



# SJT & CPST

## Sample Questions

# GPQuestPro

Try out these sample  
questions to discover your  
starting point.



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# what is a goal?

Our aim is to thoroughly prepare you for both the SJT and CPST components of the GP entrance exam in Ireland



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# why set goals



Goals give you direction. It allows you to stay mentally and physically focused on the road to where you want to go.



# Types of Questions in SJT

## Ranking Questions

Rank responses from 1-5

## Multiple Choice Questions

Choose 3 appropriate options from 8



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**Review & solve these  
scenarios before starting  
your preparation.**

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# 1

Your consultant arrives for the morning ward round looking disheveled and smelling of alcohol. This has happened on several occasions. Your colleagues on the team do not seem to notice the recent change in your consultant's behavior.

Rank in order the following actions in response to this situation (1 = Most appropriate; 5 = Least appropriate).





- A. Report the consultant to the IMC for neglect of duties.
- B. Ask your colleagues if they have observed the consultant's change in appearance.
- C. Confidentially approach your consultant and express your concerns.
- D. Seek advice from your fellow junior doctors.
- E. Ignore what you have seen; if your senior colleagues are not concerned, you have nothing to worry about.



**Answer: B, C, D, A, E**



Talking to your colleagues **(Option B)** is the most appropriate first step, as it validates your concerns and confirms whether your observations are noteworthy while allowing you to gain advice on how to proceed. Confidentially approaching your consultant **(Option C)** is the next best step, addressing patient safety directly and limiting the number of people aware of the issue, but should be preceded by confirming your concerns with colleagues. Seeking advice from fellow junior doctors **(Option D)** is not ideal as they may lack the experience to handle the situation, potentially compromising confidentiality and not directly addressing patient safety. Reporting the consultant to the IMC **(Option A)** is an unnecessary escalation at this point, though it is better than ignoring the situation. Ignoring your observations **(Option E)** is the least appropriate, as it is negligent when there is a suspected risk to patients.





# 2

One of the nurses on your ward confides in you that she came into contact with a COVID-19 positive patient yesterday without realizing it and did not take the necessary precautions at the time. She is worried about the potential exposure.

Rank in order the following actions in response to this situation (1 = Most appropriate; 5 = Least appropriate).

- A. Advise her to visit occupational health immediately.
- B. Recommend that she self-isolate and get tested for COVID-19.
- C. Inform the patient from whom the exposure occurred and ask them to come in urgently.
- D. Complete an incident form on the event.
- E. Advise the nurse not to engage in direct patient care until her test results are confirmed.





**Answer: B, A, E, D, C**



In this situation, the most immediate and crucial step is to advise the nurse to self-isolate and get tested for COVID-19 **(Option B)**. This helps prevent any potential transmission of the virus. Next, she should visit occupational health **(Option A)** to receive professional guidance on testing and necessary precautions, ensuring that she gets the appropriate care and advice. Additionally, advising her to refrain from direct patient care until her test results are confirmed **(Option E)** is essential to ensure patient safety and prevent any possible spread of infection. Completing an incident form **(Option D)** is important for documentation purposes, as it records the exposure and the actions taken, although it is not the top priority at this moment. Lastly, informing the patient about the potential exposure **(Option C)** should be handled by occupational health to maintain confidentiality and follow proper procedure, making it the least immediate concern in this situation.

# 3

The cousin of a close friend of yours has been admitted to the hospital where you work. Your friend calls you at work and asks if you can find out what is happening with their cousin.

Rank in order the following actions in response to this situation (1 = Most appropriate; 5 = Least appropriate).



- A. Refuse to provide any details about their cousin's condition.
- B. Look up the patient's notes and share the information with your friend.
- C. Discuss the situation with the consultant responsible for the patient's care, explaining your connection, and ask them to communicate with your friend.
- D. Request the patient's permission to access their notes and speak to their cousin about their condition.
- E. Inform your friend that it is against hospital policy for you to provide such information.

