

Candidate name: _____

~~Department of~~
~~Emergency Medicine~~

~~Princess Alexandra Hospital~~

FELLOWSHIP TRIAL EXAMINATION
2019.2

WRITTEN EXAMINATION

SHORT ANSWER QUESTIONS

EXAMINATION TIME: 3 HOURS

DIRECTIONS TO CANDIDATES

1. The booklet is divided in to three parts
 - Each part is composed of 9 questions
2. Each mark is of equal weight
3. Write your name on the front page of each question paper
4. Write your initials on each subsequent page of the question paper
5. Answer each question in the space provided
6. Cross out any errors completely
7. Do not begin the exam until instructed to do so
8. No examination papers or materials to leave the room

Candidate initials: _____

PAH 2019.2 trial SAQ paper

PART 1

Questions 1 – 9

1 hour

Candidate initials: _____

Q1 (12 min)

A 65 year old man has been referred by his GP with a two week history of increasing confusion.

Bloods done by the GP reveal a serum sodium of 110 mmol/L (reference range 135 – 145 mmol/L).

- 1. List 4 historical features you would seek in determining the UNDERLYING CAUSE of this patient's hyponatremia. Include the clinical relevance. (4 marks)**

Historical feature	Clinical relevance

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2. List 4 examination findings you would seek in determining the UNDERLYING CAUSE of this patient's hyponatremia. Include the clinical relevance. (4 marks)

Examination finding	Clinical relevance

Candidate initials: _____

3. List 4 investigations you would perform to help determine the UNDERLYING CAUSE of this patient's hyponatremia. Justify your choices. (4 marks)

Investigation	Justification

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While waiting for admission to an inpatient medical ward, the patient has been found lying next to his bed. He is complaining of severe right hip pain.

An x-ray of his pelvis is provided in the **PROPS BOOKLET**.

4. Describe the abnormalities on the x-ray. (3 marks)

You have decided to perform a femoral nerve block.

5. Complete the table by listing the maximum safe doses for the local anaesthetic agents given. (2 marks)

Agent	Maximum Dose
Lignocaine	
Bupivacaine	

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The patient's daughter has arrived at the ED. She is very upset with her father's condition and treatment.

6. State 6 important features of your discussion with the patient's daughter. (6 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

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Q2

A 12 month old boy has been brought to the ED with abdominal pain and vomiting.

Your junior doctor has ordered an abdominal x-ray which is shown in the **PROPS BOOKLET**.

- 1. State 3 abnormalities on the x-ray. (3 marks)**

- 2. State the likely diagnosis. (1 mark)**

- 3. List 2 options for analgesia in this patient, including doses. The child weighs 10kg.
(2 marks)**

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4. List 2 options for definitive management of this condition. (2 marks)

5. List 3 possible complications of this condition. (3 marks)

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Q3

You are in charge of a shift in your tertiary ED. There are 16 patients ramped in the triage corridor.

- 1. List 6 potential causes for this problem. (6 marks)**

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

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2. State 5 steps you will take to address the situation. (5 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

Candidate initials: _____

Q4

A 45 year old woman has been brought to the ED after an overdose of multiple drugs. Your registrar asks for your opinion on whether the patient has serotonin toxicity.

- 1. List 3 groups of drugs that can cause serotonin toxicity. Include one drug from each group. (3 marks)**

- 2. List 6 examination features that would be consistent with serotonin toxicity. (6 marks)**

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Your assessment is consistent with significant serotonin toxicity.

3. List 3 drugs that may be used to manage serotonin toxicity. (3 marks)

Q5

You are working in the short stay unit of your ED.

You are about to see a 25 year old man who was brought to the ED the previous evening with abnormal behaviour and suicidal ideation. He was diagnosed with amphetamine related agitation and was managed with parenteral sedation.

He is currently expressing a desire to leave.

- 1. State 5 features of your examination that would suggest ongoing amphetamine intoxication. (5 marks)**

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You have decided that he is no longer intoxicated with amphetamines.

- 2. State 5 features of your mental status examination that would indicate a high risk of suicide. (5 marks)**

You have assessed the patient as requiring involuntary treatment due to high suicide risk. He is now agitated and about to leave.

- 3. List 2 drugs, with doses, that could be used as chemical restraint. (2 marks)**

Candidate initials: _____

Q6

A 5 year old boy has been brought to the ED with a two day history of fever, sore throat and rash. A clinical photograph has been provided in the **PROPS BOOKLET**.

1. List 3 features of the rash. (3 marks)

1) _____

2) _____

3) _____

Examination of his oropharynx reveals erythema and oedema of the soft palate with exudate on both tonsils.

2. What is the most likely diagnosis? (1 mark)

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3. List 2 differential diagnoses. (2 marks)

4. State your treatment of this condition. (2 marks)

5. List 4 potential complications of this condition. (4 marks)

Candidate initials: _____

Q7

A 30 year old woman has been brought to the ED with severe shortness of breath. She has been progressively getting worse over the last 2 days.

She has a history of Goodpasture's syndrome and her medications include prednisone and cyclophosphamide.

A chest x-ray is provided in the **PROPS BOOKLET**.

1. List 3 descriptive features of the pathology demonstrated on the x-ray. (3 marks)

1) _____

2) _____

3) _____

2. List 3 differential diagnoses. (3 marks)

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The patient has the following vital signs:

GCS	14	E4 V4 M6
Pulse	135	/min
BP	90/40	mmHg
O2 sats	85%	15L O2 via non-rebreather mask

You have decided that the patient needs to be intubated as part of your further management.

3. State 6 key aspects of your strategy in the intubation of this patient. (6 marks)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

- 6) _____

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Q8

A 12 year old girl has been taken to the ED after a syncopal episode at school.

On arrival, she has no ongoing symptoms and normal vital signs.

1. List 4 findings in your history that would be concerning for a cardiac cause of syncope.

(4 marks)

1) _____

2) _____

3) _____

4) _____

2. List 4 findings in your history that would be consistent with vasovagal syncope. (4 marks)

1) _____

2) _____

3) _____

4) _____

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3. List 4 investigations you might perform in the ED. Provide a clinical indication for each test. (4 marks)

Investigation	Clinical indication

Q9

A 25 year old man has presented with a red eye. You have diagnosed him with conjunctivitis.

1. Complete the table regarding the causes of conjunctivitis. (12 marks)

Cause of conjunctivitis	Discriminatory features on history / examination	Treatment