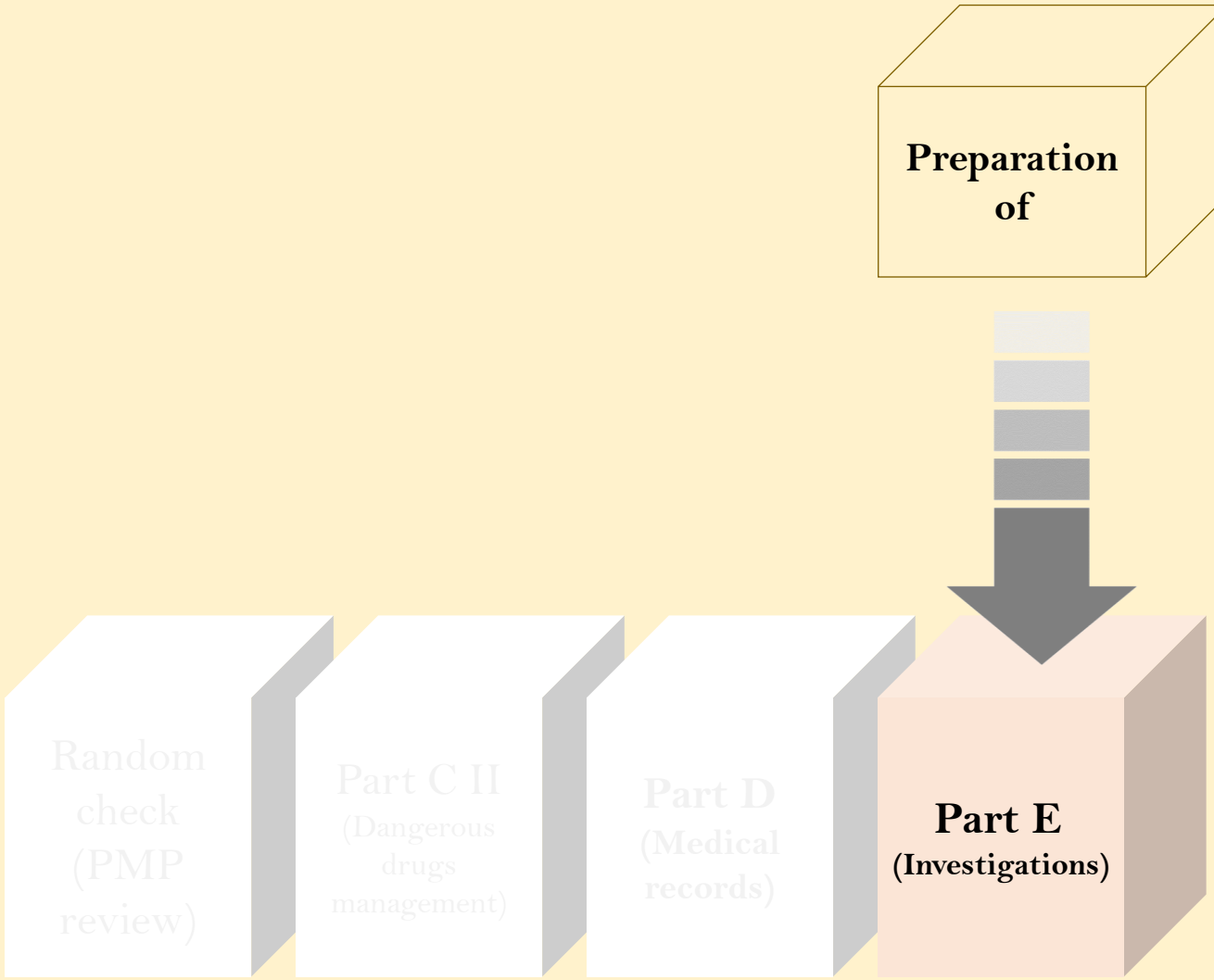
Prepare for Part E (investigation) Practice Assessment Exit Exam

22 March 2024

Practice Assessment consists of 4 Parts

- **Random check (PMP review)**
- **Part C II** (Dangerous drugs management)
- **Part D** (Medical records)
- **Part E** (Investigations)


Preparation of
Random check (PMP review)
Part C II (Dangerous drugs management)
Part D (Medical records)
Part E (Investigations)

Prepare for Part E (Investigations): what you can do now

1	Look for cases that may be used in the preparation Part E of PA (Attachment 13)
2	Familiarize with ICPC-2 coding
3	Practice write up short cases summaries
4	Every day: a) Practice rational use of investigations (justification) b) Provide appropriate follow up on the investigation results

Process of PA

1. Prepare for the examination
2. Submit required PA Document at Exit Exam Application
3. Examiners will visit the candidate on a designated **exam date**

   to conduct PA –which consist of:

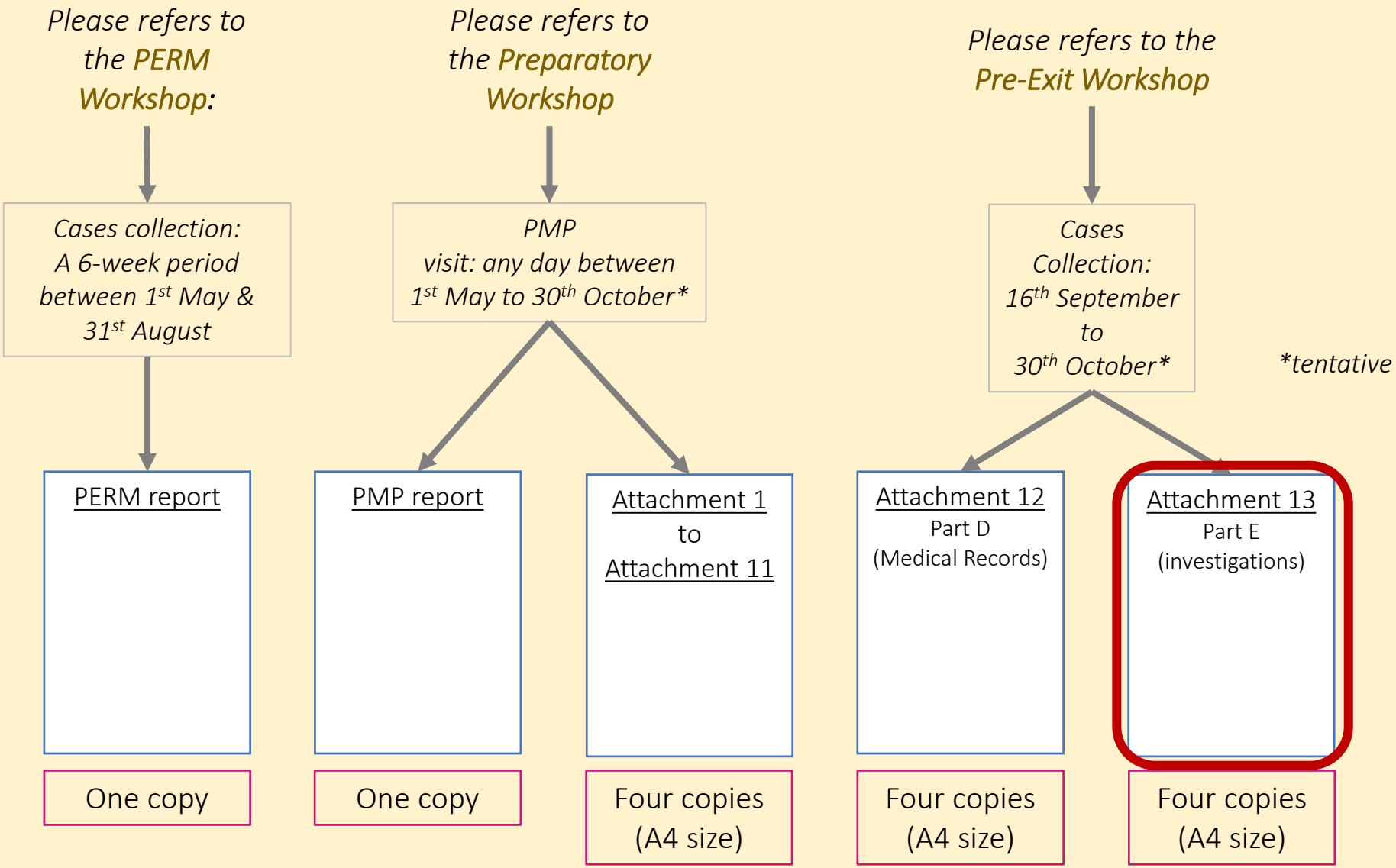
   Random check (on PMP)

