

# **NSW FELLOWSHIP COURSE EXAMINATION TRIAL PAPER**

## **2017.2**

### **Short Answer Questions**

Candidate directions:

1. This is a 3 hour examination
2. There are 3 separate books of 9 questions each. Each book should be completed in 1 hour.
3. Props (images, ECGs) are reproduced in the accompanying props book
4. The first question in each book is a double question. Otherwise questions are of similar value
5. Answer each question in the space provided on the examination paper.
6. Write your candidate number on each page

Candidate number \_\_\_\_\_

# **BOOK ONE**

QUESTION 1 (20 marks) – DOUBLE QUESTION

A 54 year old woman presents to your tertiary ED with a 24 hour history of haemoptysis, getting worse in the last 4 hours. She has no known history of systemic illness and is on no medications. On arrival she is coughing up 5-10 ml of bright red blood every 10 mins.

- i. List the key components of your assessment (8 marks)

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- ii. List 5 causes of massive haemoptysis (5 marks)

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While in the resus room, she suddenly starts to cough up larger volumes of blood, now around 50 ml every 5 minutes.

iii. List 7 key interventions to perform since this increase in haemoptysis (7 marks)

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QUESTION 2 (13 marks)

A 38 year old male patient presents to your urban ED with sudden onset occipital headache and vomiting whilst lifting weights at the gym.

Vital signs      GCS 14  
                         P 100 bpm  
                         BP 180/70 mmHg  
                         Temp 36 deg C

- i. Interpret the CT images (4 marks)

**CT IMAGES ARE SHOWN IN THE PROPS BOOKLET, PAGE 3**

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- ii. Outline 5 management priorities (5 marks)

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- iii. List 4 strategies to minimize abnormalities in intracranial pressure if this patient was intubated (4 marks)

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QUESTION 3 (16 marks)

A 54 year old lady presents with alcohol intoxication. 2 hours after arrival you are asked to review her as she is increasingly drowsy.

Vital signs      HR 75 bpm  
                      BP 102/64 mmHg  
                      SaO2 93% RA  
                      GCS 9  
                      Temp 36.5 deg C

- i. List 5 differentials for her condition (5 marks)

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- ii. List 3 relevant findings on the ECG (3 marks)

**A 12 LEAD ECG IS SHOWN IN THE PROPS BOOKLET, PAGE 4**

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- iii. List 4 immediate life threats following a propranolol overdose and a specific treatment for each (8 marks)

Life threat	Specific treatment

QUESTION 4 (13 marks)

You are asked to review a 3 month old male who was brought in by ambulance with his mother following an unresponsive episode at home. The infant became floppy and did not appear to breathe for almost 20 seconds.

- i. List 4 pertinent features in the history (4 marks)

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- ii. What is the likely diagnosis (1 mark)

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- iii. List 4 low risk features that need to be satisfied for this diagnosis (4 marks)

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- iv. List 4 indications for admission (4 marks)

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QUESTION 5 (19 marks)

A 47 year old male presents with epigastric pain for the past 45 minutes.

- i. Describe and interpret the ECG (4 marks)

**A 12 LEAD ECG IS SHOWN IN THE PROPS BOOKLET, PAGE 5**

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- ii. Describe and justify your immediate pharmacological treatment (4 marks)

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- iii. His pain settles with aliquots of fentanyl but the ECG changes persist. You are 90 minutes away from a PCI centre. Describe and justify your reperfusion plan (3 marks)

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iv. List 5 absolute contraindications to fibrinolysis (5 marks)

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v. What constitutes failure of fibrinolysis, suggesting need for a rescue PCI (3 marks)

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QUESTION 6 (15 marks)

A 30 year old man presents following a MVA. As he swerved to avoid a car, his right foot impacted the ground with his knee fully extended. His only complaint is of severe right knee pain and swelling.

- i. List 5 relevant findings on the Xray (5 marks)

**XRAYS ARE SHOWN IN THE PROPS BOOKLET, PAGES 6&7**

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- ii. List 3 priorities in management (3 marks)

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- iii. List 4 anatomical structures that are likely to be injured which are not seen on plain Xray (4 marks)

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iv. List 3 specific complications you would look for (3 marks)

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QUESTION 7 (14 marks)

i. List the clinical features of an isolated 7<sup>th</sup> nerve palsy due to a peripheral lesion (3 marks)

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ii. List 5 potential causes of an isolated 7<sup>th</sup> nerve palsy due to a peripheral lesion (5 marks)

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iii. What treatment should be advised in idiopathic Bell's palsy (2 marks)

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iv. What is the prognosis for recovery from idiopathic Bell's Palsy (2 marks)

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v. What factors are associated with a poorer outcome (2 marks)

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QUESTION 8 (10 marks)

A 3 year old girl is en route by ambulance after drowning in a family pool.

- i. List 5 factors which indicate a poor prognosis for this patient (5 marks)

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- ii. Outline your preparation for the patient's arrival (5 marks)

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QUESTION 9 (12 marks)

A 32 year old female G1P0 at 30 weeks gestation presents to ED with constant epigastric pain and headache.

Vital signs      GCS 14  
                         P 100 bpm  
                         BP 170/100 mmHg  
                         Temp 36.8 deg C

i. List your differential diagnosis (4 marks)

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ii. She then has a generalised seizure. List your treatment priorities (5 marks)

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iii. Name the labelled parts of the CTG (3 marks)

**A CTG IS SHOWN IN THE PROPS BOOKLET, PAGE 8**

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_