

**Table 5**  
**Selected free text comments**

<b>Teaching and the PE</b>	
	<ul style="list-style-type: none"> <li>○ It is very interesting to note how many of the traditionally taught examination skills I no longer use, nor have ever found useful, but that I continue to teach to medical students.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The dissemination of this survey suggests that the clinical examination might be in demise! That would be a real shame. In fact, on completing this survey, I am reminded of how important these basic (and taken for granted by me!) skills are to my clinical practice. I would be so disappointed to think that further clinical trainees were not as proficient in these as I was on leaving medical school.</li> </ul>
	<ul style="list-style-type: none"> <li>○ Physical examination provides a useful adjunct to history taking but practising medicine in the United Kingdom, where access to investigations is relatively straightforward, it is generally unlikely to change the diagnosis and management plan in the majority of cases; for this reason, the focus of teaching should be on competent history taking.</li> </ul>
<b>Value of PE</b>	
	<ul style="list-style-type: none"> <li>○ The physical examination is not as key to diagnosis as the history, but more so than lab or radiological investigations.</li> </ul>
	<ul style="list-style-type: none"> <li>○ The easy use and readily available ultrasounds have made some aspects of physical exam less important especially in ED.</li> </ul>
	<ul style="list-style-type: none"> <li>○ No technology can replace a simple, accurate and swift clinical examination. Importantly it helps the patients psyche and creates a rapport with the patient.</li> </ul>
	<ul style="list-style-type: none"> <li>○ A number of the examinations are rarely done, e.g. cerebellar assessment, but are crucial and I believe should always be done in some circumstances e.g. presenting with vertigo</li> </ul>
	<ul style="list-style-type: none"> <li>○ Examination has limited use and should be focused and add to the working diagnosis and differentials based on history and patient's epidemiology.</li> </ul>
	<ul style="list-style-type: none"> <li>○ When on take and busy/distracted by constant bleeps, I frequently find myself taking a history, then explaining to the patient the diagnosis and plan, before realising that I haven't examined them - but subsequent examination rarely changes either the diagnosis or the plan! The exception is neurological examination, which often does add a lot.</li> </ul>
	<ul style="list-style-type: none"> <li>○ I think that the ability to carry out a detailed, comprehensive physical examination remains a critical part of evaluation of the patient in the acute setting.</li> </ul>
	<ul style="list-style-type: none"> <li>○ I think physical examination is still important, however, because it guides you to ask for the right investigation. It complements the history and does add something to your clerking or assessment.</li> </ul>