

# Clinical Cases For General Practice Exams

Clinical Cases For General Practice Exams clinical cases for general practice exams Preparing for general practice exams requires a thorough understanding of a wide range of clinical cases that mirror real-world scenarios. These cases are essential for testing diagnostic skills, clinical reasoning, and knowledge of management protocols. In this article, we will explore common clinical cases encountered in general practice exams, offering insight into their presentation, differential diagnosis, investigations, and management strategies. Whether you are a medical student, resident, or practicing physician, understanding these cases can enhance your exam performance and clinical competence.

--- Importance of Clinical Cases in General Practice Exams Why Are Clinical Cases Essential? Clinical cases serve as practical tools for assessing a candidate's ability to:

- Recognize common and uncommon diseases
- Develop differential diagnoses
- Order appropriate investigations
- Implement evidence-based management plans
- Communicate effectively with patients

They simulate real-life scenarios, encouraging critical thinking and clinical reasoning, which are vital skills for general practitioners.

Types of Clinical Cases Covered General practice exams typically include cases related to:

- Cardiovascular diseases
- Respiratory conditions
- Gastrointestinal disorders
- Endocrine and metabolic diseases
- Musculoskeletal problems
- Infectious diseases
- Psychiatric and mental health issues
- Pediatric and geriatric cases

--- Common Clinical Cases for General Practice Exams

1. Hypertension Presentation:

- Elevated blood pressure readings on multiple occasions
- Often asymptomatic but may present with headaches, dizziness

Differential Diagnosis:

- Essential hypertension
- Secondary hypertension (renal artery stenosis, endocrine causes)

Investigations:

- Blood pressure monitoring
- Blood tests: renal function, electrolytes, fasting glucose
- Urinalysis
- Imaging if secondary causes suspected

Management:

- Lifestyle modifications: diet, exercise, weight loss
- Pharmacotherapy: ACE inhibitors, diuretics, calcium channel blockers
- Regular monitoring and follow-up

--- 2. Diabetes Mellitus Type 2 Presentation:

- Polyuria, polydipsia, unexplained weight loss
- Fatigue, blurred vision

Often found incidentally during screening

Differential Diagnosis:

- Diabetes mellitus type 1
- Other causes of hyperglycemia

Investigations:

- Fasting blood glucose
- Oral glucose tolerance test
- HbA1c levels
- Lipid profile

Management:

- Lifestyle changes: diet, exercise
- Oral hypoglycemics: metformin
- Insulin therapy in refractory cases
- Monitoring for complications: retinopathy, nephropathy

--- 3. Asthma Presentation:

- Recurrent episodes of wheezing, shortness of breath
- Cough

especially at night or early morning - History of allergies or atopic conditions Differential Diagnosis: - Chronic obstructive pulmonary disease (COPD) - Heart failure - Vocal cord dysfunction Investigations: - Spirometry: reversible airway obstruction - Peak expiratory flow rate (PEFR) - Chest X-ray if infection suspected Management: - Inhaled corticosteroids - Short- acting beta-agonists - Long-acting bronchodilators - Patient education on inhaler use --- 4. Lower Respiratory Tract Infection (Bronchitis/Pneumonia) Presentation: - Cough with sputum - Fever, malaise - Shortness of breath Differential Diagnosis: - Viral vs bacterial pneumonia - COPD exacerbation - Tuberculosis Investigations: - Chest X-ray - Sputum culture - Blood tests: CBC, CRP Management: - Antibiotics if bacterial - Supportive care: hydration, rest - Oxygen therapy if hypoxic --- 5. Chronic Obstructive Pulmonary Disease (COPD) Presentation: - Progressive dyspnea - Chronic cough with sputum - History of smoking Differential Diagnosis: - Asthma - Heart failure Investigations: - Spirometry: airflow limitation - Chest X-ray - Arterial blood gases in severe cases Management: - Smoking cessation - Bronchodilators - Pulmonary rehabilitation - Vaccinations: influenza, pneumococcal --- 6. Depression Presentation: - Persistent sadness, anhedonia - Changes in sleep, appetite - Fatigue, difficulty concentrating Differential Diagnosis: - Bipolar disorder - Adjustment disorder - Medical illnesses causing depressive symptoms Investigations: - Clinical assessment - Screening questionnaires (PHQ-9) Management: - Psychotherapy - Pharmacotherapy: SSRIs - Lifestyle modifications - Referral to mental health specialists --- 3 7. Gastrointestinal Disorders (Irritable Bowel Syndrome) Presentation: - Abdominal pain relieved by defecation - Altered bowel habits: diarrhea or constipation - Bloating Differential Diagnosis: - Inflammatory bowel disease - Food intolerances - Malabsorption syndromes Investigations: - Clinical history and examination - Fecal tests - Colonoscopy if indicated Management: - Dietary modifications - Fiber supplementation - Antispasmodics - Psychological support if stress-related --- 8. Urinary Tract Infection (UTI) Presentation: - Dysuria, frequency, urgency - Lower abdominal pain - Fever in pyelonephritis Differential Diagnosis: - Vaginitis - Interstitial cystitis Investigations: - Urinalysis - Urine culture - Blood tests if systemic infection Management: - Antibiotics - Hydration - Follow-up cultures if recurrent --- 9. Gout Presentation: - Sudden onset of intense joint pain, especially in the big toe - Swelling, redness, warmth Differential Diagnosis: - Pseudogout - Septic arthritis Investigations: - Joint aspiration and microscopy - Serum uric acid levels - X-ray of affected joint Management: - NSAIDs - Colchicine - Lifestyle advice: reduce purine intake, weight loss --- 10. Pediatric Common Conditions - Otitis Media: Ear pain, fever, hearing loss - Viral Exanthems: Rashes with fever - Asthma: Recurrent wheezing - Febrile Seizures: Brief seizures with fever Key Point: Pediatric cases often require differentiation from other illnesses and tailored management strategies. --- Strategies for Effective Preparation of Clinical Cases Systematic Approach to Cases - Take a detailed history focusing on presenting complaints, risk factors, and associated symptoms. - Perform a thorough physical examination. - Develop a

differential diagnosis list. - Select appropriate investigations. - Formulate an evidence-based management plan. Utilize Clinical Guidelines Familiarize yourself with current clinical guidelines relevant to common conditions. They provide standardized approaches that enhance diagnostic accuracy and treatment efficacy. 4 Practice with Mock Cases Engage in simulated exams and case discussions to build confidence and improve clinical reasoning skills. Stay Updated Medical knowledge evolves rapidly. Keep abreast of the latest research, diagnostic tools, and treatment protocols. --- Conclusion Mastering clinical cases for general practice exams is crucial for aspiring general practitioners. These cases encompass a broad spectrum of conditions requiring diagnostic acumen, clinical reasoning, and effective management. By understanding common presentations, differential diagnoses, investigations, and treatment strategies, candidates can enhance their performance and ultimately provide better patient care. Regular practice, adherence to guidelines, and a systematic approach are the keys to success in clinical examinations and real-world practice. --- Keywords: clinical cases, general practice exams, diagnostic skills, common conditions, medical examination, clinical reasoning, case management, exam preparation QuestionAnswer What are the key features of diagnosing type 2 diabetes in a clinical case scenario? Key features include elevated fasting blood glucose levels ( $\geq 126$  mg/dL), random plasma glucose  $\geq 200$  mg/dL with symptoms, or an HbA1c  $\geq 6.5\%$ . Clinical cases often present with polyuria, polydipsia, unexplained weight loss, and risk factors like obesity and family history. How should a general practitioner approach the management of a patient presenting with suspected hypertension? Initial assessment involves accurate blood pressure measurement, evaluation of risk factors, and ruling out secondary causes. Management includes lifestyle modifications, such as diet and exercise, and antihypertensive medications if necessary, with regular follow-up to monitor control. What are the typical clinical features of depression that should be identified in a general practice case? Features include persistent low mood, anhedonia, fatigue, sleep disturbances, changes in appetite, feelings of worthlessness or guilt, difficulty concentrating, and thoughts of death or suicide. A thorough history helps differentiate depression from other conditions. In a case of suspected urinary tract infection (UTI) in women, what are the common presenting symptoms and diagnostic steps? Symptoms include dysuria, urinary frequency, urgency, suprapubic pain, and possibly hematuria. Diagnostic steps involve urinalysis showing leukocytes and nitrites, and urine culture if needed. Consider differential diagnoses based on presentation. 5 What clinical signs suggest a diagnosis of asthma in a patient presenting with respiratory symptoms? Signs include wheezing, shortness of breath, chest tightness, especially on exertion, and signs of atopic conditions. Spirometry demonstrating reversible airflow obstruction confirms the diagnosis. How can a general practitioner differentiate between viral and bacterial sinusitis in a clinical case? Viral sinusitis typically lasts less than 10 days, with symptoms like nasal congestion, rhinorrhea, and sore throat. Bacterial

