AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE
37th FELLOWSHIP EXAMINATION
February/May 2006

This report is circulated in its full form to:

- candidates – successful and unsuccessful
- examiners involved in the exam – written, clinical and observers
- members of the Fellowship Examination Committee
- DEMTs across Australasia
- Board of Censors (as part of their next meeting agenda)
- official observers (listed on Page 2)
- clinical site organisers for this exam

The report is not confidential and its wide dissemination is encouraged.

The questions alone (without examiner comments or answers) are published in Past Papers, which are available to all trainees from the College. Recent previous exam reports are available on the college website.

1. INTRODUCTION

The 2006.1 exam was held on February 22nd (written sections – all regions) and on May 6th and 7th (clinical sections – Brisbane). To spread the workload the clinicals were held at 2 sites (Princess Alexandra for the Long Cases, Short Cases and SCEs, and Mater Hospital for Long Cases and Short Cases).

Overall, 27 candidates passed the examination from the 40 who sat the written sections (overall pass rate 67.5%). More detailed analysis of pass rates is included in subsequent sections of this report.

2. EXAMINERS

Examining in the fellowship exam is a substantial commitment in time. All of the examiners are thanked for their efforts. The examiners were:

**Writtens only**

Peter Cameron  
Scott Pearson  
James Taylor  
Diana Edgerton-Warburton  
Anne-Maree Kelly  
Bhavani Peddinti  
Drew Richardson

**Clinicals only**

Jenny Brookes  
Robert Dunn  
Paul Preisz  
Gary Browne  
Mark Gillett  
Graeme Thomson  
Matthew Chu  
Craig Hore  
Mark Webb  
Chris Curry  
David Mountain  
Allen Yuen

**Writtens and Clinicals**

Sylvia Andrew-Starkey  
Simon Brown  
Bill Croker  
Gordian Fulde  
David Kirkpatrick  
Irene Rotenko  
Kim Yates  
Phil Aplin  
Anthony Brown  
Linda Dann  
Richard Harrod  
David Lewis-Driver  
Andrew Singer  
Neil Banham  
Sheila Bryan  
Steve Dunjey  
Trevor Jackson  
John Maguire  
Mark Smith  
Michael Bastick  
Tony Celenza  
Bernard Foley  
Diane King  
Debra OBrien  
Bryan Walpole
3. OBSERVERS
The official observers were Doctors:
Justin Bowra (Liverpool Hospital)
Shalini Arununathy (Westmead Hospital)

4. MULTIPLE CHOICE QUESTIONS
33/40 (82.5%) candidates passed the MCQ section of the exam. To achieve this a candidate has to pass 33/60 questions (55%). The mean score obtained was 36.5/60 (SD ± 5.1). The grade frequencies were:

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5. SHORT ANSWER QUESTIONS
31/40 (77.5%) candidates passed the SAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40 / 80. The grade frequencies were:

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SAQ 1
a. Outline the evidence for therapeutic hypothermia in post cardiac arrest patients. (30%)
b. Describe a protocol for therapeutic hypothermia in your ED. (70%)

The overall pass rate for this question was 30/40 (75%).

Examiners expected that a good answer to the first question would include mention of the two major recent studies and the updated ILCOR recommendations. The second question very specifically asked for a description of a protocol and was not a question about the process of protocol development, implementation and evaluation – it was intended to be a clinical and not a managerial question. For this second question the expectation was of the standard elements of most clinical protocols but focused on therapeutic hypothermia such as: aims, inclusion/exclusion criteria, cooling methods, goal temperature, adjunctive treatments such as paralysis, monitoring requirements and disposition. Poor answers had little detail on the key research, lacked detail in the clinical protocol and gave undue emphasis to the process of protocol development.

SAQ 2
You are the consultant in charge of the emergency department in a tertiary hospital. The ambulance service calls at 1000 hours on a weekday warning that they are at the scene of a major motor vehicle crash. They have 6 patients – 5 adults and a 12-month-old infant, all in a serious condition. They will be arriving at your department in 10 minutes.

Describe your response to this situation. (100%)

The overall pass rate for this question was 29/40 (72.5%).

Examiners considered that being able to deal with such a situation is an important skill for an emergency physician. The question was broad but the expected answer focused on the managerial issues of recognizing and using available resources to cope with a disaster rather than the specifics of trauma care. The elements of a comprehensive answer were: confirm and recognize the potential disaster, liaise with the EMS, consider diversion of some cases (eg paediatric), constitute trauma teams, clear the ED as possible, hospital wide notification/involvement (eg trauma call, internal disaster), manage relatives/media and plans for some sort of standdown/debrief. Failing answers neglected issues such as team constitution/allocation, did not notify widely (including other ED staff) and did not liaise with the EMS.