   Part CII (Dangerous drugs management)

   Part D (Medical records)

   Part E (Investigations)
4. Results announcement
5. Post Examination evaluation

PA Document


Please refers to the PERM Workshop:
Cases collection: A 6-week period between 1st May & 31st August
PERM report
One copy
Please refers to the Preparatory Workshop
PMP visit: any day between 1st May to 30th October*
PMP report
One copy
Attachment 1 to Attachment 11
Four copies (A4 size)
Please refers to the Pre-Exit Workshop
Cases Collection: 16th September to 30th October*
Attachment 12 Part D (Medical Records)
Four copies (A4 size)
Attachment 13 Part E (investigations)
Four copies (A4 size)
*tentative

Attachment 13

- Case summaries & a summary Table of medical records of ten patients

- To be submitted at the Exit Exam application (deadline: 1st working day of November)

The patients

- **Had investigations ordered and followed up by you**
- Can come from more than one clinic;

  however, all the medical records must be available at the Exam venue on the Exam day

The date you first see the patients and order investigations

Can be

any date before the Exit Exam application

(deadline: *1st working day of November*)

Cases Collection period

- **Applicable to Part D and Part E of PA**
- **Around a six weeks period , ending at the Exit application deadline**

e.g. 20 September to 31 October in the previous years

Exact dates will be announced in the coming Pre-Exit Workshop in August

Follow up of the investigations

Must be

- **within the cases collection period**
- **documented by the candidate** on the medical records

Can be

in the form of:

- Face to face consultations ; *if not feasible*,
- Telephone / electronic communications

Prepare for Part E (Investigations): what you can do now

1	Look for cases that may be used in the preparation Part E of PA (Attachment 13)
2	e.g. patients that you ordered investigations in the coming months (April, May, June, July, August…) who expected to have follow up in the 'Case collection period'
3	Practice write up short cases summaries
4	Every day: a) Practice rational use of investigations (justification) b) Provide appropriate follow up on the investigation results

Types of cases can be submitted for PA (Part E)

For individual case

Can be

- Patient's complaint(s) in episodic/ regular visit
- Monitoring of existing / chronic medical condition

Cannot be, **only**, for following situation:

- Health screening / Medical assessment
- Monitoring of potential side effects of medication / treatment in asymptomatic patients,
  e.g. RFT after using ACEI; Blood liver enzymes after statins; CBP to screen neutropenia on carbimazole
- where consensus among assessors (PA Examiners) that investigation is not necessary, **the current example**:
  Urine routine microscopy / culture in female uncomplicated cystitis

Types of cases can be submitted for PA (Part E)

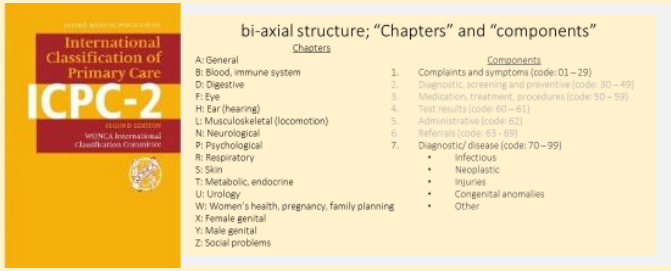
Cases must be a mix of clinical problems (i)

Must

follow the regulations listed below:

For each case

- give **one** ICPC-2 code to the Provisional diagnosis / main condition that necessitate the investigation(s); e.g. T90, R74
- show the code on your Case Summaries and the Summary Table (Attachment 13)



Suggest:
code according to the 'body / system' as possible

Types of cases can be submitted for PA (Part E)

Cases must be a mix of clinical problems (ii)

Must

follow the regulations listed below:

Among the ten cases

- No more than two cases should be the same **ICPC - 2 "Chapter" (the alphabet)**
- No more than one T-90 (type II diabetes mellitus) is allowed
- No more than one K-86 (uncomplicated hypertension) is allowed

Point of Care Tests (POCT)

New
since 2024
Exit

Must

follow the regulations listed below:

Cases using point of care tests (POCT) ONLY,

except ECG,

are not eligible for Part E exam

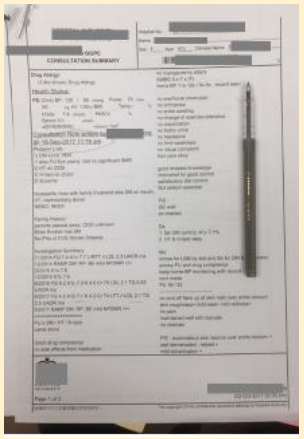
Some examples of Point of care tests (POCT) in primary care settings:

Type of POCT	Example	Results format	Remarks / comments
A. Strip-based	Urine pregnancy test Urine dipstick analyses Detection of stool occult blood Detection of infectious agents in swab material	Simple visualization / readout from the test strip	
B. Unit-use analyzer (Single-use test strips + Reader)	Glucometers	Readout from the analyzer / device	
	HemoCue Hb 301 System	Printout	
C. Bench-top analyzer	Spectrophotometry: e.g. Reflotron	Printout	
D. ECG		Printout	
E. Spirometry		Printout	
F. Imaging	Point of care Ultrasound scan	Printout Video recording	

The medical records listed in Attachment 13 (i)

The format

paper



Print-out from computer system

or / with

Handwritten records

on the computer screen

The medical records listed in Attachment 13 (ii)

The content of each medical record for assessment should at least include:

Consultation note
Dr. **Candidate**

Patient: XXX
M/72
No: GK 123984

1 Sep 2019

- Retired seafarer With wife.
  C/O: progressive poor memory 6/12 .....
- e.g. confused on date/ events...
- .....ADL independent, went out for lunch / market by self...
- Quitted smoking / drinking since retired age 60
- Exercise: nil regularly
- PE: GC sat, normal gait BP 129/78 P 89 euthyroid....
- --- AMT 6/10
- Imp: cognitive impairment/ ? Dementia or MCI
- Mx:
- Brief explain cogn. Impairment with pamphlet
- Bld test (CBC, L/RFT, FBS, Lipids, TFT, Vit B12,folate, VDRL)
- FU 3/52

The first consultation: investigation initiated / ordered

Lab report
Date: 4 Sep 2019

COPY

Consultation note
Dr. **Candidate**

Patient: XXX
M/72
No: GK 123984

21 Sep 2019

- with wife and daughter today
- Consult. 1/9/ 2019 refers;
- Dementia bld work up (4 Sep 2019):
  CBC, L. RFT, TFT, Vit B12, folate: N; VDRL: no-reactive
- Daughter concerned ....
- Imp: cognitive impairment/ likely MCI
- Mx:
- Suggest SFI CT brain; relatives need time to think about
- Encourage regular social activities / exercise. : e.g. visit nearby elderly community center
- Refer:
- Occ therapist (assessment and training)
- Geri SOPC
- FU 12/52