sinusitis often presents with persistent symptoms beyond 10 days, facial pain, purulent nasal discharge, and may involve fever. Management differs accordingly. What are the important considerations in managing a patient with chronic kidney disease (CKD) in primary care? Management includes controlling blood pressure, managing diabetes, reducing proteinuria, avoiding nephrotoxic medications, and monitoring renal function regularly. Patient education on lifestyle modifications and timely referral to a nephrologist are also crucial. In a clinical case of suspected anemia, what features should a general practitioner assess? Assess symptoms like fatigue, pallor, shortness of breath, and dizziness. Perform a physical exam for pallor and signs of underlying causes. Lab tests include hemoglobin levels, mean corpuscular volume (MCV), iron studies, and reticulocyte count to determine anemia type and cause. Clinical Cases for General Practice Exams: A Comprehensive Review for Medical Trainees In the realm of medical education, particularly within general practice or family medicine, the ability to accurately interpret clinical cases is fundamental. These cases serve not only as assessment tools but also as vital learning mechanisms to develop diagnostic reasoning, clinical decision-making, and management skills. As such, understanding the typical presentation patterns, common pitfalls, and the core principles behind various clinical scenarios is essential for medical students, residents, and practicing physicians preparing for exams or refining their clinical acumen. This article provides an in-depth exploration of clinical cases for general practice exams, highlighting common presentations, diagnostic considerations, and management pathways. It aims to serve as a comprehensive resource for review, emphasizing the importance of a systematic approach to case analysis. --- Understanding the Role of Clinical Cases in Medical Education Clinical cases are integral to medical training, bridging theoretical knowledge with real-world application. They simulate the decision-making process faced by clinicians and allow learners to practice integrating history, examination findings, investigations, and management. Key functions of clinical cases in exams include: - Assessing clinical reasoning - Testing knowledge of disease presentations - Evaluating interpretation of diagnostic tests - Understanding management strategies - Encouraging reflective practice In general practice exams, cases often reflect the breadth of primary care, including Clinical Cases For General Practice Exams 6 chronic disease management, acute presentations, preventive health, and psychosocial issues. Therefore, familiarity with common and important conditions encountered in outpatient settings is crucial. --- Core Principles in Approaching Clinical Cases A systematic approach ensures consistency and thoroughness. The following steps are universally recommended: 1. Gather a Comprehensive History - Presenting complaint - Onset, duration, progression - Associated symptoms - Past medical, surgical, family history - Social and lifestyle factors - Medications and allergies 2. Perform a Focused Physical Examination - Confirm or clarify clinical suspicion - Identify signs supporting or refuting diagnoses 3. Interpret Diagnostic Tests - Laboratory results - Imaging - Special investigations 4.

Develop a Differential Diagnosis - Prioritize based on likelihood and severity 5. Establish a Management Plan - Immediate interventions - Long-term management - Patient education and follow-up Applying this structured approach enhances diagnostic accuracy and ensures comprehensive care. --- Common Clinical Cases in General Practice Exams Below, we explore several prevalent cases, emphasizing presentation patterns, key considerations, and typical management pathways.