SAQ 3
First time parents bring their distressed and crying six week old boy to the emergency department. They report that their child has been repeatedly vomiting all day.

Describe your assessment of this patient. (100%)

The overall pass rate for this question was 36/40 (90%).

Examiners noted that few candidates failed this question but few did well. Answers needed to show an understanding of the likely diagnoses encountered in a small infant with vomiting. With this done, the history/examination/investigation needed to focus on including or excluding these diagnoses. Answers needed to be able to convey normal feeding, weight gain and bowel/bladder habits for such a child. It was expected that a detailed antenatal, birth and perinatal history would be sought.

SAQ 4
A 50 year old woman presents to the emergency department with the sudden loss of vision in one eye.

a. List your differential diagnoses. (30%)
b. Describe your assessment of this patient. (70%)

The overall pass rate for this question was 35/40 (87.5%).

Since the clinical scenario was relatively non-specific the expectation was that candidates would provide a broad differential that considered causes that are painless/painful, sudden/gradual, traumatic, complete/partial field etc. The history obtained needed to be focused at these causes with emphasis given to causes most likely in a middle aged patient. The examination needed to be systematic and include field testing, slit lamp examination, pupil signs and fundoscopic findings. It was essential that glaucoma be mentioned specifically and be given prominence. Poor answers did not deal with the issues raised above.

SAQ 5
A 46 year old alcoholic presents with a large haematemesis. He is haemodynamically unstable.

Describe your management. (100%)
The overall pass rate for this question was 39/40 (97.5%).

The expectation of examiners with regard to this question was that answers would deal with both the issue of GI bleeding and hypovolaemia in general as well as the specific complications that may occur in an alcoholic such as coagulopathy, hypoglycaemia and encephalopathy. With regards to the GI bleeding it was important to ensure early endoscopy which may be both diagnostic and therapeutic as well as the use of adjuvant treatments such as octreotide, proton pump inhibitors and balloon tamponade. Poor answers did not consider the specific implications of this patient being alcoholic.

SAQ 6
Describe your management of the athlete with heat stroke. (100%)

The overall pass rate for this question was 32/40 (80%).

Examiners noted that this question was often poorly answered with failure to attend to specific management of airway/breathing/circulation, the likely need for ICU disposition and with cooling rates that were inadequate. Extra marks could be gained by specifying treatment for likely complications such as rhabdomyolysis, hyperkalaemia, renal failure, pulmonary oedema and cerebral oedema. It was expected that options would be presented for methods of cooling.

SAQ 7
A 55 year old man presents to triage complaining of throat tightness, itch, generalised erythema and lip swelling whilst eating at a local Thai restaurant.

a. Outline your history and examination of this patient. (50%)
b. Describe your management of this patient. (50%)

The overall pass rate for this question was 33/40 (82.5%)

The answer to part a) needed to include past allergies, medication history and any respiratory complaints. Examination needed to focus on signs of shock and airway/breathing compromise in order to classify the severity of the allergic reaction. The answer to part b) needed to provide specific information on route and dosing of adrenaline as well as the use of adjunctive medications such as steroids and H1/H2 blockers. Failing answers gave excessive IV doses of adrenaline or did not consider use adrenaline at all.

SAQ 8
Discuss the different anaesthetic modalities which may be employed to manage a wrist fracture in a 58 year old man in the emergency department. (100%)

The overall pass rate for this question was 31/40 (77.5%).

Examiners expected that candidates would approach this question by covering in detail at the very least IV arm block and procedural sedation. This needed to be approached in manner that made clear consultant level knowledge of both the pros and cons rather than just a description of “how to”. Better answers considered general factors such as the ED environment, skill mix, staffing and factors specific to the patient. It was preferred that other techniques such as haematoma block, axillary nerve block and general anaesthesia were also discussed. Failing answers were not in a discuss format or did not show depth of knowledge in the key areas of procedural sedation and IV arm block.

6. VISUAL AID QUESTIONS
27/40 (67.5%) candidates passed the VAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40 / 80. The grade frequencies were:

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**VAQ 1**
A 30 year old female is brought to your ED by ambulance following a suspected drug overdose. Her observations are: BP 90/60 mmHg (supine), RR 20/min, SaO₂ 99% (room air) and GCS 14. The ECG given shows a broad complex tachycardia

a. Describe and interpret her ECG. (50%)
b. Outline your initial management in the ED. (50%)

The overall pass rate for this question was 30/40 (75%).