**Answer: C, D, E, A, B**



Balancing professional responsibilities with personal relationships can be tricky, especially in a medical setting. Discussing the situation with the consultant responsible for the patient's care **(Option C)** ensures the information request is handled properly while maintaining confidentiality. Requesting the patient's permission **(Option D)** respects their privacy and follows ethical practices by obtaining consent. Informing your friend that hospital policy prevents you from sharing any information **(Option E)** helps maintain confidentiality and professional integrity. Refusing to provide any details **(Option A)** also protects patient confidentiality but may impact your friendship more negatively than explaining hospital policies. Finally, looking up the patient's notes and sharing the information **(Option B)** is a serious breach of IMC guidelines on confidentiality, disregarding the patient's right to privacy and could have severe professional consequences.

# 4

You are an SHO on an evening ward cover on-call shift. You have 30 minutes left before the handover meeting and you review your remaining tasks. You are deciding the order in which to complete your outstanding jobs and are mindful of handing over anything trivial to the night team as you were previously reprimanded by the registrar for doing so.

Rank in order the following actions in response to this situation (1 = Most appropriate; 5 = Least appropriate).



- A. Review the patient you have just been paged about, who is complaining again of right iliac fossa pain and is being treated for suspected appendicitis.
- B. Speak to the concerned family of a patient who is not usually under your care.
- C. Recheck the potassium level on a computer for a patient whose earlier blood test showed high potassium levels, and no treatment was started.
- D. Cannulate a patient who needs IV antibiotics within the next two hours for community-acquired pneumonia.
- E. Review the elderly patient who fell out of their bed about an hour ago but is clinically stable.

**Answer: D, C, A, B, E**



As an SHO on an evening ward cover shift, prioritizing tasks effectively is crucial. The first priority is to recheck the potassium level **(Option D)** for a patient whose earlier blood test showed high potassium levels, as hyperkalaemia can cause life-threatening arrhythmias and requires urgent attention. The next task **(Option C)** is to review the patient complaining again of right iliac fossa pain who is being treated for suspected appendicitis, ensuring there are no complications like perforation. Then **(Option A)**, assess the elderly patient who fell out of bed but is clinically stable, as this is less urgent but still necessary. Cannulating a patient for IV antibiotics **(Option B)** takes lower priority because the antibiotics are not immediately due. Lastly, speaking to the concerned family **(Option E)** of a patient not under your care is important but the least urgent, as it does not directly impact immediate patient care and can be handled later or by another team member. Prioritizing tasks ensures patient safety and efficient use of time, balancing immediate needs with less urgent responsibilities.

# 5

You are a new SHO on a respiratory team. The morning ward round is running late, and both your consultant and registrar have been called away to attend an urgent procedure. One patient still needs to be consented for a bronchoscopy scheduled for later in the morning. Your registrar tells you to ensure the patient is consented in time for the procedure.

Rank in order the following actions in response to this situation (1 = Most appropriate; 5 = Least appropriate):



- A. Consent to the patient before completing any other tasks.
- B. Explain to your registrar that you do not have enough experience to consent patients for this procedure.
- C. Ask an SHO from another team who is experienced with bronchoscopies to take the consent.
- D. Agree to consent the patient and then ask experienced nurses to guide you on how to do it properly.
- E. Finish all urgent tasks from the ward round, then consent the patient.

**Answer: B, C, D, A, E**



As a new SHO, it is crucial to ensure that the patient's consent is obtained by someone adequately trained and knowledgeable about the procedure and its risks. According to IMC guidelines, informing your registrar about your lack of experience **(B)** is the most appropriate action. This allows the registrar to either take responsibility for the consent themselves or delegate it to someone more experienced. Asking an experienced SHO from another team to take the consent **(C)** is the next best option, as they would have the requisite knowledge. While agreeing to take consent and asking experienced nurses for guidance **(D)** shows a willingness to learn, it is not ideal because nurses may not be able to fully educate you on the procedure's specifics. Consenting the patient immediately **(A)** without the proper experience is risky but ensures the consent process is not delayed. Lastly, completing all other urgent tasks first **(E)** could delay the consent process, potentially compromising patient care.



# 6

You are on a night shift in the haematology department when you receive an urgent call to assess Mr. Jensen, a Jehovah's Witness patient who has collapsed due to severe anaemia. Upon your arrival, you find that a nurse has already initiated a blood transfusion. After checking Mr. Jensen's medical records, you discover a valid document stating his refusal of blood transfusions under any circumstances due to his religious beliefs.

