

KFP Hints and tips

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1. Study presentations first, then focus on disease
 - e.g. Shortness of breath – PROMPT for differential list, and investigations for dyspnoea, then study PE, CCF, etc
2. Read the question carefully
3. If your answer seems vague, it is and should be clarified.
 - e.g. 'Reassure patient' – should be 'reassure patient that this is a self-limiting condition lasting approximately 1-2 weeks'
 - e.g. 'Follow-up' – should be 'review patient in 48hrs to reassess symptoms'
4. If a question asks for further history or aspects of history, think of all the questions you would ask that patient if they were sitting in front of you with this presentation and then group similar questions. But if the question asks for specific history questions, be specific.
5. Don't group diagnoses, and look for the qualifier and be specific
 - e.g. Inflammatory bowel disease (1 mark) = CD and UC (1 mark each), you could potentially miss the extra mark
 - e.g. most important could be different from most likely (PROMT = Red flags/important v Probability/likely)
 - e.g. If working from clinical image be specific. Pneumonia might get 1 mark, where right lower lobe pneumonia might get 2 or 3
6. Don't group investigations, unless very similar (ESR & CRP), once again look for qualifiers (most important, office tests, which investigations should be ordered today)
7. Management can be similar to history, group common aspects of management, unless question specifically asks for a single aspect of management.
 - e.g. If asking for lifestyle management, list all aspects separately (Diet, exercise, smoking, etc) and be specific (Type of diet, amount of exercise etc.). Otherwise group them all together as one aspect of management (I would overcode with these and write something like – Lifestyle management including diet, exercise, smoking cessation and alcohol consumption)
8. Each question within a case could be marked by a separate marker, therefore don't assume that they know what you wrote for the previous answer.