The follow up: key investigation findings documented; management offered

Referral letter
To: Geriatrics SOPC
Date: 21 Sep 2019

COPY

As applicable according to the follow up management offered

Please note: the consultation notes content are simulated and not implying a standard of pass or fail in the Exam

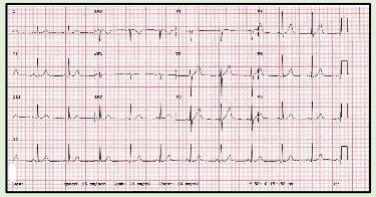
The medical records listed in Attachment 13 (iii)

About the investigation reports:

Lab report
Date: 4 Sep 2019

COPY

Copy of investigation reports can be:

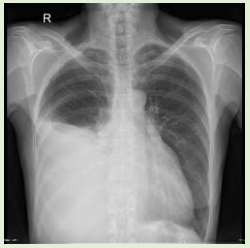


CT scan Report

Ultrasound scan report

X-ray report

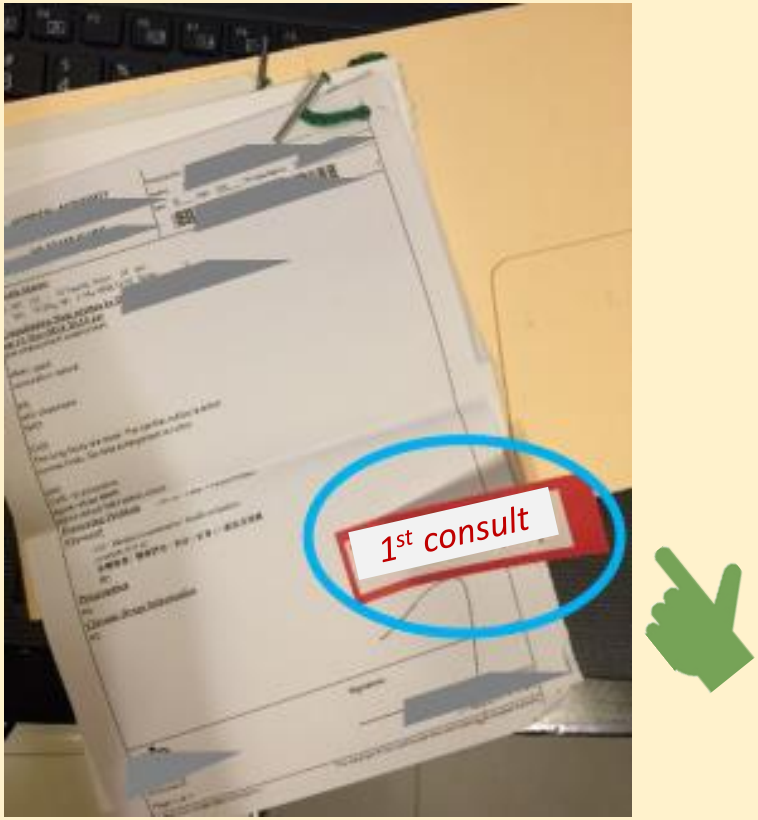
For plain X-Ray: if report not available



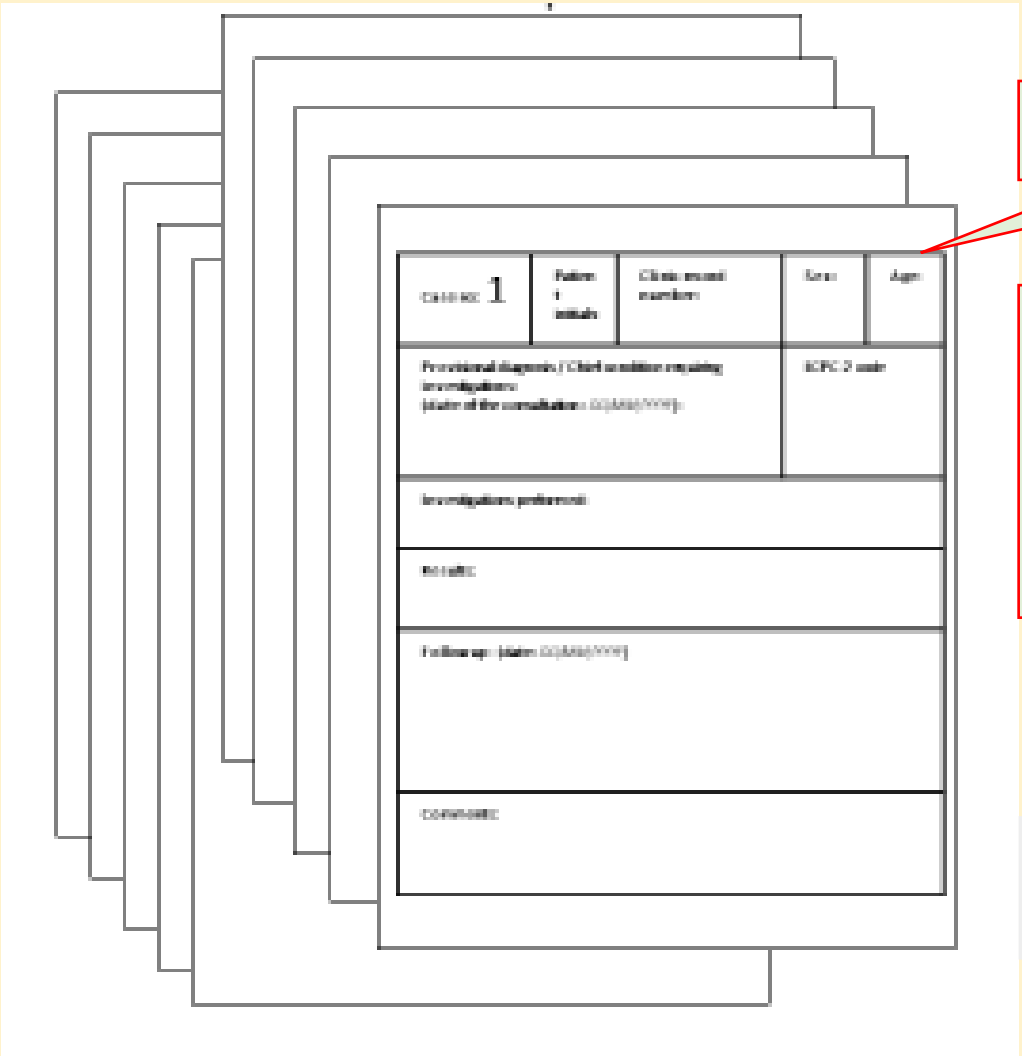
OR

The medical records listed in Attachment 13 (iv)

Suggestions paper flags the pages for Examiners



Attachment 13: Case summary



Standard format

Confidentiality:
Do not include
patient's name, HKID

sample

Sample Case Summary for each patient (Attachment 13)

Case No: *6*	Patient initials: *LKH*	Clinic record number: *GOSY 1810XY21*	Sex: *M*	Age: *83*

Provisional diagnosis / Chief condition requiring investigations:
(date of the consultation: *DD/MM/YYYY*):

Weight loss, ? Bowel pathology
C/O Weight loss 6 to 7 Ib in last 3/12
B O change from daily to once every 3/7
PE GC sat, mild pallor, abd soft non-tender / no mass….PR: empty no mass felt

- Concise summary from the medical record
- Less than 300 words #

ICPC-2 code

T08 (weight loss)

- Appropriate coding
- Also put down description of the code

Investigations performed:

CBC, CEA, thyroid function (TSH), stool Occult blood X 3

Results:

CBC: Hb 9.8 (low), WBC 4.8, Platelet count 345, CEA 2.0 (ref < 3.0), TSH normal, Stool OB +ve X 1