Choose the THREE most appropriate actions to take in this situation:



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- A. Immediately stop the blood transfusion and ensure the patient's airway is open.
- B. Confirm Mr. Jensen's pulse and breathing status.
- C. Resume the transfusion until the senior medical officer arrives to make the decision.
- D. Inform the nurse of the patient's refusal of blood transfusions and ensure it is adhered to.
- E. Contact the on-call consultant to discuss the refusal document.
- F. Recheck the document for its validity and specifications.
- G. Prepare to administer alternative treatments respecting the patient's beliefs.
- H. Document the incident and actions taken for further review.



**Answer: A, B, D**



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Option A: Since a valid refusal document exists, it is crucial to stop the blood transfusion to respect the patient's religious beliefs. Ensuring the airway is open remains a non-invasive measure to assess the patient's condition and potential signs of life.

Option B: After stopping the transfusion, checking for signs of life such as pulse and breathing is essential. This determines the next steps in patient care, ensuring that the patient's clinical status is accurately assessed post-intervention cessation.

Option D: Communicating the presence and implications of the refusal document with the nursing staff involved in the transfusion process is vital for adherence to legal and ethical standards. It ensures that all team members understand the patient's wishes and the legal requirements.

### Other Options

Resuming the transfusion (Option C) or preparing alternative treatments without proper assessment (Option G) contradicts the patient's explicit refusal and is not appropriate. Contacting the on-call consultant (Option E) to discuss a clear and valid refusal document is unnecessary and delays the cessation of inappropriate interventions. Rechecking the refusal document (Option F) is redundant if its validity is already confirmed. Documenting the incident (Option H) is important but secondary to immediate patient care decisions, which must prioritize respecting the patient's religious beliefs and immediate health needs.





# 7



You are an SHO on a gastroenterology team at the hospital. In a pre-surgery consultation, you meet a patient scheduled for a Whipple procedure—a complex operation you're not familiar with. The patient eager to understand more, asks you to explain the procedure in detail. Unfortunately, you don't have immediate access to additional resources or detailed patient information now.

Choose the THREE most appropriate actions to take in this situation:



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- A. Utilize your general knowledge to try and explain what you think the Whipple procedure involves.
- B. Suggest to the patient that she can get a detailed explanation directly from the surgeon on the day of the surgery.
- C. Excuse yourself to consult a more informed colleague or find relevant information.
- D. Guarantee that a senior doctor will provide a thorough explanation before the patient leaves.
- E. Recommend that the patient visit a reputable medical website for detailed information.
- F. Admit to the patient that you are unfamiliar with the details of the Whipple procedure.
- G. Consult the patient's medical records for any additional information that could clarify the nature of her upcoming surgery.
- H. Decide not to proceed with the pre-assessment under the assumption that the patient will likely not consent to the surgery.





**Answer: C, D, G**



Option C: Leaving to find more accurate information shows proactive behaviour and respect for the patient's need for accurate information. It also maintains transparency about your current limitations.

Option D: Ensuring that a senior doctor who is familiar with the procedure talks to the patient guarantees that accurate and comprehensive information is relayed. This helps maintain the patient's trust in the healthcare team's competence.

Option G: Reviewing the patient's medical records can provide insights into her specific situation and the surgical plan, allowing for a more tailored discussion once the appropriate information is gathered.

#### Other Options

Options A and B are not advisable as they either risk giving incorrect information or delay providing necessary details, which can contribute to patient anxiety. Option E, directing the patient to a website, though helpful, should not replace direct communication from the medical team. Option F, while honest, does not help solve the patient's immediate need for information. Option H is inappropriate as it assumes the patient's decision without discussion and deprives her of necessary pre-operative assessment.



You are employed in an internal medicine department and are currently prescribed codeine for a chronic back issue. Recently, you've noticed increasing drowsiness and difficulty concentrating during shifts, which is impacting your effectiveness at work.

