

Podiatry · Plantar ulcer - reluctance to wear an offloading boot

SPK-POD-01 | Original simulated candidate card

Setting: Podiatry clinic (community high-risk foot service)

You are a podiatrist in a community high-risk foot service. Mr Sipho Hamdan, aged 58, is a self-employed builder with type 2 diabetes and peripheral neuropathy. He has a small, painless ulcer under the first metatarsal head of his right foot that has not healed after 4 weeks of dressings. Today there are no signs of infection. You want him to start wearing a knee-high offloading walker boot, but he says it will stop him working and driving his work van.

Interlocutor: PATIENT

Your tasks

1. Find out about Mr Hamdan's work, daily activity and footwear, and his concerns about the boot
2. Explain in simple terms why a painless ulcer is still serious (loss of feeling, pressure, risk of infection)
3. Explain how the boot helps the ulcer heal and how it should be worn (at all times when standing or walking)
4. Persuade him to wear the boot, addressing his worries about income and driving
5. Agree a plan, including warning signs that need urgent attention, and arrange follow-up

Podiatry · Ingrown toenail - partial nail avulsion for a teenager

SPK-POD-02 | Original simulated candidate card

Setting: Podiatry clinic

You are a podiatrist. Ms Gemma Ellingham's 14-year-old son plays football and has had a painful ingrown toenail on his right big toe for three months. The GP has treated it with two courses of antibiotics, but it keeps becoming red and swollen again. You have examined him and recommend a partial nail avulsion with phenol under local anaesthetic. He is waiting outside, and his mother has asked to speak to you first because she is worried about the procedure.

Interlocutor: PARENT

Your tasks

1. Find out about Ms Ellingham's concerns and what she already understands about the procedure
2. Explain why the procedure is recommended (repeated infections, antibiotics do not correct the nail edge)
3. Explain what the procedure involves (local anaesthetic injection, removing the side of the nail, phenol to stop regrowth, main risks)
4. Reassure her about pain and safety, and be realistic about when her son can return to football
5. Agree a plan for the next steps and aftercare (talking with her son, dressings, review, when to seek help)

Podiatry · Aged care resident - overgrown nails and heel redness

SPK-POD-03 | Original simulated candidate card

Setting: Aged care facility

You are a visiting podiatrist. Mrs Raelene Pendlebury, aged 52, is the daughter of an 84-year-old resident with dementia. On her visit today, Mrs Pendlebury found her mother's toenails long and thickened and a red area on her left heel, and asked staff to call you. You have just reduced and filed the nails and assessed the heel: there is non-blanching redness with intact skin, consistent with early pressure damage. You will discuss a pressure-care plan with the nursing staff after this conversation.

Interlocutor: RELATIVE

Your tasks

1. Find out Mrs Pendlebury's concerns and what she has noticed about her mother recently (mobility, time in bed or chair, signs of discomfort)
2. Explain your findings in lay terms (nails treated and regular visits needed; early pressure damage on the heel, skin not broken)
3. Respond to her anger and her wish for someone to be blamed (acknowledge, avoid blaming or defending staff, explain how to raise a concern)
4. Outline the care plan you will recommend to staff (keeping weight off the heel, repositioning, frequent heel checks, prompt pain assessment and relief)
5. Agree how she will be kept informed and involved

Podiatry · Peripheral neuropathy - unsafe hot foot soaks

SPK-POD-04 | Original simulated candidate card

Setting: Home visit

You are a community podiatrist visiting an 81-year-old man with type 2 diabetes and peripheral neuropathy. The 81-year-old man reports that his feet always feel cold. His 49-year-old son and carer, Mr Tafadzwa Chahine, prepares hot foot soaks for him every evening. Today you found a blister on the top and side of the patient's left foot that appears to be a superficial partial-thickness burn; you have assessed its depth, extent and the circulation in the foot, dressed it, and found no signs of infection. You have obtained same-day advice from the burns service, who will guide further dressings and review, and involved the high-risk diabetic foot service; the patient is resting in the next room.

Interlocutor: CARER

Your tasks

1. Find out how Mr Chahine cares for his father's feet, including the evening soaks (how hot, how long, how he checks the water)
2. Explain why reduced feeling in the feet makes heat dangerous and how the blister probably happened
3. Reassure Mr Chahine that he is not being blamed, and respond to his belief that the soaks help circulation
4. Advise on safer ways to keep the feet warm and on daily foot checks (what to look for, when to seek help)
5. Agree a plan for caring for the burn in line with the specialist advice and arrange follow-up

Podiatry · Plantar heel pain - marathon in 3 weeks

SPK-POD-05 | Original simulated candidate card

Setting: Podiatry clinic

You are a podiatrist. Ms Liezl Ngo, aged 34, is a recreational runner who has had pain under her right heel for six weeks. It is worst with the first steps in the morning and after sitting. Your assessment today is consistent with plantar fasciitis. She is running her first marathon in three weeks and has come in asking for a corticosteroid (cortisone) injection so that she can keep training at full mileage.

Interlocutor: PATIENT

Your tasks

1. Find out about Ms Ngo's current training, her footwear and how she has been managing the pain, including any medicines
2. Explain the condition and why a corticosteroid (cortisone) injection is not the best option at this stage (short-term relief only, possible risks, usually considered only when other treatment has not worked)
3. Persuade her to reduce her training now to protect her heel (e.g. reducing running volume, cross-training, using pain as a guide rather than masking it with painkillers)
4. Agree a management plan (e.g. stretching and strengthening, taping, footwear), explain when to stop running and seek urgent help, and arrange a review to decide whether running the race is advisable