Section(s) grossly exceed the words limit may be blocked and cannot be seen by Examiners

Follow up: (date: *DD/MM/YYYY*)

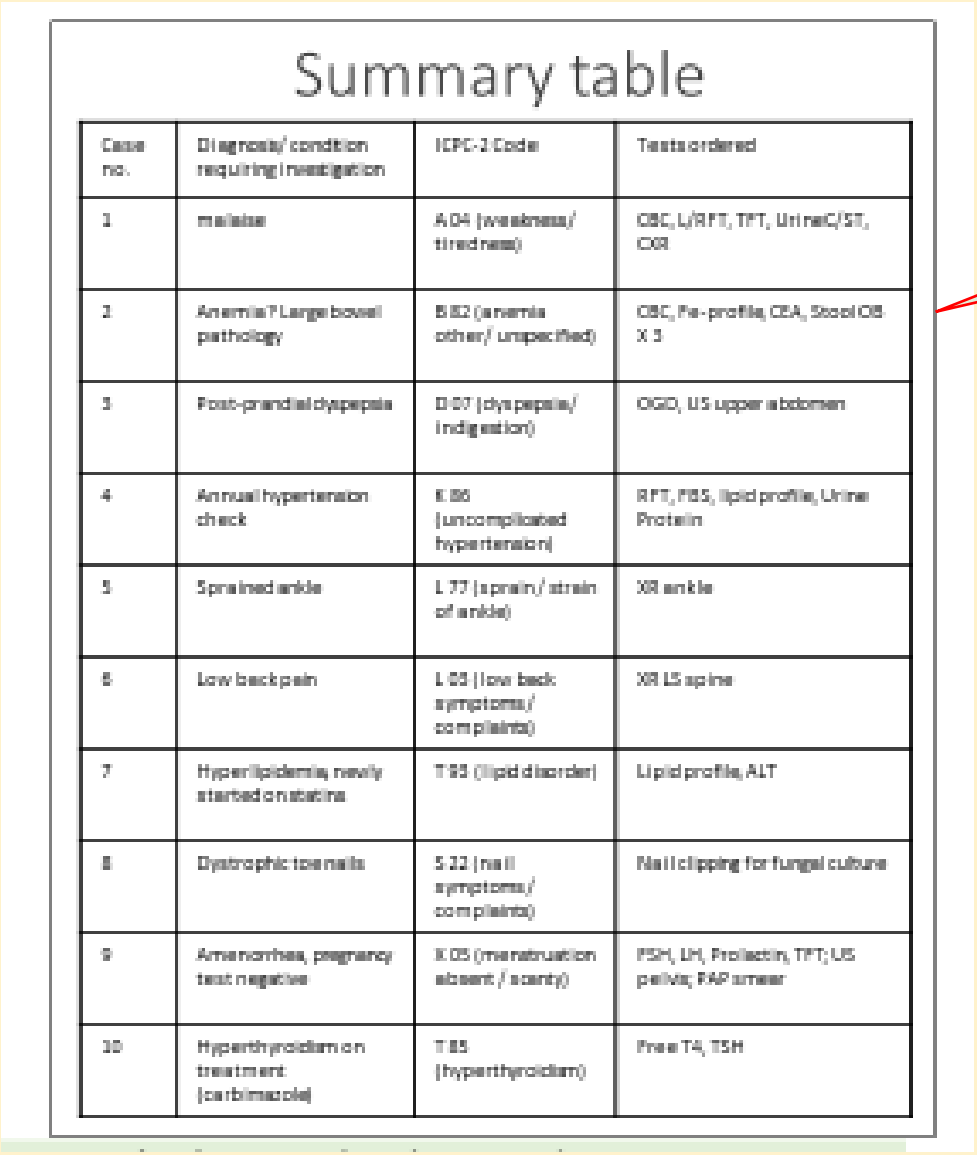
Results informed
Discussed with patient and daughter…
Mx: referral to Surgical SOPC (seek early appointment)

- Concise summary from the medical record
- Less than 300 words #

Comments:

- Optional; marks will not be deducted for leaving this section blank
- For discussion on investigation justification, limitations of the performance, area of improvement, possible remedial actions
- *clinic protocols, departmental guidelines, literature references, expert opinions; or general summary from the medical record*: to be avoided here
- Less than 300 words #

Attachment 13: Summary Table



Summary table

Case no.	Diagnosis/ condition requiring investigation	ICPC-2 Code	Tests ordered
1	malaise	A04 (weakness/ tiredness)	CBC, L/RFT, TPT, UrineC/ST, CXR
2	Anaemia? Large bowel pathology	B82 (anaemia other/ unspecified)	CBC, Fe-profile, CEA, Stool OB X 3
3	Post-prandial dyspepsia	D07 (dyspepsia/ indigestion)	OGD, US upper abdomen
4	Annual hypertension check	K86 (uncomplicated hypertension)	RFT, FBS, lipid profile, Urine Protein
5	Sprained ankle	L77 (sprain/ strain of ankle)	XR ankle
6	Low back pain	L03 (low back symptoms/ complaints)	XR LS spine
7	Hyperlipidemia, newly started on statins	T93 (lipid disorder)	Lipid profile, ALT
8	Dystrophic toenails	S22 (nail symptoms/ complaints)	Nail clipping for fungal culture
9	Amenorrhea, pregnancy test negative	X05 (menstruation absent / scanty)	FSH, LH, Prolactin, TPT; US pelvis; PAP smear
10	Hyperthyroidism on treatment (carbimazole)	T85 (hyperthyroidism)	Free T4, TSH

Standard format

Confidentiality:
Do not include
patient's name, HKID

sample

Sample Summary table (Attachment 13)

Summary table

Case no.	Diagnosis/ condition requiring investigation	ICPC-2 Code	Tests ordered
1	malaise	A 04 (weakness / tiredness)	CBC, L/RFT, TFT, Urine C/ST, CXR
2	Anemia ? Large bowel pathology	B 82 (anemia other/ unspecified)	CBC, Fe-profile, CEA, Stool OB X 3
3	Post-prandial dyspepsia	D 07 (dyspepsia / indigestion)	OGD, US upper abdomen
4	Annual hypertension check	K 86 (uncomplicated hypertension)	RFT, FBS, lipid profile, Urine Protein
5	Sprained ankle	L 77 (sprain / strain of ankle)	XR ankle
6	Low back pain	L 03 (low back symptoms / complaints)	XR LS spine
7	Hyperlipidemia, newly started on statins	T 93 (lipid disorder)	Lipid profile , ALT
8	Dystrophic toe nails	S 22 (nail symptoms / complaints)	Nail clipping for fungal culture
9	Amenorrhea, pregnancy test negative	X 05 (menstruation absent / scanty)	FSH, LH, Prolactin, TFT; US pelvis; PAP smear
10	Hyperthyroidism on treatment (carbimazole)	T 85 (hyperthyroidism)	Free T4, TSH

Monitoring of possible side effects of medication/ treatment in asymptomatic patients **added**

OK

Health screening **added**

OK

Attachment 13 will be reviewed by the Examiners before the Exam Day

Attachment 13 serves to assist the Examiners

- to have some basic understanding on the ten cases
- to note if the candidate has, if any, special consideration about the investigation ordering and management of the cases

The content of Attachment 13 have to be consistent with the respective medical records

The actual marking will be based on the medical records presented

Carefully choose the cases

Choose cases that show your competency , not weakness

Not sure if the case on hand is good to be presented for Exam?