Examiners expected that the ECG description would specify the rate of 130, broad QRS and prolonged QT likely to be TCA overdose (or other Na channel blocking agent). Initial management needed to focus on the need for bicarbonate/alkanisation and a low threshold for definitive airway management because of the high risk of rapid deterioration. Failing answers misinterpreted the ECG, including being unable to estimate the rate. Some missed the clues about a toxicological cause and assumed this was a primary cardiac problem. Others did not mention TCAs as a possible cause and saw no role for the use of bicarbonate.

**VAQ 2**
An 83 year old woman is transferred to your ED from her nursing home for assessment of abdominal pain. The abdominal Xray given shows grossly distended loops of bowel

a. Describe and interpret her Xray. (30%)
b. Outline your management of this patient. (70%)

The overall pass rate for this question was 24/40 (60%).

Examiners expected that the description would be detailed and lead to the likely conclusion of a volvulus. The image appeared to show both sides of a bowel wall raising the possibility of a perforation but recognising this was not essential to pass. The majority of the marks were for the management which needed to include decompression rectally and consider the impact of co-morbidities (which are likely in such a patient) and the importance of expressed prior wishes or advance directives.

**VAQ 3**
A 23 year old male with a decreased level of consciousness is being assessed in your ED. His arterial blood gas results with reference ranges are:

| FIO₂   | 0.3 |
Describe and interpret the results of his investigations. (100%)

The overall pass rate for this question was 32/40 (80%).

Although this was a complex set of results the only requirement was for a correct description of the results (profound metabolic acidosis, high anion and osmolar gaps) and a plausible synthesis such as an alcohol poisoning. Failing answers synthesized inappropriately (eg diabetic ketoacidosis) or merely reported the abnormalities (which could be done simply by reading the reference ranges) without qualifying their magnitude or significance.

**VAQ 4**

This 30 year old man was assaulted with a broom stick. A clinical photograph suggests conjunctival, corneal and anterior chamber injury

Describe and interpret this man’s photograph. (100%)

Overall pass rate for this question was 29/40 (72.5%)

The examiners expected that a clear description as above would include a clear statement that this injury is sight threatening. The interpretation needed to include a differential diagnosis including a penetrating eye injury or ruptured globe. Failing answers did not offer such an interpretation.

**VAQ 5**

An 11 year old female with Down’s syndrome presents with acute respiratory distress following a 3 day history of fever, rhinorrhoea and dry cough. A CXR is performed following her intubation. The CXR given shows extensive, bilateral pulmonary infiltrates

Describe and interpret her CXR. (100%)

The overall pass rate for this question was 35/40 (87.5%).

It was expected that the candidates would be able to describe the CXR accurately and demonstrate that they are able to interpret the CXR in a systematic way, noting major positives and negatives, and including lung fields, cardiac size and borders, bone, diaphragms etc. It was also expected that the candidate could interpret the CXR sensibly in the clinical context (Down’s syndrome, dry cough) that was given, form a reasonable differential diagnosis, recognizing that the most likely diagnosis was infection, types of infection likely (both typical and atypical organisms), with other possibilities less likely.

**VAQ 6**
A 40 year old man presents with delirium, scrotal pain and temperature of 39°C. The clinical photograph provided shows marked scrotal inflammation and necrosis

a. Describe and interpret the photograph of this man. (30%)
b. Outline your immediate management. (70%)

Overall pass rate for this question was 34/40 (85%).

Examiners expected that candidates would recognize that the diagnosis was one of a life threatening, synergistic necrotizing cellulitis/fasciitis infection evidenced not just by the appearance of the picture but also by the presence of delirium. Management had to include early surgical involvement as well as broad spectrum antibiotics and aggressive resuscitation. It was expected that disposition would at least include consideration of ICU admission. Failing answers did not recognize how ill the patient was, resuscitated inadequately or did not involve surgeons for debridement

VAQ 7
A 54 year old woman presents to the ED with three days of painful swelling in her left wrist and hand. The clinical photograph given shows an inflamed left hand and forearm with a deforming bilateral polyarthritis

Describe and interpret this woman’s photograph. (100%)

Overall pass rate for this question was 28/40 (70%).

The examiners expected that the description would include the features of rheumatoid arthritis shown, the presence of vasculitic lesions on the fingers of the right hand, swelling and erythema of the left hand with a scar/healing wound on the same forearm. Tying this together in the interpretation meant this was probably cellulitis and/or joint/bone infection in the setting of rheumatoid arthritis. Relative immune compromise related to the disease or its treatment was likely to be a complicating factor. Failures were usually due to an inability to interpret this as rheumatoid arthritis.