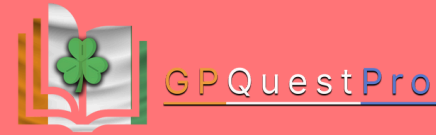
Choose the THREE most appropriate actions to take in this situation:



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- A. Discuss your situation with your educational supervisor to seek guidance and possible adjustments.
- B. Schedule an appointment to discuss this issue with your own GP.
- C. Inform your immediate supervisor about your current medical condition and its impact on your work.
- D. Consider taking a short period of leave to recover fully.
- E. Consult a neurologist to explore alternative treatments for your back pain.
- F. Try to incorporate more breaks into your shifts to manage your symptoms better.
- G. Temporarily delegate some of your responsibilities to a colleague until the effects of the codeine subside.
- H. Discontinue the use of codeine without consulting a healthcare professional.

**Answer: A, B, C**



A: Discussing your condition with your educational supervisor can help in obtaining additional support and guidance, potentially leading to adjustments in your responsibilities while you manage your health.

B: Consulting with your GP is vital to address the side effects of codeine. Your GP can adjust your medication or suggest alternative treatments that might be less disruptive to your work.

C: Keeping your immediate supervisor informed ensures transparency and allows for necessary adjustments to your workload, ensuring both patient safety and your well-being.

### Other Options

While temporarily delegating tasks (G) might relieve some immediate pressure, it doesn't solve the underlying issue with the medication. Incorporating more breaks (F) might help marginally but is unlikely to counteract the side effects of drowsiness significantly. Stopping the medication abruptly without medical advice (H) is not advisable and could be harmful. Consulting a neurologist (E) could be beneficial for long-term treatment but doesn't immediately address the side effects of your current medication. Taking leave (D) could provide temporary relief but does not address the need for a potential change in medication to better accommodate your professional responsibilities.

# 9

You are working in a cardiology department alongside an SHO colleague, Sarah. Over the past few weeks, you've observed that Sarah tends to avoid performing ECGs and reviewing cardiac monitoring data. The nursing team has expressed concerns about this. When approached, Sarah confides in you that she struggles with interpreting cardiac data due to a learning disability, which she hasn't disclosed because she feels ashamed.

Choose the THREE most appropriate actions to take in this situation:

- A. Inform the nursing team about Sarah's situation.
- B. Review any ECGs and cardiac data that Sarah has handled recently.
- C. Explain to Sarah the potential risks to patient safety if she continues to avoid these tasks.
- D. Speak with a senior doctor about the situation.
- E. Encourage Sarah to discuss her challenges with her educational supervisor.
- F. Assist Sarah with her ECGs and cardiac monitoring tasks.
- G. Talk to the entire cardiology team about monitoring Sarah's work more closely.
- H. Consult Occupational Health for advice on how to support Sarah.



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**Answer: C, D, E**





C: It's crucial to discuss with Sarah the implications of not addressing her challenges, emphasizing the potential risks to patient safety. This can motivate her to seek appropriate support.

D: Consulting with a senior doctor ensures that the issue is addressed professionally and that Sarah can receive the necessary support while maintaining patient safety.

E: Advising Sarah to discuss the issue with her educational supervisor can lead to formal support and adjustments that accommodate her learning disability, thereby enhancing her performance and reducing stress.

### Other Options

While being supportive, directly handling Sarah's responsibilities (F) or involving the entire team (G) could lead to undue attention and possibly breach her confidentiality. Informing the nursing staff (A) without her consent might also affect her privacy and professional relationships negatively. Reviewing her past work (B) might be seen as overstepping unless directed by a senior. Consulting Occupational Health (H) could be a future step but should ideally come after discussing with seniors and with Sarah's consent to ensure her situation is handled sensitively and within professional boundaries.



# 10



You're an SHO on a respiratory ward. A 78-year-old patient has spent four days on the ward due to a respiratory infection. Now significantly improved, she is scheduled for discharge. She lives alone and is eager to return home. Her eldest son, present at the hospital, supports this decision. However, her younger son calls and leaves a message with the nurses, expressing concerns that she can't cope alone and opposing the discharge.

Choose the THREE most appropriate actions to take in this situation:



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- A. Ask the patient directly if she feels she can manage living independently at home.
- B. Try to find out more information from the younger son regarding his concerns about discharge.
- C. Request an Occupational Therapy (OT) assessment for the patient to gauge her ability to handle living at home.
- D. Proceed with the current discharge plan.
- E. Tell the patient that her younger son has reservations about her going home.
- F. Contact the younger son to reiterate that it's ultimately up to his mother whether she's discharged.
- G. Inform the eldest son that he and his brother need to resolve this issue between themselves.
- H. Ask the eldest son if he harbours any concerns about his mother's ability to cope independently at home.



