

Medicine · New type 2 diabetes: reluctant to start medication

SPK-MED-01 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Paul Hartley, a 52-year-old warehouse supervisor, has come back to discuss his recent blood tests. His HbA1c is 64 mmol/mol (8.0%) and his fasting glucose is 9.1 mmol/L, confirming type 2 diabetes. His kidney function is normal. You plan to start metformin first (other medicines may be added later if needed), but he has told the receptionist he 'doesn't want to be put on tablets'.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Hartley already understands about his results and how he feels about the diagnosis
2. Explain what type 2 diabetes is and why treatment is important now (blood sugar too high, long-term damage to eyes, kidneys, nerves, heart)
3. Find out the reasons for his reluctance to take medication
4. Explain metformin (how it works, starting dose 500 mg with the evening meal and increasing slowly, possible stomach upset, usually settles)
5. Discuss lifestyle changes and agree a follow-up plan (diet, activity, diabetes educator, review of how he is tolerating the tablets in 1–2 weeks, repeat blood test in 3 months)

Medicine · First febrile convulsion: frightened parent

SPK-MED-02 | Original simulated candidate card

Setting: Emergency department, paediatric area

You are a doctor in the emergency department. Noah, aged 22 months, was brought in by ambulance an hour ago after a generalised seizure at home lasting about two minutes. His temperature was 39.2°C. He has a viral upper respiratory tract infection and red throat; he is now alert, drinking and playing. You have assessed him and diagnosed a simple febrile convulsion. You are talking to his mother, Ms Rachel Doyle, who is very distressed.

Interlocutor: PARENT

Your tasks

1. Find out what Ms Doyle saw during the seizure and what she is most worried about
2. Explain what a febrile convulsion is (common, triggered by fever, usually harmless, not epilepsy)
3. Reassure her about the long-term outlook and address her specific fears
4. Advise on what to do if it happens again (stay calm, lie him on his side, time it, call an ambulance if longer than 5 minutes)
5. Explain fever management and the plan for discharge (paracetamol for comfort, fluids, see GP, return if unwell)

Medicine · Acute low back pain: patient demanding a scan and strong painkillers

SPK-MED-03 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Shane Mercer, aged 45, a self-employed tiler, injured his lower back lifting boxes of tiles 10 days ago. On examination there are no red-flag features: no leg weakness, numbness, bladder or bowel symptoms, fever, weight loss or history of cancer. You have diagnosed non-specific acute low back pain. He is frustrated and has asked for an MRI scan and 'something stronger' than the ibuprofen he has been taking irregularly.

Interlocutor: PATIENT

Your tasks

1. Acknowledge Mr Mercer's frustration and find out how the pain is affecting him
2. Explain your findings and why a scan is not needed at this stage (no warning signs; scans often show changes unrelated to pain and do not change treatment)
3. Explain why strong opioid painkillers are not recommended (little benefit, side effects, risk of dependence)
4. Advise on a management plan (stay active, a short course of anti-inflammatory medication if suitable, heat, physiotherapy, modified duties)
5. Explain warning signs that need urgent review and arrange follow-up

Medicine · Breaking bad news: bowel cancer biopsy result

SPK-MED-04 | Original simulated candidate card

Setting: General practice

You are a GP. Mrs Helen Ashworth, aged 63, had a colonoscopy last week after a positive bowel screening test. The gastroenterologist's report shows a 3 cm tumour in the sigmoid colon; the biopsy confirms adenocarcinoma (bowel cancer). A staging CT scan has not yet been done. The gastroenterologist has asked you to tell her the result and arrange urgent referral. She has come in alone, believing the appointment is 'just routine'.

Interlocutor: PATIENT

Your tasks

1. Find out what Mrs Ashworth already knows and expects about her results
2. Prepare her for bad news and explain the result clearly and sensitively
3. Respond to her emotional reaction and find out her main concerns
4. Explain the next steps (CT scan to see if it has spread, urgent appointment with a bowel surgeon within two weeks, team approach to treatment)
5. Explain the support available and arrange follow-up

Medicine · Low mood after redundancy: assessing risk and discussing treatment

SPK-MED-05 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Jordan Kelly, aged 27, has booked an appointment saying he 'can't sleep'. In the waiting room he completed a depression questionnaire (PHQ-9) and scored 18, indicating moderately severe depression. He was made redundant from his job as a graphic designer three months ago. You have not met him before.