VAQ 8
A 72 year old man presents by ambulance to your ED with onset of tachycardia and shortness of breath. The ECG given shows a regular, narrow complex tachycardia with widespread ischaemic changes

Describe and interpret his ECG. (100%)

Overall pass rate for this question was 25/40 (62.5%).

The examiners noted that with the limited clinical information given and the number of ECG abnormalities present a reasonably broad range of possibilities need to be considered in the interpretation. The description needed to note the tachycardia which was atrial in origin and associated with significant ischaemic changes. The interpretation should have noted that this was likely to be a clinical situation requiring urgent treatment or referral. Failures were due to basic errors of description (often including findings that were not present) or due to providing very limited differentials.

7. CLINICAL EXAMINATIONS
These were held in Brisbane on Saturday May 6th and Sunday May 7th.
Clinical exam coordination at the Princess Alexandra site was by the team of Michael Sinnott, Sean Lawrence and Hector Fuentes, and at the Mater site was by John Holmes. A total of 31 candidates were invited to the clinical section.

7.1. LONG CASES
28/31 (90.3%) passed the long cases. The pass mark is 5/10. The grade frequencies were:

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7.2. SHORT CASES
30/31 (96.8%) passed the short cases. The pass mark is a mark of 5/10, which can be obtained by passing 3 cases with an aggregate of 15-18/40 inclusive or at least 2 of 4 cases with an aggregate of 19/40 or more. The grade frequencies were:

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7.3. SCEs
28/31 (90.3%) passed the SCEs. To pass, a candidate needs to score 30/60 and pass at least 4 stations. The grade frequencies were:

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SCE 1
A 30 year old man presents to your emergency department with a two hour history of palpitations and dizziness. His initial observations are: BP 120/70 mmHg, RR 20 Temp 36.5°C ,SaO2 99% on room air. This is his ECG on arrival. (The ECG shows an irregular wide complex tachycardia)

- Please describe and interpret his ECG. (This question was given outside the room)
- Which drug would you use to treat this arrhythmia? What dose would you use and what are the potential risks?
• The patient becomes unstable with his blood pressure falling to 85 systolic. You decide to cardiovert him. Can you describe the technique of cardioversion?
• Following cardioversion, this is his ECG. Please describe and interpret this ECG. (The ECG shows SR with a delta wave visible)
• What issues do you consider when a family member requests to be present during the electrical cardioversion?

Overall pass rate for this question was 27/31 (87.1%).

Examiners noted that failures in this SCE were usually due to incorrect use or dosing of drugs, or to an inability to show sufficient knowledge in ECG interpretation

SCE 2

You are in a non tertiary hospital emergency department with no paediatric service. You are called urgently to the resuscitation area. A 30 year old woman at 39 weeks gestation has just arrived in the department and is in advanced labour. A colleague with obstetric experience is managing the patient and delivery. He requests you manage the infant after delivery.

• You will be managing the infant. Outline your preparation for management. (This question was given outside the room)
• What key examination features do you assess in the infant after delivery?
• The infant is born. He is cyanosed, with slow irregular respirations and a heart rate of 110/min. Describe your immediate management
• There is a poor response to your first line measures. The infant is now floppy, with inadequate respirations, and heart rate has fallen to 60/min. Outline your management now.
• What are the anatomical differences between the airway of infants and adults?

Overall pass rate for this question was 26/31 (83.9%).

Examiners noted that this SCE seemed to identify those who had performed neonatal resuscitation as opposed to those who had just read about it. Nevertheless failures were usually due to a failure to appreciate the specific importance of oxygenation and airway support

SCE 3

You are the supervising emergency physician in a suburban emergency department. The Triage Nurse brings to your attention a distressed 16 year old girl he has just triaged. She is requesting the “morning after pill”. The Triage nurse has noticed some recent bruising on the patient’s face and he requests your advice on how he should proceed.

• What are the immediate issues here? (This question was given outside the room)
• You attend the patient. She confides that she was sexually assaulted the previous day by an unknown man. What are the aims of your assessment of this patient?
• Outline your approach to emergency contraception for this patient.
• Outline your approach to prophylaxis of sexually transmitted infections in this patient.
• Outline your approach to post-exposure prophylaxis for viral Hepatitis and HIV in this patient.

Overall pass rate for this question was 31/31 (100%).

Examiners noted that this SCE showed all candidates to be well prepared but that the best candidates were able to display a high level of knowledge
SCE 4

You are the supervising emergency physician in a tertiary emergency department. You receive ambulance notification of 2 patients with shotgun wounds. You assemble two trauma teams. The Cardiothoracic surgeon is driving in and is 5 minutes away. Anaesthetics, Operating Theatres and Intensive Care are notified and are on standby. Both patients arrive and their condition on arrival is detailed below.