1. Hypertension Presentation: Often asymptomatic; discovered during routine screening. When symptomatic, may include headaches, dizziness, or visual disturbances. Key points: - Confirm elevated readings on multiple occasions - Assess for target organ damage (e.g., fundoscopy, renal function) - Identify secondary causes if indicated (e.g., renal artery stenosis, endocrine disorders) Investigations: - Blood pressure measurements - Blood tests: renal function, electrolytes, fasting glucose, lipid profile - Urinalysis - ECG Management: - Lifestyle modifications (diet, exercise, weight loss) - Pharmacotherapy (ACE inhibitors, ARBs, diuretics, calcium channel blockers) - Regular monitoring --- 2. Type 2 Diabetes Mellitus Presentation: Often asymptomatic; may present with polyuria, polydipsia, fatigue, or recurrent infections. Key points: - Confirm with fasting glucose, HbA1c - Screen for complications: retinopathy, nephropathy, neuropathy Investigations: - Blood glucose levels - HbA1c - Lipid profile - Urinalysis for microalbuminuria Management: - Lifestyle changes (diet, physical activity) - Oral hypoglycemic agents - Insulin therapy in advanced cases - Screening and management of complications --- Clinical Cases For General Practice Exams 7 3. Asthma Presentation: Episodic wheezing, cough, shortness of breath, especially at night or early morning. Key points: - Identify triggers - Assess severity (mild, moderate, severe) - Use of spirometry for diagnosis (reversible airflow obstruction) Investigations: - Peak expiratory flow rate (PEFR) - Spirometry - Chest radiograph if indicated Management: - Inhaled corticosteroids - Bronchodilators (short- and long-acting) - Patient education on inhaler technique - Action plan for exacerbations --- 4. Depression Presentation: Persistent low mood, anhedonia, fatigue, sleep disturbances, changes in appetite, feelings of worthlessness. Key points: - Use validated screening tools (e.g., PHQ-9) - Rule out underlying medical conditions - Consider psychosocial factors Investigations: - Usually clinical, but screening labs may include thyroid function tests Management: - Psychotherapy (CBT) - Pharmacotherapy (SSRIs, SNRIs) - Social support - Monitoring and follow-up --- 5. Coronary Artery Disease (Angina) Presentation: Chest pain on exertion, relieved by rest, may radiate to jaw or arm. Key points: - Differentiate stable vs unstable angina - Conduct ECG and stress testing - Consider cardiac imaging Investigations: - Resting and stress ECG - Echocardiography - Coronary angiography if indicated Management: - Risk factor modification (smoking cessation, BP, lipids) - Pharmacotherapy (antiplatelets, nitrates, beta-blockers) - Revascularization in selected cases --- Special Considerations in Case Management While common conditions form the backbone of general practice exams, nuances often determine success. These include: - Patient-centered care: Tailoring management to

individual needs, preferences, and socioeconomic context. - Multimorbidity: Managing multiple coexisting conditions requires prioritization and coordination. - Preventive strategies: Emphasizing screening, immunizations, lifestyle counseling. - Cultural competence: Recognizing and respecting cultural factors affecting health beliefs and behaviors. --- Case Variations and Pitfalls Medical trainees should be aware of atypical presentations and common pitfalls: - Atypical presentations: Elderly patients with silent myocardial infarction or atypical symptoms. - Misdiagnosis: Over-reliance on single investigations; importance of clinical correlation. - Overlooking psychosocial factors: Depression, social isolation, or substance abuse Clinical Cases For General Practice Exams 8 impacting health. Recognizing these pitfalls enhances diagnostic accuracy and patient safety. --- Conclusion Mastering clinical cases for general practice exams involves a deep understanding of common conditions, a systematic approach to patient assessment, and awareness of the broader context influencing health. Regular case review, simulated scenarios, and reflection on clinical reasoning processes are invaluable strategies for success. In essence, the goal is not merely to pass exams but to cultivate competent, compassionate clinicians capable of delivering comprehensive primary care. This review underscores the importance of thorough case analysis as a cornerstone of effective general practice. --- References and Further Reading: - Bates' Guide to Physical Examination and History Taking - Oxford Handbook of General Practice - NICE Guidelines on Hypertension, Diabetes, Asthma, etc. - UpToDate Clinical Topics for Primary Care Management Note: Always stay updated with the latest guidelines and evidence-based practices to ensure optimal patient care and exam readiness. general practice cases, medical exam scenarios, clinical case studies, GP exam prep, primary care cases, medical examination examples, outpatient case simulations, clinical reasoning exercises, general practice patient cases, medical board exam cases