Interlocutor: PATIENT

Your tasks

1. Find out about his sleep, mood and how he has been coping since losing his job
2. Ask sensitively about thoughts of self-harm or suicide
3. Explain that his symptoms suggest depression, which is common and treatable, and outline the main treatment options (talking therapy, medication)
4. Agree a safety plan and follow-up (crisis contacts, review within one week)

Medicine · Pre-admission clinic: stopping a blood thinner before knee replacement

SPK-MED-06 | Original simulated candidate card

Setting: Hospital pre-admission clinic

You are a doctor in the pre-admission clinic. Mr Ronald Pike, aged 74, is booked for an elective right total knee replacement next Thursday, first on the morning list (admission 06:30, surgery 08:00). He has atrial fibrillation and takes apixaban 5 mg twice daily; his kidney function is normal. The surgical and anaesthetic teams' plan is: last dose of apixaban on Monday morning (at least 72 hours before surgery, so that a spinal anaesthetic is possible), no further doses until after the operation, no bridging injections, restart as directed by the ward team. Hospital fasting times for his operation: no food or milk after 02:00 on Thursday; clear fluids (water, black tea) until 06:00.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Pike takes his medication and what he knows about the operation day
2. Explain why apixaban must be stopped before surgery and exactly when to take the last dose
3. Explain the fasting instructions for the morning of the operation (food, milk and clear fluids, with clock times)
4. Find out about any concerns he has about the anaesthetic or the operation
5. Check his understanding of the instructions and give him the written plan

Medicine · Aged care: daughter requests sedation for her mother with dementia

SPK-MED-07 | Original simulated candidate card

Setting: Residential aged care facility

You are a GP who visits the facility weekly. Mrs Iris Foster, aged 86, has moderate Alzheimer's disease. Over the past two weeks she has become restless and agitated in the late afternoon and has had two falls without serious injury. You have examined her today: she is tender in the lower abdomen, has not opened her bowels for five days, and staff report she is passing urine more often. You suspect delirium caused by a physical problem. You have ordered a urine test and bloods, started treatment for constipation, asked staff to monitor her observations, fluid intake and behaviour, and plan to reassess her within 48 hours. Her daughter, Ms Diane Foster, has asked to speak to you and wants her mother 'given something to settle her'.

Interlocutor: RELATIVE

Your tasks

1. Acknowledge Ms Foster's concerns and find out what changes she has noticed in her mother
2. Explain that her mother probably has delirium (a sudden worsening of confusion) and its likely causes (constipation, infection, pain), and the tests and treatment you have started
3. Explain why sedating or antipsychotic medication is not recommended at this stage (increased risk of falls, stroke and death; limited benefit)
4. Discuss non-drug approaches and how the team will manage her mother's care (treating causes, routine, familiar objects, music, falls prevention)
5. Respond to her concerns about the care her mother is receiving and agree a plan for review

Medicine · Poorly controlled asthma: reluctance to use a preventer inhaler

SPK-MED-08 | Original simulated candidate card

Setting: General practice

You are a GP. Mr Aiden Walsh, aged 30, a chef, is attending for follow-up after an emergency department visit two weeks ago for an asthma attack, where he was given a five-day course of prednisolone. He uses only a salbutamol reliever inhaler. He was prescribed a preventer last year but stopped using it. You plan to start budesonide-formoterol 200/6 micrograms (a dry-powder inhaler) as a combined preventer and reliever, replacing salbutamol and give him a written asthma action plan.