**Answer: A, B, C**



A: Asking the patient directly if she believes she can manage at home respects her autonomy and helps ensure that her wishes are central to the decision-making process.

B: Trying to gather more information from the younger son clarifies his concerns, allowing the medical team to evaluate his input and the patient's safety.

C: Requesting an Occupational Therapy assessment will provide an objective evaluation of whether the patient can safely live alone, while offering recommendations on appropriate interventions.

Other Options:

Proceeding with the discharge plan (D) could neglect safety considerations and familial concerns. Telling the patient about the younger son's objections (E) could cause unnecessary distress. Contacting the younger son to stress that the decision is ultimately up to his mother (F) may escalate familial tensions. Telling the eldest son to resolve the issue with his brother (G) delays a resolution and could worsen relationships. Asking the eldest son if he has concerns (H) might produce biased information, given his support for the discharge.

# 11

A 65-year-old male patient presents to the A&E with severe dyspnoea, hypotension, muffled heart sounds, and distended neck veins. His vital signs are HR: 110, BP: 85/60, RR: 24, O2 saturation on room air: 94%. The patient has a history of recent myocardial infarction. On physical examination, there is evidence of pulsus paradoxus. A chest X-ray reveals an enlarged globular heart.

What is the initial step in management?



- A. Administer IV fluids.
- B. Perform an urgent pericardiocentesis.
- C. Administer IV morphine.
- D. Perform an immediate echocardiogram.

## Answer: A



### Explanation:

A. Administer IV fluids.

Given the patient's hypotension (BP 85/60), the initial step is to stabilize the hemodynamics. Administering IV fluids helps increase preload and improve cardiac output temporarily, providing some stabilisation before proceeding with definitive treatment.

B. Perform an urgent pericardiocentesis.

This is the definitive treatment for cardiac tamponade, but immediate stabilisation with IV fluids is crucial before performing the procedure, especially in a hypotensive patient.

C. Administer IV morphine.

Morphine is used for pain and anxiety relief but does not address the critical issue of tamponade. The priority is to stabilize the patient's hemodynamics and relieve the pressure on the heart.

D. Perform an immediate echocardiogram.

While an echocardiogram is essential for confirming the diagnosis and guiding pericardiocentesis, in a hypotensive patient, immediate fluid resuscitation takes precedence to prevent cardiovascular collapse.

# 12

A 5-year-old girl is brought to ED by her parents due to the sudden appearance of a rash. The parents report that the rash started on her face and quickly spread to her trunk and extremities. They also mention that the child had a mild fever and swollen lymph nodes behind her ears and at the back of her neck two days before the rash appeared. The girl has not been vaccinated due to parental concerns. On examination, the child has a pink, maculopapular rash that is less prominent on the trunk and limbs. She also has mild conjunctivitis and a runny nose.

What is the most likely diagnosis?

- A. Measles
- B. Rubella
- C. Scarlet Fever
- D. Roseola



## Answer: B



Explanation:

### B. Rubella

Rubella, also known as German measles, typically presents with a mild fever, swollen lymph nodes (particularly behind the ears and at the back of the neck), and a pink, maculopapular rash that starts on the face and spreads to the trunk and limbs. The rash is usually not as intense as that seen in measles and is often accompanied by mild symptoms like conjunctivitis and a runny nose.

### A. Measles

Measles usually presents with a higher fever, cough, coryza, and conjunctivitis, followed by a rash that starts at the hairline and spreads downward. Koplik spots (small white spots on the inside of the cheeks) are a distinctive feature of measles.

### C. Scarlet Fever

Scarlet fever is characterized by a sore throat, fever, and a sandpaper-like rash. It is often associated with a "strawberry tongue" and is caused by a streptococcal infection.

### D. Roseola

Roseola typically affects children under 2 years old and presents with a high fever that resolves suddenly, followed by a rash that starts on the trunk and spreads to the limbs. The rash in roseola is usually more intense on the trunk.