Choose another case

Exam Day

Part E (Investigations) Rating Form

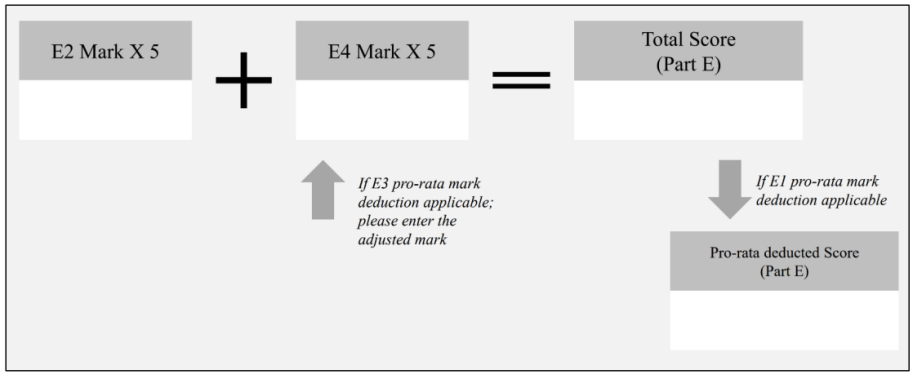
Candidate Number: EE XXXXX

Part E (Investigations)

Case number	1	2	3	4	5	6	7	8	9	10
E1 Investigation indication documentation										
E2 Justification										
E3. Results documentation										
E4. Follow up										

E2 score *(circle one)*	*4*	*4.5*	*5*	*5.5*	*6*	*6.5*	*7*	*7.5*	*8*	*8.5*	*9*	*9.5*
E4 score *(circle one)*	*4*	*4.5*	*5*	*5.5*	*6*	*6.5*	*7*	*7.5*	*8*	*8.5*	*9*	*9.5*

Part E (Investigations)

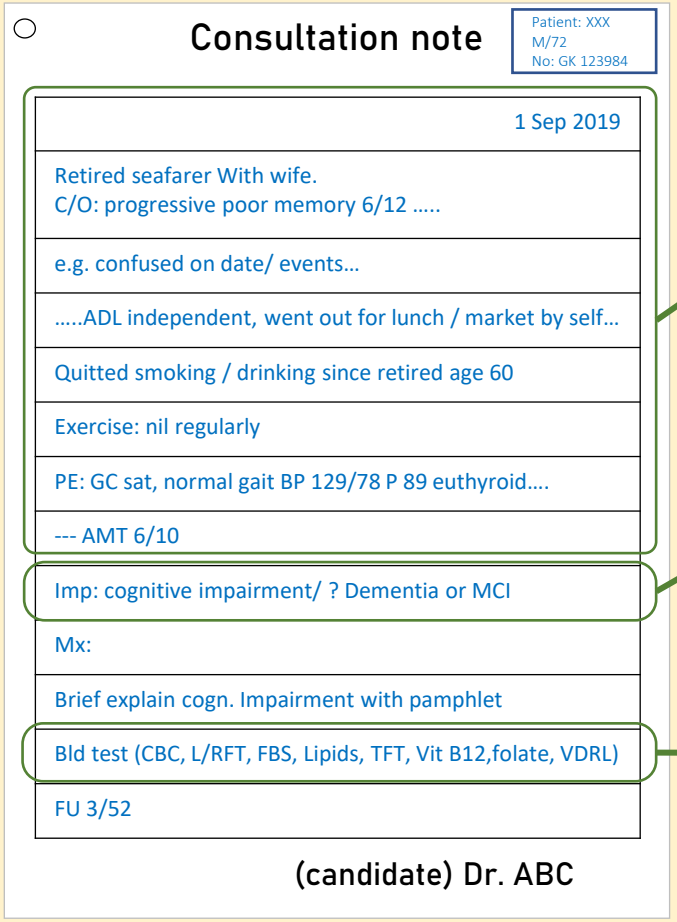


Please note:

- E1 (Investigation indication documentation): IF NOT shown in the record → cross the box; no need to mark the concerned case, apply pro-rata deduction to 'total score in Part E'
- E3 (Results documentation): IF report copy NOT available OR result NOT recorded in the 'follow up' medical notes → cross the box; no need to mark E4 of the concerned case; apply pro-rata deduction to 'E4 score'
- Assessment should be based on the medical records; but can consider score adjustment if the candidate offers appropriate additional information in the 'Comment' section, Attachment 13.

Updated August 2022

E1 (Investigation indication documentation)



Clinical information

Present in record

ICPC coded in Attachment 13

Provisional diagnosis / Chief condition requiring investigations

Present in record

Test(s) ordered

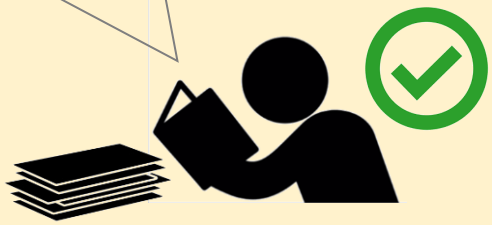
Present in record

Indication of the investigation documented (E1)

Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam

E1 (Investigation indication documentation): marking

Indication(s) of the investigation documented in record

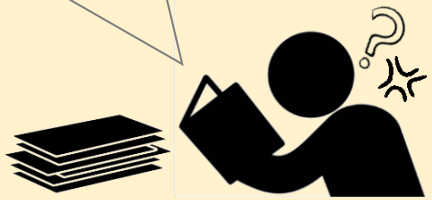


Part E (Investigations)

Case number	1	2	3	4	5	6	7	8	9	10
E1 Investigation indication documentation	✓									
E2 Justification										
E3. Results documentation										
E4. Follow up										

→ Examiners proceed to assess the record

Indication(s) of the investigation **cannot be found** in the record



Part E (Investigations)

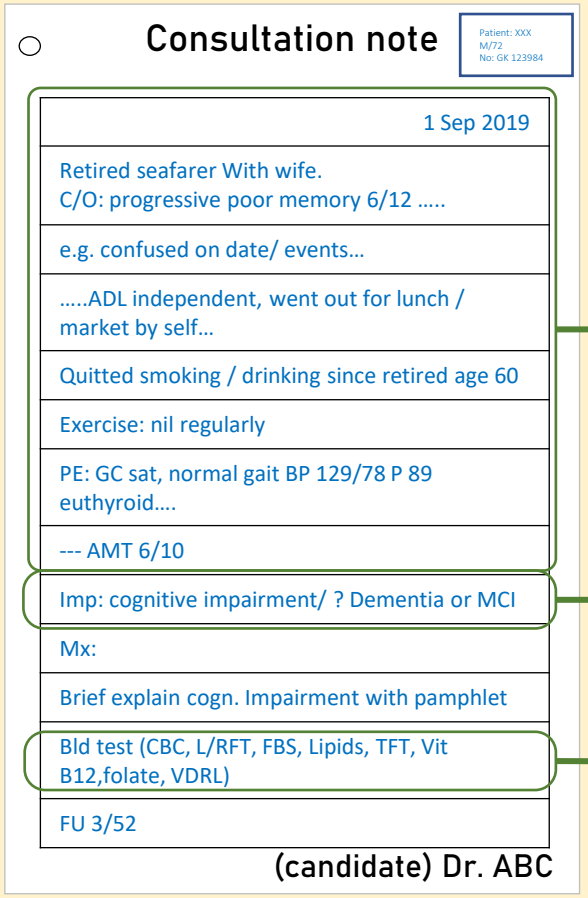
Case number	1	2	3	4	5	6	7	8	9	10
E1 Investigation indication documentation	X									
E2 Justification	X									
E3. Results documentation	X									
E4. Follow up	X									

Penalty!

