



Sample Questions: Part III - Clinical Examination

The following questions illustrate some of the formats that may be used in the Clinical Examination of Licensing Examination, and they are not intended for the purpose of tutoring. Clinical materials in some of the sample questions, such as video clip, are omitted.

Please refer to the section on Part III Examination in Licensing Examination Information Portal (https://leip.mchk.org.hk/EN/dexam_III.html) for the actual number of questions in the clinical examination.



(I) **Medicine**

(a) **Long case**

Question

Patient details:	Ms Chan, a 45-year-old woman
Your role:	You are the medical doctor at the medical clinic

The Examiners will ask you to present the history, report any abnormal physical signs elicited, and discuss your clinical assessment and plan of management.

The clinical information of this patient is given below.

Referral text:

Clinical problem: This lady has a history of thyroid disease. She is now coming back for routine follow-up.

Your task is to assess her current disease status and advise on further investigations and management.

Any notes you make must be handed to the examiners at the end of the station.

Additional Information for reference:

- **Correct diagnosis:**
e.g. Graves' disease with hypothyroidism secondary to radioactive iodine treatment
- **Types of questions that may be asked in the examination:**
 - *What are the physical findings?*
 - *What are the active problems in this patient?*
 - *What is the current thyroid status?*
 - *What do you think is the aetiology of thyrotoxicosis in this patient?*
 - *What investigations will you perform?*
 - *What is your management plan?*
 - *When would you recommend radioactive iodine or thyroidectomy? How would you counsel the patient?*



(I) Medicine

(b) Short cases

Question 1

Instructions to candidate: This patient has abdominal distension. Please examine the abdominal system.

Additional information for reference:

- *Types of questions that may be asked in the examination:*
 - *What are your findings?*
 - *What is the diagnosis? e.g. Liver cirrhosis with moderate ascites and splenomegaly*
 - *How severe is the liver disease?*
 - *What are the common causes of this condition?*
 - *What investigations will you perform?*

Question 2

Please see the electrocardiogram (ECG) provided and answer the questions.

An 83-year-old man with history of hypertension (on atenolol 100 mg daily) was admitted for syncope. Blood pressure was 80/50 mmHg on admission.

1. What is the clinical diagnosis?
2. Suggest two possible contributing factors to this condition.
3. Suggest two ways to manage this patient.



(II) Surgery

(a) OSCE (Interactive Station in Surgery)

Question

Please read the following instructions:

Please approach the patient to obtain relevant history and then answer questions from the Examiner.

Additional information for reference:

Example:

Patient:

Female, 39-year-old

History of present illness:

Intermittent per rectal bleeding for 2 months

• *Types of questions that may be asked after presentation of history:*

- *What is the most likely diagnosis? Why?*
- *What are the associated risk factors in this patient?*
- *What specific signs would you like to look for in the physical examination?*
- *What further investigations would you suggest?*
- *Name some simple clinic-based procedures that can relieve this condition.*
- *What are the surgical options if the above measures fail?*



(II) Surgery

(b) OSCE (Non-interactive Station in Surgery)

Question

A 68-year-old gentleman with a history of hypertension and atrial fibrillation on warfarin was admitted with 3 days history of abdominal distension, colicky abdominal pain and vomiting. He last opened his bowels 2 days ago.

He has had an open cholecystectomy 40 years ago.

On examination, he is clinically dehydrated with heart rate 98 beats per minute and BP 108/76mmHg. His body weight is approximately 60kg. His abdomen is distended with Kocher scar in the right upper quadrant from previous open cholecystectomy. No obvious cough impulse is seen. There was no tenderness or definite mass on palpation. Bowel sounds was hyperactive. Rectum was empty on PR examination with no mass or blood.

Blood tests on admission showed: (normal range)

Hb 11.2 g/dL	(12.6-16.1 g/dL)
WBC 4.3 x10 ⁹ /L	(4.2-9.6 x10 ⁹ /L)
Plt 219 x10 ⁹ /L	(163-356 x10 ⁹ /L)
INR 2.1	

Na ⁺ 132 mmol/L	(137-144 mmol/L)
K ⁺ 3.2 mmol/L	(3.5-5.0 mmol/L)
Urea 8.9 mmol/L	(3.1-7.8 mmol/L)
Cr 79 umol/L	(65-109 umol/L)

Total protein 73 g/L	(66-80 g/L)
Albumin 34 g/L	(33-48 g/L)
Total Bilirubin 9 umol/L	(<19 umol/L)
Total ALP 102 IU/L	(43-105 IU/L)
ALT 21 IU/L	(<53 IU/L)
Amylase 19 IU/L	(33-120 U/L)

Here is the abdominal x-ray (AXR) taken in A&E on admission (figure 1):



Instructions to the candidates:

Please answer the following questions about the case above.