Interlocutor: PATIENT

Your tasks

1. Find out how his asthma has been since the emergency visit and how often he uses his reliever
2. Find out why he stopped using his preventer
3. Explain the difference between a reliever and a preventer and why relying on salbutamol alone is risky
4. Explain the new inhaler (one inhalation twice a day, plus one inhalation when needed for symptoms, maximum 12 inhalations a day; rinse mouth after use) and check his technique
5. Explain the written asthma action plan and when to seek urgent help

Medicine · Viral sore throat: patient requesting antibiotics

SPK-MED-09 | Original simulated candidate card

Setting: Community clinic

You are a doctor at a community clinic. Ms Orla Hurley, aged 34, has had a sore throat, runny nose and mild cough for three days. On examination she has no fever, her chest is clear and her symptoms are typical of a viral upper respiratory tract infection. She has an important work presentation in two days and has told the receptionist she needs antibiotics.

Interlocutor: PATIENT

Your tasks

1. Find out about Ms Hurley's symptoms, her expectations and her previous experience with antibiotics
2. Explain in simple terms why antibiotics are not recommended for her illness (viral cause, side effects, resistance)
3. Respond to her insistence that antibiotics have always helped her before
4. Advise on ways to manage her symptoms before her presentation (rest, fluids, simple pain relief, soothing remedies)
5. Agree a plan, including when she should return or seek urgent help

Medicine · Toddler with gastroenteritis: parent wants an IV drip

SPK-MED-10 | Original simulated candidate card

Setting: Emergency department

You are a doctor in the emergency department. Mr Fergal Lenihan's 2-year-old daughter has had vomiting and diarrhoea for 24 hours. On your assessment she is alert, playful at times and mildly dehydrated. She has tolerated a trial of small, frequent sips of oral rehydration solution in the department, and she is suitable to go home. Her father has asked to speak to you before leaving.

Interlocutor: PARENT

Your tasks

1. Find out about Mr Lenihan's concerns about taking his daughter home
2. Explain why oral rehydration is the recommended treatment for her (rather than a drip)
3. Explain how to give fluids and food at home (small, frequent amounts; which drinks to avoid)
4. Reassure Mr Lenihan about his worries and explain the warning signs that mean he should return
5. Agree a plan for tonight and arrange follow-up

Medicine · New diagnosis of heart failure: misunderstanding the term

SPK-MED-11 | Original simulated candidate card

Setting: Hospital ward

You are a resident doctor on a medical ward. Mr Laurence Langley, aged 67, a retired bus driver, was admitted three days ago with breathlessness and swollen ankles. An echocardiogram has confirmed heart failure, and his breathing and swelling have improved with diuretic treatment. Since hearing the diagnosis on the ward round this morning, he has become quiet and withdrawn, and the nurse has asked you to talk with him.

Interlocutor: PATIENT

Your tasks

1. Find out what Mr Langley understood from the ward round and how he is feeling (worries, what 'heart failure' means to him)
2. Explain in simple terms what heart failure is and why his symptoms happened
3. Reassure him about his outlook and the treatment available (medicines, monitoring, support from the heart failure team)
4. Explain what he can do himself at home (e.g. weighing daily, warning signs, when to seek help)
5. Agree the next steps before discharge

Medicine · Concussion in a young footballer

SPK-MED-12 | Original simulated candidate card

Setting: Emergency department

You are a doctor in the emergency department. Mr Efren Sison, aged 19, is a semi-professional football player. He clashed heads with an opponent during a match this afternoon and was briefly dazed. He now has a mild headache, but his neurological examination is normal and he does not meet the criteria for a CT scan. He is ready for discharge with concussion advice.

Interlocutor: PATIENT

Your tasks

1. Find out how Mr Sison is feeling now and about his plans for the next few days (who he will be with, how he is getting home, upcoming matches)
2. Explain what concussion is and how recovery usually progresses
3. Explain the warning signs that need urgent review and what he should and should not do over the next few days (offer written advice)
4. Persuade Mr Sison not to play in next weekend's final and explain the graded return to sport
5. Agree a plan for follow-up with his GP and the club

Medicine · GP: daily headaches from painkiller overuse in a nurse requesting stronger pain relief

SPK-MED-13 | Original simulated candidate card

Setting: Community clinic

You are a doctor in a community clinic. Ms Ngozi Musa, aged 28, is a hospital nurse who has had migraine since her teens. For the past few months she has had headaches on most days. She takes codeine-containing painkillers and ibuprofen on 18 to 20 days a month. Her neurological examination today is normal. She has come in asking for a stronger painkiller.