→ the whole case will not be assessed

→ pro-rata mark deduction in Part E total score

E2 (Justification)



Consultation note

Patient: XXX
M/72
No: GK 123984

1 Sep 2019
Retired seafarer With wife. C/O: progressive poor memory 6/12 …..
e.g. confused on date/ events…
…..ADL independent, went out for lunch / market by self…
Quitted smoking / drinking since retired age 60
Exercise: nil regularly
PE: GC sat, normal gait BP 129/78 P 89 euthyroid….
--- AMT 6/10
Imp: cognitive impairment/ ? Dementia or MCI
Mx:
Brief explain cogn. Impairment with pamphlet
Bld test (CBC, L/RFT, FBS, Lipids, TFT, Vit B12,folate, VDRL)
FU 3/52

(candidate) Dr. ABC

Marking of E2 (Justification)
is the **Examiner's judgement** on the record's :

- Clinical information
- Provisional diagnosis / Chief condition requiring investigations
- Test(s) ordered

Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam

Marking Scale for E2 (Justification)

Examiner marks all the eligible medical records
Then give a global mark in Part E2 (justification)

4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9

Reference for marking D2. Basic Information and D3. Consultation notes	
Mark (Please circle one)	General description
9	Consistently demonstrates outstanding performance in all components; criterion performance (outstanding)
8.5	
8	Consistently demonstrates mastery of most components and capability in all (Very Good)
7.5	
7	Consistently demonstrates capability in most components to a professional standard. (Average to good) *(minor omissions / defects that can be tolerated)*
6.5	
6	Demonstrates capability in some components to a satisfactory standard; but with omissions and/ or defects in other components that have impact on patient care *(Such omissions/ defects were seen in two or more of the Cases assessed)*
5.5	
5	Demonstrates inadequacies in several components with major omissions or defects
4.5	
4	Demonstrates serious defects; clearly unacceptable standard overall

E3 (Results documentation)

Consultation note

Patient: XXX
M/72
No: GK 123984

21 Sep 2019
with wife and daughter today
Consult. 1/9/ 2019 refers;
Dementia bld work up (4 Sep 2019): CBC, L. RFT, TFT, Vit B12, folate: N; VDRL: no-reactive
Daughter concerned ….
Imp: cognitive impairment/ likely MCI
Mx:
Suggest SFI CT brain; relatives need time to think about
Encourage regular social activities / exercise. : e.g. visit nearby elderly community center
Refer:
Occ therapist (assessment and training)
Geri SOPC
FU 12/52

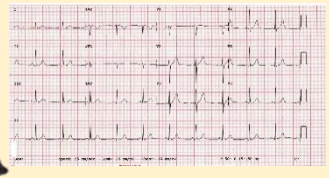
(candidate) Dr. ABC

Investigation results/ findings

documented in record

+

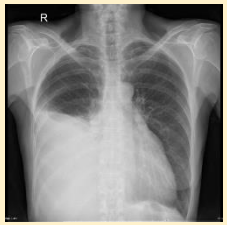
Copy of the investigation reports, e.g.



CT scan

Ultrasound scan

For plain X-Ray: : if report not available



film

OR

Present for Examiner's inspection

Results documented (E3)

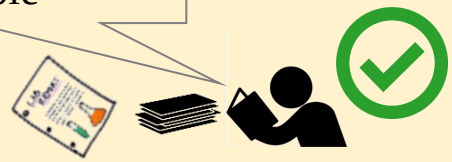
Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam

E3 (Results documentation): marking

- The investigation results documented in the medical record
  AND
- The investigation/ laboratory report (copy) available

E3. Results documentation	✓									
E4. Follow up										

→ Examiners proceed to assess the record, E4 (follow up)



- The investigation results **NOT** documented in the medical record
  OR
- The investigation/ laboratory report (copy) **NOT** available

E3. Results documentation	X									
E4. Follow up	X									

Penalty!

→ "Follow up" of the case will not be assessed
→ pro-rata mark deduction in E4 (follow up) score

E4 (follow up)

Consultation note

Patient: XXX
M/72
No: GK 123984

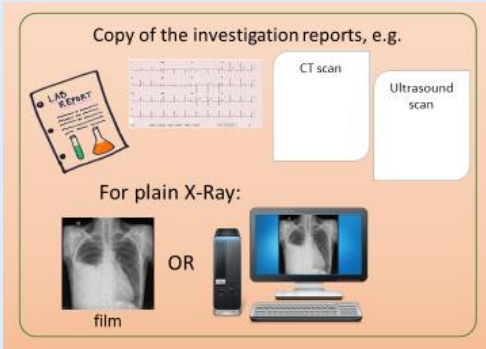
21 Sep 2019
with wife and daughter today
Consult. 1/9/ 2019 refers;
Dementia bld work up (4 Sep 2019): CBC, L. RFT, TFT, Vit B12, folate: N; VDRL: no-reactive
Daughter concerned ….
Imp: cognitive impairment/ likely MCI
Mx:
Suggest SFI CT brain; relatives need time to think about
Encourage regular social activities / exercise. : e.g. visit nearby elderly community center
Refer:
Occ therapist (assessment and training)
Geri SOPC
FU 12/52

(candidate) Dr. ABC

Marking of E4 (follow up)
is the **Examiner's judgement** on the record's:

Investigation results/ findings:

In the Medical record *and*



Further clinical information elicited (if any)

Diagnosis

Management

Please note: the consultation note content are simulated and not implying a standard of pass or fail in the Exam

Marking Scale for E4 (follow up)

Examiner marks all the eligible medical records
Then give a global mark in Part E4 (follow up)

4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9

Reference for marking D2. Basic Information and D3. Consultation notes	
Mark (Please circle one)	General description
9	Consistently demonstrates outstanding performance in all components; criterion performance (outstanding)
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4.5	
4	Demonstrates serious defects; clearly unacceptable standard overall

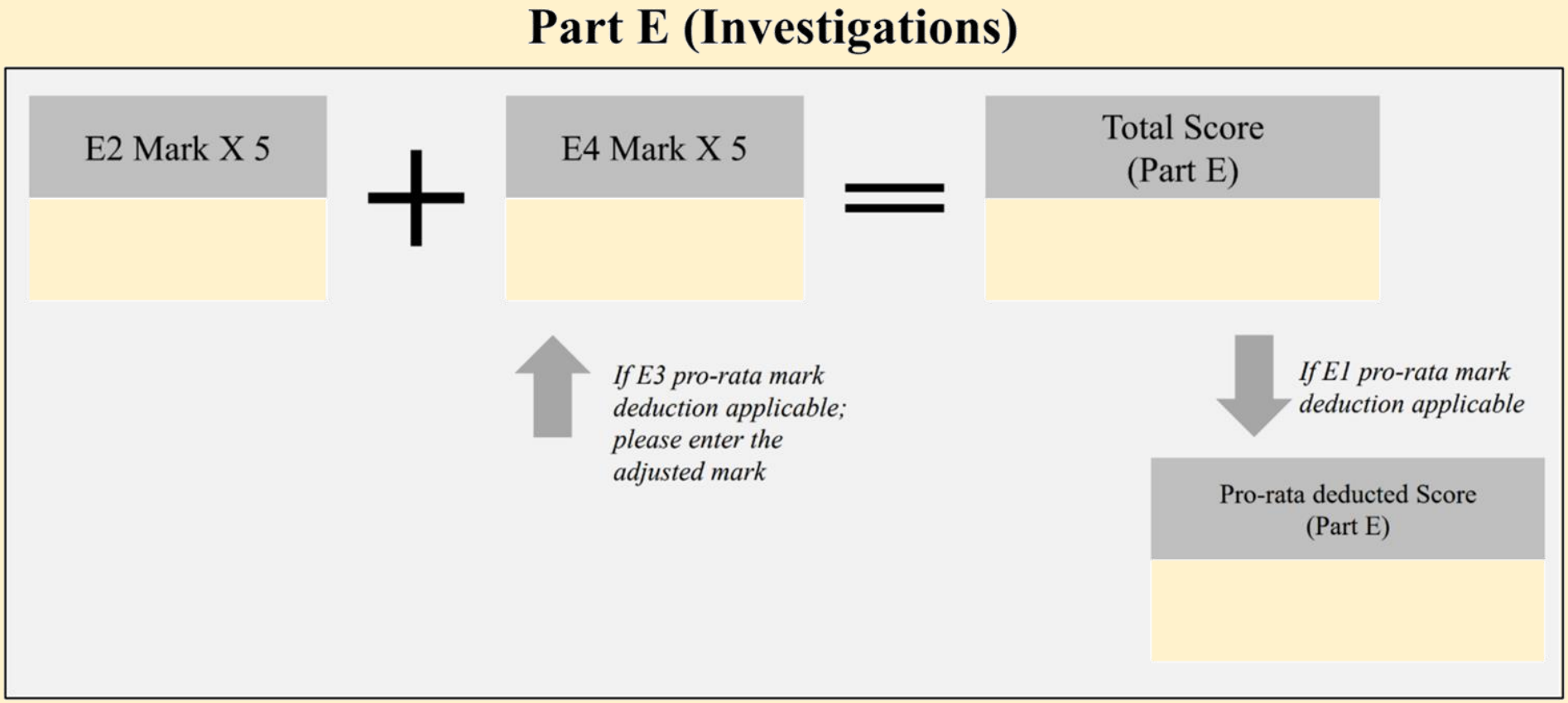
Part E (Investigation): total score calculation