A 67-year-old man with a history of type 2 diabetes mellitus (on metformin), hypertension (on losartan), and depression (on sertraline) presents to the emergency department with a 3-day history of abdominal pain, fever, diarrhoea, and vomiting. On examination, he appears dehydrated. Laboratory tests reveal mildly elevated urea and creatinine levels, suggesting possible acute kidney injury.

What is the most appropriate action?

- A. Increase fluid intake and continue all medications
- B. Discontinue sertraline and monitor
- C. Temporarily stop metformin and losartan
- D. Add an additional antihypertensive medication



**Answer: C**



Explanation:

C. Temporarily stop metformin and losartan

In the context of acute kidney injury (AKI) suggested by elevated urea and creatinine levels, it is crucial to temporarily discontinue medications that can worsen renal function. Metformin should be stopped to prevent lactic acidosis, a potential complication in the setting of AKI. Losartan, an angiotensin receptor blocker (ARB), should be discontinued because it can decrease renal perfusion, exacerbating kidney injury.

A. Increase fluid intake and continue all medications

While increasing fluid intake is beneficial for dehydration, continuing metformin and losartan can worsen kidney function in the presence of AKI.

B. Discontinue sertraline and monitor

Sertraline is not typically associated with acute kidney injury and does not need to be discontinued in this scenario.

D. Add an additional antihypertensive medication

Adding another antihypertensive medication is not appropriate given the current focus on managing AKI and the patient's dehydration.

A sexually active 18-year-old woman presents to the clinic with complaints of vaginal discharge, post-coital bleeding, and a red, inflamed vulva and cervix. On examination, she has a tender pelvis, but her abdomen is non-tender. She has recently started a new sexual relationship.

What is your diagnosis? Chlamydia Infection



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- A) Trichomonas Vaginalis
- B) Cervical Ectropion
- C) Bacterial Vaginosis
- D) Chlamydia Infection

**Answer: D**



Explanation:

D) Chlamydia Infection - Doxycycline 100 mg BID for 7 days: The patient's symptoms, including vaginal discharge, post-coital bleeding, and a red, inflamed cervix, are consistent with chlamydial cervicitis. Doxycycline is the first-line treatment for Chlamydia trachomatis infection.

A) Trichomonas Vaginalis - Metronidazole 2 g single dose: Trichomoniasis can cause vaginal discharge and vulvovaginitis, but it usually presents with a frothy, yellow-green discharge and is less commonly associated with post-coital bleeding.

B) Cervical Ectropion: This condition can cause post-coital bleeding and vaginal discharge, but it is less likely to cause tenderness or inflammation as described in the scenario.

C) Bacterial Vaginosis - Metronidazole 500 mg BID for 7 days: Bacterial vaginosis typically causes a thin, grey-white, fishy-smelling discharge, which is not described here. It also does not typically cause a red, inflamed cervix or post-coital bleeding.

# 15

A 25-year-old female presents to the emergency department with a sudden onset of itchy, red, and swollen patches on her arms and legs. She noticed the hives appeared quickly, within minutes, after eating a meal at a new restaurant. The lesions are raised, blanch with pressure, and have been coming and going for the past few hours. She denies any difficulty breathing or swelling of her face, tongue, or lips.

What is the most likely diagnosis?



- A. Contact dermatitis
- B. Angioedema
- C. Urticaria
- D. Erythema multiforme

## Answer: C



Explanation:

C. Urticaria.

This is the correct answer. The patient's presentation of sudden onset itchy, red, and swollen patches that appear quickly and resolve within 24 hours is characteristic of urticaria. The blanching nature of the lesions also supports this diagnosis.

A. Contact dermatitis.

Contact dermatitis usually presents with a delayed reaction after exposure to an allergen or irritant, with more persistent lesions and often not resolving within 24 hours.

B. Angioedema.

Angioedema involves deeper swelling, often affecting the face, lips, and tongue, and can be associated with urticaria but typically involves more pronounced swelling.


D. Erythema multiforme.

Erythema multiforme presents with target lesions and is often triggered by infections or medications, not typically presenting with the rapid resolution seen in urticaria.



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**thank  
you!**

Good Luck