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awarded first prize in the primary health care category at the 2013 bma medical book awards following the familiar easy to use at a glance format this brand new title provides a highly illustrated introduction to the full range of essential primary care presentations grouped by system so you'll know exactly where to find the information you need and be perfectly equipped to make the most of your gp attachment general practice at a glance is comprehensively illustrated throughout with over 60 full page colour illustrations takes a symptoms based approach which mirrors the general practice curriculum offers one stop coverage of musculoskeletal circulatory respiratory nervous reproductive urinary endocrine and digestive presentations highlights the interrelations between primary and secondary care includes sample questions to ask during history taking and examination features red flags to highlight symptoms or signs which must not be missed this accessible introduction and revision aid will help all medical students and junior doctors develop an understanding of the nature and structure of primary care and hit the ground running on the general practice attachment

general practice nurses play an essential role in delivering care through general practice taking on a spectrum of different responsibilities within patient care to support the ever increasing workload within gp surgeries clinics and health centres often working autonomously as part of a multidisciplinary team general practice nurses assess advise and treat patients of all different ages and backgrounds and therefore may encounter almost every aspect of patient care during their work this book is specifically aimed at gp nurses undertaking independent prescribing within the complexity of contemporary primary

healthcare it offers a complete overview for those taking on an independent nurse prescribing course as well as those nurses who have already qualified as independent prescribers case studies written for the general practice setting will help nurses build on the skills and practice they have already developed as they take on the independent prescribing role and will also be of value to more experienced or advanced nurses hoping to refresh their existing knowledge written by a range of specialist authors the book also covers the theoretical knowledge and context associated with independent prescribing enabling gp nurses to practise competently and confidently and deliver clinically effective person centred care

higher professional education for general practitioners is a practical guide on the best ways to plan educational and vocational training needs throughout professional practice it clearly outlines the underlying issues surrounding the introduction of higher professional education hpe enabling newly qualified professionals to focus on areas that they feel less competent in and areas that require additional training in an easy to read format it provides all the necessary information to assist readers undertaking hpe and for all those setting up educational programmes for newly qualified gps in the first year after their vocational training scheme

in the sixth edition of this work john fry has reverted to the format of the earlier editions published in 1965 1970 and 1973 and has presented statistical data drawn widely from many sources general practice in the united kingdom and elsewhere throughout the world has undergone many changes in the past decade this new edition brings the available statistical information up to date and indicates the way ahead general practice the college and the national health service have been closely linked in effecting change the membership of the college continues to grow and its influence in changing the face of general practice in the united kingdom is significant john fry s new book presents that characteristic blend of fact and personal opinion which was so successful in earlier editions and so valuable to general practice and others in primary health care once again he has shown what can be achieved by one man based on his own work and those of others in general practice john lawson rcgp 1983 president of the royal college of general practitioners vi preface the present state and future needs series had its roots in the dark days of the early 1960s when morale in general practice was low and when numbers of new entrants were actually going down they were the days of mass emigration of doctors from britain and the national health service the fourth and fifth editions were entitled trends in general practice 1977 and 1979

john murtagh s general practice is widely recognised as the gold standard reference for general practice and primary health care its emphasis on the importance of clinical reasoning early diagnosis and treatment makes this the essential reference

for medical students trainees and general practitioners presented in alphabetical order and in a convenient pocket sized format john murtagh s general practice companion handbook 8e summarises key content from the main book it is an accessible trusted and portable source of information for medical students and experienced professionals john murtagh is emeritus professor in general practice at monash university professional fellow of general practice at the university of melbourne and adjunct clinical professor in the graduate school of medicine university of notre dame clare murtagh is a general practitioner in sydney she holds postgraduate qualifications in dermatology medical education and sexual and reproductive health

the well loved oxford handbook of general practice is a lifeline for busy gps medical students and healthcare professionals with hands on advice from experienced practitioners this essential handbook covers the entire breadth and depth of general practice in small sections that can be located read and digested in seconds now in its fifth edition the handbook has been fully revised to reflect the major new developments shaping general practice today fully updated with the latest guidelines and protocols this edition offers even more full colour diagrams and tables and colour coded chapters on general practice green clinical topics purple and emergencies red covering the whole of general practice from practice management to hands on advice dealing with acute medical emergencies this comprehensive rapid reference text will ensure that everything you need to know is only a fingertip away

a collection of life experiences anecdotes and suggestions from an experienced gp and gp trainer focusing on the emotional intelligence required to be a great gp the art of general practice is a short text written by an experienced gp and gp trainer it is a book which will help focus the mind of the reader gps of all descriptions young gps returners to general practice and even jaded gps on what it means to be a gp too often general practice focuses on guidelines ever changing targets incentives or the academic side of medicine and the art and craft of being a gp is forgotten the book aims to redress the balance it helps the reader refocus on the emotional intelligence needed to be a great gp the book consists of a number of short chapters so the busy gp can dip in and out of it as time allows each chapter helps the reader re centre on the core skills and techniques needed to be a great gp and the benefits these skills will bring to both gps and patients alike there is almost no medicine in this book it is a book of life experiences anecdotes and suggestions all aimed to help you survive the increasing pressures of general practice and make your life as a gp more interesting and less stressful

