Static

A case of salicylate poisoning ABG's and electrolytes, with calculation of anion gap "a tough one with no damn clinical clue on the paper",

A case of SIADH on electrolytes and urine electrolytes panel the dx is SIADH due to lung malignancy, what r other causes of and how to manage,

A picture of podagra, not clear though but the clue in the few words above the picture talking about the patient having acute pain and being on thiazide diuretics, questions r what is this sign,
What r typical x ray manifestations,
What is the diagnosis, what is the management,

Chest x ray of cardiomegally and pulmonary edema,
What is the dx, the causes and the management,

ECG with inferior MI , what is the abnormalities, the diagnosis, the artery being affected,

A picture with a short history telling u this patient has jaundice and vitilligo, the diagnosis is pernicious anemia the questions are: what is the diagnosis? Why the patient is jaundiced, what r the investigations, the management.

A static asking u about the symptoms and sign of thyroid disorders without specifying hypo or hyper, stupid station but manageable.

Dynamic

A communication station with a patient with a Hep B carrier state, talk to him about the dz, follow up, infectivity marriage and kids and stuff,

A history case patient presented with hematuria the diagnosis is burger's dz AKA IGA nephropathy,

Examine this patient's heart, don't fall for it " examine the pulse man and do the general look stuff the hand and the whole thing", it come out to be aortic stenosis " piece a cake though" might ask DD of systolic murmers, causes of AS and Williams syndrome,

Examine this patient chest he have chest pain, cough and stuff, the case is pleural effusion "again do the whole general, they r playing u!!!"

A patient with jaundice , the task is examine 'em for stigmata of chronic liver disease, it turns out to be autoimmune hepatitis, with few questions about types, management and differentials , easy too.