Mark distribution:

E2 (Justification): 50%

E4 (Follow up): 50%

Passing mark Total score ≥ 65%



Some practice tips in preparing Attachment 13 and Part E (Investigations)

E2 (Justification): some tips on practice

- Choose **test(s)** that are **recognized** and **accepted** in our **local primary care** setting
- Perform the test(s) at an **appropriate time / interval** (e.g. for disease monitoring)
- Test(s) are in line with the patient's problem(s), beware of
  - ***under-investigations***: omit test(s) that help to solve the problem
  - ***over-investigations***: order irrelevant / redundant test(s)
- Consider the **patient's needs**, *BUT* ***not just because*** patient wishes or requests to have the test
- Consider **availability of the test** in your practice setting
- **Unnecessary to put down explicit explanation in the medical record to support your choice of investigations in most cases.**

E4 (follow up): some tips on practice

In the follow up visit:

- Distinguish **normal** vs **abnormal results**
- If necessary, **elicit further clinical information** e.g.
  - to help interpret certain incidental findings in the investigation
  - refine the diagnosis
  - to help planning the management
- Inform the patient on the **significance** and **implication** of the investigation results
- Management: according to the tests **results** and the **clinical context;** if needed:
  - **order further investigations** *(such investigations will not be assessed in the Exam)*
  - **Referrals**: but beware of the **potential long waiting time** for non-urgent / usual priority cases **in the public settings** → consider interim follow up(s)
- Also take care of **other significant health issues**, though apparently not related to the problem investigated. Examples: smoking, obesity, comorbidities

Some observations, comments and recommendations
in previous PA
(Part E)

Overall performance on E2 (Justification): area(s) need attention / improvement	If applicable please ✓; higher priority ✓✓, etc.	remarks
• clinical information sufficient to guide the management, investigation not necessary		
• Insufficient clinical information		
• Inappropriate working diagnosis		
• The investigation not guiding the management		
• Not choosing appropriate test(s)		
• Test(s) not done at appropriate time		
• Documentation: length not appropriate OR unclear		
• Others:		

Overall performance on E4 (Follow up): area(s) need attention / improvement	If applicable please ✓; higher priority ✓✓, etc.	remarks
• Follow up not done at appropriate time		
• Key findings documentation unclear		
• Not offering appropriate management according to the investigation results		
• Documentation: length not appropriate OR unclear		
• Others:		

Part E (Investigations)
General: pro-rata mark deduction

Issue noted:	Comments / recommendations
Cases not ordered or followed up by the candidate Candidates claimed he is part time work in clinic only. • Case 1, 3 , 4 , not followed up by candidate at all. • Case 6, not ordered by candidate.	• Non-compliance to examination guideline → pro-rata mark deduction in the total score of Part E
Lab reports not available in the Medical Records • ECG not available	• mark deduction pro-rata in E4
Lab reports not available in the Medical Records • Laboratory reports on ANA and RF not present	• mark deduction pro-rata in E4

Part E (Investigations)
Documentation: length not appropriate OR unclear

Issue noted:	**Comments / recommendations**
Discrepancy in the Attachment 13 and the medical record, causing confusion Problem: deranged LFT (D97) Investigation ordered: Ultrasound of hepatobiliary system **Attachment 13, case summary**: ○ (follow up): *"**After discussion, patient was reluctant for invasive diagnostic test** or other imaging such as Fibroscan as latest private blood test for liver function was normal"* **Consultation notes**: ○ (1st visit): *Patient "**concerns the need for other investigation as patient had read online about liver biopsy**"* ○ (follow up): *"explained that **liver biopsy is the gold standard diagnostic test however due to its invasive nature, it is only considered in complicated and severe cases, therefore it is not recommended in his case**"*	• Attachment 13: seemed the candidate suggested patient to have invasive diagnostic test • Medical Record: patient raised a concern if liver biopsy is needed ; and candidate not recommended • Confusing information in the examination material → risk of misunderstanding by the Examiners in the marking process

Part E (Investigations)
Documentation: length not appropriate OR unclear

Issue noted:	**Comments / recommendations**
It is better to see the case as a whole (dizziness + elevated blood pressure) rather than separate the case to 2 issues at FU	
Clinical notes contain too many details of past record which do not have relevance to the current consultation. Can consider simplify , contain only those relevant information that may affect the current consultation	

Part E (Investigations), E2 (Justification)
clinical information sufficient to guide the management, investigation not necessary

Issue noted:	**Comments / recommendations**
Urine R/M, C/ST in **female** patients presented with **uncomplicated lower urinary tract infection (cystitis)**	• PA Examiners come to a consensus that this type of cases do not have adequate justification (E2) • **Not to be submitted for PA**
Clinically diagnosed lipoma left upper back had already been made; ordering ultrasound of the mass not justifiable	
Not justifiable for ultrasound scan of shoulder as all the clinical findings already indicated tendinitis	
PV itch and discharge, hx not point to STD, 1st episode, not recurrent, single partner, PE Speculum → curd like discharge ; point to candidiasis. No strong indication for endocervical swab which is usually more useful for STD. If STD is suspected , endocervical swab X chlamydia should be performed as well.	

Part E (Investigations), E2 (Justification)
clinical information sufficient to guide the management, investigation not necessary

Issue noted:	**Comments / recommendations**
Patient with history of cough x 1/52 with nasal secretion. Only travel to Eastern China. No other TOCC. Clinically look like URI. Why so early to order CXR when just the vague recommendation suggested by TCM.	
Uncomplicated , wanted pregnancy, already got private pregnancy test +ve. Why still need repeat PT and send to hospital lab??	

Part E (Investigations), E2 (Justification)
Insufficient clinical information

Issue noted:	**Comments / recommendations**
Rt wrist pain. Mechanism / severity of the sprain & contusion not clearly documented to assess if there was significant trauma justifying the XR. Contusion was documented as minor.	
F/54. 1st episode of ↑ clinic BP. No home BP → immediate refer for ABPM. What is the evidence for early ABPM?	
TC > 7.5 ; be alert of familial hyperlipidemia, e.g. at PE look for tendon xanthoma, Rx targert is diffetent	
Justification of ABPM; BP in clinic 129/66 (8/22), 121 / 63 (11/22), 141/58 (3/23; rush to clinic), 149/82 (7/23; any recheck?). Imp: only 2 episodes of elevated BP in clinic	
Gout, can document any tophi in physical exam	
Increased BP once only could be explained by acute illness; not necessary to order routine test for HT at the first instance.	