practical general practice is a highly practical manual specifically designed for use during the consultation process

containing over 1000 conditions the unique underlying structure of the book allows the gp to see immediately what treatment is recommended and why all recommendations are highly specific giving a firm guide to the gp during the consultation process rather than a list of possibilities that the gp might wish to consider bullet points for action which give the gp an immediate summary of the issues that must be covered in the consultation bullet points of the key evidence which justifies those recommendations all chapters thoroughly revised to reflect changes in the evidence and in major guidelines since the last edition nnt values provided when available

this innovative and timely book draws on pioneering precedents basic principles current examples and international experience to capture the narratives examples and ideas that underlie and demonstrate the exceptional potential of general practice if health care is not at its best where it is needed most health inequalities will widen the unworried unwell are not hard to reach but they are easy to ignore and are often ignored with patient contact population coverage continuity coordination flexibility long term relationships and trust general practices are the natural hubs of local health systems practitioners are not only scientists but also responsible citizens and if they did not raise their voice who else should written for family doctors looking to strengthen local collaboration it brings together the traditional strengths of consultations caring continuity coordination and coverage with the current and future challenges of building capacity community creativity consistency collegiality and campaigning it highlights the critical importance of working with patients maximising the use of serial encounters integrating care joint working between practices social prescribing community development and advocacy based on patient and practitioner experience drawing on the highly regarded work of deep end gps serving the poorest communities in scotland gla ac uk deepend the book is an invaluable handbook for all primary care doctors irrespective of health care system or country seeking to provide unconditional continuity of personalised care for all patients whatever problem or combination of problems a patient may have

this new edition provides general practitioners with the latest information and guidance for the management of common conditions and diseases divided into 20 sections the book consists of 800 clinical cases seen in daily practice each topic is presented in table format summarising diagnosis investigation and treatment options all on one page algorithms and charts further enhance the text the second edition has been fully revised and has a completely new look all chapters have been rewritten and many new topics have been added key points new edition providing gps with latest information and guidance for management of common conditions and diseases provides 800 cases seen in daily practice each topic presented in

table format on one page all chapters have been fully revised and new topics added previous edition 9788184481013 published in 2008

the aim of the book is to provide a comprehensive general practice text book which takes a contemporary integrative approach to diagnosis investigation and management of health issues and disease states encountered in the general practice environment the book will cover the philosophy underpinning general practice in the 21st century and deal with primary and secondary prevention as well as acute and chronic disease management general practice the integrative approach will inform doctors as fully as possible about potential treatment and prevention options as well as potential pitfalls according to the growing evidence base in this area the book is directed at best practice rather than alternative practice the first section of the textbook lays the foundations and principles of integrative medicine and the second section examines important medical conditions in a systems based approach each chapter begins by detailing the allopathic medical and consulting knowledge required of a standard gp text discussing physiology and pharmacological management plans of systems based conditions the chapter then leads into an evidence based discussion of the therapeutic options available for the treatment of associated factors essentially providing practitioners with the knowledge required to adapt their approach to meet the needs of the individual patient a national panel of experts with experience in chinese medicine herbal medicine nutritional medicine naturopathy and exercise therapy have contributed to their various fields of expertise to incorporate management plans that utilise a variety of therapeutic modalities to achieve the best clinical outcome incorporates evidence based and safe therapies including conventional medical care lifestyle interventions and complementary therapies is directed at best practice rather than alternative practice focuses on prevention and health promotion a symptomatic layout matching the approach of contemporary medical curriculum each therapeutic modality and therapeutics contributor is coded with an icon for easy modality reference a unique chapter covering medico legal issues a ready reference herb drug interaction chart expert authors include dr kerryn phelps well known australian medical practitioner and president of the australasian integrative medicine association aima

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the aim of the 100 cases series is to provide a novel learning and revision tool that works by guiding the student through clinical cases imitating those that students and foundation year doctors are likely to meet in a general practice setting the cases are written to interest students in clinical problems and to help them develop their skills o

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