Interlocutor: PATIENT

Your tasks

1. Find out about her headache pattern and how she uses her painkillers (types, amounts, how long, effect, symptoms when she misses a dose)
2. Explain medication-overuse headache and why a stronger painkiller is not the answer
3. Reassure her about her worries about stopping the painkillers (what to expect, support available)
4. Explain other ways to manage her headaches (headache diary, preventive treatment, possible triggers)
5. Agree a plan for stopping the ibuprofen and gradually reducing the codeine, and arrange follow-up

Medicine · Abnormal liver tests and alcohol intake

SPK-MED-14 | Original simulated candidate card

Setting: Community clinic

You are a doctor in a community clinic. Mr Rodel Nepomuceno, aged 52, a restaurant owner, has come for the results of routine blood tests taken at a health check last week. His GGT and ALT are raised; his kidney function and full blood count are normal. His notes record him as a 'social drinker', and he expects the results to be normal.

Interlocutor: PATIENT

Your tasks

1. Find out about Mr Nepomuceno's alcohol intake in detail (amount, pattern, situations, symptoms when he goes without a drink; a 375 ml can of full-strength beer is about 1.4 standard drinks and a 750 ml bottle of wine about 8)
2. Explain the blood test results and their likely link to alcohol in non-technical language
3. Respond to his reaction and encourage him to change his drinking safely (Australian guideline: no more than 10 standard drinks a week and no more than 4 on any one day; the liver often recovers; he must not stop or cut down sharply until his withdrawal risk has been assessed)
4. Agree a plan (medically supported reduction with early review and daily checks in the first days if needed, warning signs needing urgent help, repeat blood tests and a liver ultrasound, follow-up in a few weeks)

Medicine · Resident with a skin tear after a fall: angry son

SPK-MED-15 | Original simulated candidate card

Setting: Aged care facility

You are the visiting GP. Mr Bradley Hargreave's mother, aged 89, is a resident here. She walks with a frame and has mild memory problems, but she can usually make everyday decisions about her care with support, and she has agreed that her son may receive updates. Last night she had an unwitnessed fall on the way to the bathroom. She has a skin tear on her right forearm, which has been cleaned and dressed, and there is no clinical evidence of fracture or head injury on initial assessment. Because the fall was unwitnessed, neurological observations are underway. Staff report that she has been more drowsy and confused over the past few days, so you have started an assessment today for possible delirium and its cause. This includes a review of her medicines, including any that increase bleeding risk. Her son has arrived and asked to speak with you.

Interlocutor: RELATIVE

Your tasks

1. Find out about Mr Hargreave's concerns about his mother's fall
2. Explain his mother's injuries and the care she is receiving (skin tear dressing, neurological observations, assessment of her recent drowsiness and confusion)
3. Explain why keeping her in bed with bed rails is not recommended (risk of serious injury, loss of strength and independence)
4. Reassure him about the steps being taken to reduce her risk of falling (falls risk review, low bed, sensor mat, physiotherapy)
5. Agree a plan that involves his mother in decisions about her care, including how he will be kept informed

Medicine · GP: a mother's worries about her baby's 6-month immunisations

SPK-MED-16 | Original simulated candidate card

Setting: Community clinic

You are a general practitioner. Ms Rosalind Ormerod, aged 30, has brought her healthy 6-month-old son for his scheduled 6-month immunisations. He had his earlier immunisations on time. She has read online and in parent forums that vaccines 'overload' a baby's immune system and now wants to delay all vaccines until he is older.