1. Please look at the AXR (figure 1). What is the diagnosis? What abnormalities can you see on the AXR?
2. What is the most likely cause of the abnormality seen on the AXR?
3. Please prescribe intravenous fluid regime for this man for the next 24 hours.
4. What do you advise the patient about his anticoagulation for atrial fibrillation and why?
5. How would you manage this gentleman initially on admission?

(II) Surgery

(c) OSCE (Interactive Station in Orthopaedic Surgery)

Question

Information given to the candidate:

Ms Y is a 65-year-old patient with a history of diabetes mellitus. She presented with a 2-day history of right knee pain. There was no history of trauma. On admission she was noted to have a fever of 39 degree Celsius. Her right knee was hot and swollen with erythema and the range of motion was markedly restricted due to pain.

Additional information for reference:

- *Types of questions that may be asked in the examination:*
 - *What is the likely differential diagnosis?*
 - *What investigations would be performed to confirm the diagnosis?*
 - *What would be the initial management of the patient?*
 - *What is the surgical treatment of the patient?*
 - *How to monitor the response to treatment post-operatively?*



(III) Obstetrics & Gynaecology

(a) OSCE (Interactive Station)

Question

Scenario

Mrs. Chan is seen in the admission ward of the obstetrics department because of vaginal bleeding. Please interview her.

Instructions to candidate:

You are expected to take an obstetric history. You will be awarded marks for obtaining an appropriate history from her.

You should leave the last minute of the interview to summarise the significant parts of the history and to explain to the patient the diagnosis or differential diagnoses.

(III) Obstetrics & Gynaecology

(b) OSCE (Non-Interactive Station)

Question



- a. What is the name of this instrument?
- b. In which gynaecological surgery this instrument is usually used, and what pathologies are specifically checked during this surgery?
- c. Describe how this instrument is used.
- d. Name three possible complications associated with the surgery stated in question 'b'.
- e. What is the alternative option that may serve the similar purpose of the surgery mentioned in question 'b', and what are the pros and cons of it when compared to the surgery stated in 'b'?
- f. A woman with polycystic ovarian syndrome (PCOS) will undergo the surgery mentioned in 'b'. If there is no pathology identified except PCOS, which specific surgical treatment is available for her PCOS, and can be done at the same time? And what is the aim of the surgical treatment?

(IV) Paediatrics

(a) Long case

Question

Case Scenario: A girl who presented with fever

First section: history taking from surrogate

Mrs Ho brought her one-year-old girl to your clinic because she has been febrile for the last 2 days.

Demographic details: The girl's name is Ka Yan. Both parents are Chinese.

Please take a history from the "mother" to help you to establish a working diagnosis

Second section: conducted by Examiners

Additional information for reference:

- *Types of questions that may be asked in the examination:*
 - *What is/are your working diagnosis / differential diagnoses?*
 - *Based on the working diagnosis, what are the physical signs you would look for?*
 - *Describe what investigations that may be useful to manage this patient.*
 - *If the urine dipsticks showed 4+ WBC, what is the likely diagnosis? How would you manage this girl?*
 - *How would you manage her if she starts to have a seizure while you are examining her?*
 - *What other investigations would you consider after the seizure has settled?*
 - *If she develops three episodes of seizure associated with febrile illness in the next 12 months, how would you manage her?*
 - *What are the features of a typical febrile convulsion?*



(IV) Paediatrics

(b) Short case

Question

Neurology case with video

Please watch the video clip and then answer the questions from Examiners.

This is a 10-year-old boy with abnormal gait.

Additional information for reference:

- *Types of questions that may be asked in the examination:*
 - *What are the important physical findings from the video?*
 - *What additional information will you like to obtain from history taking and physical examination?*
 - *What are the possible differential diagnoses?*
 - *What investigations would you obtain to confirm the diagnosis?*