Part E (Investigations), E2 (Justification)
Inappropriate working diagnosis

Issue noted:	**Comments / recommendations**
Referred from Surgical for A1c 6.7% X 1, ? DM. No random bld sugar nor FBS value. DM not confirmed. Not indicated for urine ACR.	
M/82. elevated PSA. Dx: CA prostate – without tissue diagnosis	

Part E (Investigations), E2 (Justification)
The investigation not guiding the management

Issue noted:	**Comments / recommendations**
(knee) If worry about ligament injury, should suggest MRI rather than XR	
In view of fair response to Augmentin, with pus expressed, should consider I&D (e.g. refer AED) instead of wound swab	

Part E (Investigations), E2 (Justification)
Not choosing appropriate test(s)

Issue noted:	**Comments / recommendations**
Baseline ECG should be sought for all HT patients if not done before	
M/65. Recurrent Renal stone. Had ESWL Rt renal stone in 2015. Ix: MSU, KUB	• Should check blood calcium, urate (underlying cause?) • Can consider US kidneys or SFI CT Urogram
RUQ abd pain X 1/52. Bld check should include CBC for WBC , to assess any infection	
For fatty liver, it is better to order USG, rather than LFT only	
Patient with HT for complication screening, not monitor Urine PC ratio (PCR)? In which another doctor order and monitor at 6/2022. HK HT Reference Framework suggest urine PCR yearly	• Some GOPC's practice was urine dipstick albumin to screen; if +ve → send urine PC ratio
Urine PC ratio not checked (HT case) , ? Department protocol	

Part E (Investigations), E2 (Justification)
Not choosing appropriate test(s)

Issue noted:	**Comments / recommendations**
Hep B carrier, we need to consider whether antiviral Tx is needed. So we need to check HBV DNA as well and order CBC/AST to calculate APRI score (Aspartate aminotransferase to platelet ratio index), Fibroscan and see any chance of cirrhosis. Although GOPC might not have HBV DNA/ Fibrosan, we need to discuss with patient (similar to Ultrasound ordered by the candidate)	
M/68. SOB & chest discomfort → refer to have CXR and SFI CT coronary angiogram. CXR revealed massive Rt pleural effusion ← immediately referred to AED by Chest Clinic (where the patient had the XR taken) Diagnosis: malignant mesothelioma Only telephone consultation with the patient Why advocate patient to SFI CT Coro so early at GOPC setting and not wait for CXR first?	• The SFI CT Coro may still be advocated if the clinical information point to reasonable probability of IHD , can calculate the risk score • At the telephone FU, can ask the patient to postpone the SFI CT and consult his attending physician first

Part E (Investigations), E2 (Justification)
Not choosing appropriate test(s)

Issue noted:	**Comments / recommendations**
UnderIx → in view of patient's age, multiple vertebral collapses, need to check CBP, ESR, Ca, PO4, ALP (not done before) to r/o malignancy	
Urticaria, F/27 to r/o autoimmune disease / vasculitis , only check CBP, ESR. Should consider ANA and CRP	
DEXA ordered on the 1st encounter, based on patient's concern of osteoporosis causing the back pain. XR LS spine ordered on the 2nd visit.	• XR LS spine should be considered in the 1st visit

Part E (Investigations), E2 (Justification)
Test(s) not done at appropriate time

Issue noted:	**Comments / recommendations**
Should not repeated blood x lipid at 21/6/2016 as just done by medical 6/2016 in which the result is normal. The duration of Ix is not appropriate	
Suspect gouty attack one week ago. Blood urate check on the next day; results may not be accurate. Should postpone test at least 2 weeks after the flare up	

Part E (Investigations), E4 (Follow up)
Follow up not done at appropriate time

Issue noted:	**Comments / recommendations**
All along stable thyroid case. Hx and Physical examination didn't indicate any hypo/hyperthyroid symptoms. No strong reason to follow up the case in 2 weeks' time to see the result.	
Post-RAI on thyroxine. Increased thyroxine for ↑ TSH and normal T4 level. Bld check at 3 wk and FU 4/52 → not much change for lab result finding for TSH.	
X-ray R/o rib fracture patient (ordered) on 21/9/2021 FU on 20/10/2021. X ray report available on 26/10/2021. Did candidate see wet film earlier?	

Part E (Investigations), E4 (Follow up)
Key findings documentation unclear

Issue noted:	**Comments / recommendations**
ABPM success rate 64% only (< 70%), not valid	
24 hr ABPM , % of BP > target should be documented too	

Part E (Investigations), E4 (Follow up)
Not offering appropriate management according to the investigation results

Issue noted:	**Comments / recommendations**
Patient with HT, IFG, H-lipid & Gout since 2002. Ordered blood test for patient. Results (5/17): Urate came back 0.61 mmol/L vs Hx 7/16 Urate 569 mmol/L & 8/15 Urate 550 mmol/L Increasing trend of urate level with on & off gouty attack. Still emphasis on low purine diet only but no dietitian referral. Should put on (medication) to lower the uric level & prevent recurrent gouty attack	
CXR (for cough/ resp symptoms) incidentally finding of ? Calcified gallstone, patient been FU Surgical before; but no further documentation of FU action to patient & when to seek help if needed.	• If the gallstone hx were clarified that has been under attention, document *'known gallstone, FU Surgical'* probably sufficient.
ABPM result : mild HT. At follow up: clinic BP 137 / 88. started Norvasc 2.5 mg QD. What is the evidence of using anti-HT? most guideline recommend trial of life style modification 6 months first rather than put on Rx after 1 months of BP monitoring	

Part E (Investigations), E4 (Follow up)
Not offering appropriate management according to the investigation results

Issue noted:	**Comments / recommendations**
Thyrotoxicosis since Dec 2021. Poor Rx compliance FT4: 73 (Apr 2022) , 40.8 (May 2022) , 54 (July 2022) Pulse 108 / min Dx: ‘mild rebound’ Candidate had seen the patient 2 episodes and did not adjust the CMZ dosage; now increased from 10 mg QD to 15 mg QD	
Toenail clippings fungal culture +ve, patient declined SFI topical treatment or oral antifugal Rx, referred to Skin Clinic which the waiting time is long	can consider • Podiatry referral, or • trial of Canestan cream
Patient PT +ve / pregnancy case. Folate not prescribed. **{Case with Urine pregnancy strip test (POCT) as the only Ix is not eligible for PA from 2023 Exit}**	In GOPCs: • Folate of the appropriate dose may not be available in the clinics • Can suggest the patient to self purchase until seen by antenatal clinic

Part E (Investigations), E4 (Follow up)
Not offering appropriate management according to the investigation results

Issue noted:	**Comments / recommendations**
Skin swab result Augmentin resistant, but given Augmentin only	
Gout, consider colchicine as prophylaxis Rx	

Carefully choose the cases

Choose cases that show your competency , not weakness

Not sure if a case on hand is good to be submitted for Exam?

Choose another case

Prepare for Part E (Investigations): what you can do now

1	Look for cases that may be used in the preparation Part E of PA (Attachment 13)
2	Familiarize with ICPC-2 coding
3	Practice write up short cases summaries
4	Every day: a) Practice rational use of investigations (justification) b) Provide appropriate follow up on the investigation results

Enquiry

Specialty Board secretary:

alkyyu@hkcfp.org.hk

Tel: 2871 8899 (Alky or John)