Interlocutor: PARENT

Your tasks

1. Find out about Ms Ormerod's concerns and what she has read (previous reactions, sources of information)
2. Explain in simple terms how vaccines work with a baby's immune system and why the 'overload' idea is not correct
3. Explain why vaccinating on time matters and what side effects are common and rare
4. Reassure her about her worries and respect her right to decide
5. Agree a plan for today (vaccination or a follow-up appointment soon, aftercare, reliable information)

Medicine · Chest pain: patient wishes to self-discharge

SPK-MED-17 | Original simulated candidate card

Setting: Hospital ward

You are a doctor on a medical ward. Mr Joon-ho Nakamura, aged 56, a self-employed builder, was admitted last night with central chest pain on exertion that settled with rest. His ECG showed no acute changes, and his first troponin, taken a few hours after the pain began, was normal but did not meet the hospital's criteria for ruling out a heart attack on its own. A repeat troponin result is expected late this morning, and the cardiology team plans to see him early this afternoon. The nurse has told you he has packed his bag and wants to leave now to drive to his job site.

Interlocutor: PATIENT

Your tasks

1. Find out why Mr Nakamura wants to leave now (reasons, worries, current symptoms)
2. Explain in simple terms why the remaining tests and cardiology review are important (the first normal blood test does not complete the check for a heart problem)
3. Try to persuade him to stay until the assessment is complete, while respecting his right to decide
4. Respond to his concerns about work and finances
5. Agree a plan (staying for the assessment, or, if he still leaves, driving, work, warning signs and same-day follow-up)

Medicine · Transient ischaemic attack: advice not to drive

SPK-MED-18 | Original simulated candidate card

Setting: Community clinic

You are a general practitioner. Ms Tendai Vanwyk, aged 74, is a widow who lives alone in a rural town. Yesterday she had about 20 minutes of weakness in her right arm and slurred speech, and these symptoms have now fully resolved. You have assessed her this morning and diagnosed a probable transient ischaemic attack (TIA). Following the local TIA pathway, you have started initial preventive treatment and confirmed a same-day assessment at the stroke and TIA clinic at the regional hospital this afternoon. You are now discussing the next steps with her.

Interlocutor: PATIENT

Your tasks

1. Find out how Ms Vanwyk is feeling now and how she relies on driving in her daily life
2. Explain what a TIA is and why this afternoon's specialist assessment at the hospital is important (warning sign, higher risk of stroke in the coming days)
3. Advise her not to drive (for at least two weeks and until she has been medically reviewed) and persuade her to accept this despite her objections
4. Discuss safe transport to the hospital today and practical alternatives for shopping and visiting her sister
5. Explain what to do if any symptoms return and agree a plan

Medicine · Palliative care: daughter's fear of morphine

SPK-MED-19 | Original simulated candidate card

Setting: Hospital ward

You are a doctor on the medical ward. Mrs Agnieszka Lewandowski is the daughter of a 78-year-old man with metastatic lung cancer, admitted five days ago with increasing pain and breathlessness. The team plans to start regular low-dose oral morphine, with a laxative, for his pain and breathlessness. He is alert and able to make his own decisions. Mrs Lewandowski has asked the nurses not to give him morphine and has asked to speak to a doctor.

Interlocutor: RELATIVE

Your tasks

1. Find out about Mrs Lewandowski's concerns about morphine (previous experiences, what she has heard)
2. Explain why morphine is recommended for her father and correct her misunderstandings (addiction, shortening life)
3. Explain the possible side effects and how he will be monitored
4. Reassure Mrs Lewandowski about her feelings of guilt and the importance of her father's own wishes
5. Agree a plan for discussing the medication together with her father

Medicine · Carer strain: reluctance to accept respite

SPK-MED-20 | Original simulated candidate card

Setting: Home visit

You are a general practitioner on a home visit to review a 76-year-old man with advanced Parkinson's disease. He is now resting in the bedroom. His wife, Mrs Carmen Escobar, aged 72, is his only carer. She looks exhausted and moves stiffly, and she mentions that she hurt her back helping him out of his chair a few days ago. She has not slept properly for several weeks.

Interlocutor: CARER

Your tasks

1. Find out how Mrs Escobar is coping (her back, her sleep, the daily caring routine, moving her husband)
2. Explain your concerns about her own health and the risks to both of them if things continue as they are
3. Reassure her that accepting help does not mean abandoning her husband
4. Explain the support available (help at home, equipment and advice for transfers, short-term respite, carer support services)
5. Agree a plan (keeping both of them safe from today, a prompt review of her back, when to seek urgent help)