

My NZREX experience

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General tips

- ✦ Do what work for you, organise your study plan early
- ✦ Find a suitable study partner/s
- ✦ Practice high yield cases again and again
- ✦ Aim for perfection
- ✦ Check management plan in NZ based references
- ✦ Give honest feedback to your study partner/s

My study plan

- 1 month of reading John Murtagh's -- I found it not quite useful
- 5 weeks history taking practice 8min/case
- 2 weeks counselling practice 8 min/case
- 2 weeks physical exam practice 8 min/case
- 6 weeks of systematic study
- Random cases (all systems as long as possible)
- Mock exam
- Continue random cases

NZ based references

- ✦ RMO book
- ✦ familyplanning.org.nz
- ✦ Bpac
- ✦ dermnetnz.org
- ✦ healthnavigator.co.nz
- ✦ abortion.org.nz

What is systematic study

- Study one system per week (in average) - CVS, Respiratory, GI, O&G, Urology/Nephrology, Oncology, Paediatric, Mental health, Neurology.
- This include statics, history taking, counselling, PE
- Make sure all the information is right and up to date especially management plan
- Practice cases randomly according to the system at the end of the week with 2min-10 min exam format

Always aim for perfection

- ✦ Finish history/counselling/PE in 8 min
- ✦ Ask all important questions, practice until you remember everything
- ✦ Make sure your physical examination is systematic and correct
- ✦ Practice your smile 😊

More detail tips

- ✦ Be systematic
- ✦ Be simple
- ✦ Use the 2 min to think about what will you say, how to start, differential or management
- ✦ Be ready if it's not like what you have planned, don't panic just move on
- ✦ Treat patient as your patient not just an actor, be genuine
- ✦ Listen carefully to what ever the patient say to you
- ✦ Always smile and great your patient, maintain eye contact

Introduction

- Generic introduction for all stations -> Hi ... (patient's name) good morning ... my name is ... (use your first name), I'm one of the doctors here.
- Build rapport -> How are you this morning? Then react accordingly-> if it good then smile and say: that's good then continue with : how can I help you today?
- If the patient starts giving you the symptoms or complain say : oh.. I'm sorry to hear that -> shows empathy
- Consent: do you mind if I ask some questions about it/your symptoms - gentle smile
- Confidentiality: Just to let you know everything that we discuss today will be confidential, and feel free to stop me at any stage if you have any question or feel uncomfortable

History taking

- Be systematic
- Start from main complain -> explore with **ODIPARA** or **SOCRATES**
- Continue to other symptoms that might be related, including local changes
- Exclude differential diagnosis
- Past medical history, medication, allergy, family history
- Smoking, alcohol, drugs, diet, exercise, mood
- Personal history
- Occupation, travel
- Anything else

Counselling

- Introduction then HOPC follow patient leads, be empathetic
- Assess knowledge and expectation
- Explain about diagnosis make it short and clear
- Explain about management (self help, medication, more investigation or specialist referral) ask about what the patient want you to explain in more detail
- Safety net: pamphlet, follow up, when to come back (red flags)

PE

- Introduction, HOPC, explain what will you do, consent and chaperon,
- Hand hygiene
- Ask if patient comfortable and if you can start examination
- Do examination systematically
- Thank the patient, wash hand