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<tr>
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<th>Patient A</th>
<th>Patient B</th>
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<tr>
<td>Details</td>
<td>30 yo man [Gun shot wounds to left chest &amp; abdomen]</td>
<td>20 yo man [Gun shot wound to left chest]</td>
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<td>30 per min</td>
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<td>94% on high flow O₂</td>
<td>99% on high flow O₂</td>
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<td>Assigned Team</td>
<td>1 ED Registrar, 1 Anaesthetic Registrar, 1 Surgical Registrar, 3 Nurses</td>
<td>2 ED Registrars, 1 Anaesthetic Fellow, 3 Nurses</td>
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- Patient A suffers a cardiac arrest (PEA) on arrival. What are the pros and cons of emergency thoracotomy in this case?
- Patient A responds to treatment and is transferred to theatre. You now attend Patient B who is being managed by the second team and whose CXR is shown. Describe and interpret his XR (The CXR shows a right pneumothorax, left haemothorax, malpositioned right ICC and malpositioned ETT, multiple rib fractures and multiple gun shot pellets). Leave out management for the time being.
- The team is having difficulty ventilating this patient and his blood pressure is 80. Outline your priorities in management.
- Patient B stabilises and is transferred to theatre. What other issues might you need to address now?

Overall pass rate for this question was 25/31 (80.6%).

The examiners found that the most taxing part of this SCE for candidates was that of the Xray interpretation, and that of the management of difficult ventilation combined with hypotension. Failures were usually due to being unable to deal with these issues with a structured consultant level approach.

SCE 5

A thirty five year old man presents with a four day history of progressive bilateral lower limb weakness.

- List your differential diagnosis for his weakness. (This question was given outside the room)
- In your assessment what findings would suggest Guillain Barre syndrome?
- Guillain Barre Syndrome is confirmed. What are the key management issues?
- How would you assess respiratory function in this patient?
- Regarding lumbar puncture in general, what factors may affect the incidence of post LP headache?

Overall pass rate for this question was 22/31 (71%).
The examiners noted that candidates were expected to provide a high level answer to the first question as it had been given outside of the room. Failures were usually due to an inadequate differential diagnosis or a failure to assess/appreciate the severity of the illness.

**SCE 6**

An 8 year-old girl presents to your ED with her mother with a 1 day history of shortness of breath and wheeze. She has a past history of asthma with multiple ward admissions and one previous ICU admission, 2 years previously. Her usual medications are Salbutamol PRN and Fluticasone Propionate 100 mcg BD. Her initial observations are: GCS 15, Temp 37.0 Celsius, HR 120, RR 40, SpO$_2$ 94% on room, mild accessory muscle use and talking in short sentences.

- Outline your initial treatment of her asthma. (This question was given outside the room)
- Discuss options for delivery of bronchodilator in this patient.
- Please demonstrate how you would instruct the patient (and parent) how to use an MDI and spacer.
- Despite your initial treatment the patient deteriorates: she has severe respiratory distress and oxygen saturation of 90% on 10L/min by Hudson mask. Outline your management.
- The child is now intubated. Outline the principles of ventilating this patient.

Overall pass rate for this question was 29/31 (93.5%).

As in many other SCEs the examiners noted that it was the “discuss” question that sought a consultant level understanding of the pros and cons of different treatment modalities that was the most challenging.

8. **SUMMARY PASS RATES**

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<tr>
<th>Type</th>
<th>Passes / Total</th>
<th>Pass Rate</th>
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<tbody>
<tr>
<td>MCQ</td>
<td>33 / 40</td>
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<tr>
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<td>67.5%</td>
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31/40 passed 2 or more sections and were invited to the clinicals

<table>
<thead>
<tr>
<th>Type</th>
<th>Passes / Total</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC</td>
<td>28 / 31</td>
<td>90.3%</td>
</tr>
<tr>
<td>SC</td>
<td>30 / 31</td>
<td>96.8%</td>
</tr>
<tr>
<td>SCE</td>
<td>28 / 31</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

At the examiners meeting, of the 31 candidates at the clinicals
- 27 candidates passed automatically
- none were discussed
- meaning 27 / 31 (87.1%) of those attending the clinicals passed.

So the overall pass rate was 31 / 40 (67.5%)

9. **RECOMMENDATIONS/ISSUES FROM THIS EXAM**

- Candidates, examiners and site co-ordinators should all expect that short cases will have signs. Examiners in particular have a responsibility for ensuring that signs are still present at the time of the exam and asking for a substitute case if this is no longer so.
• At times it may be necessary for examiners to ask candidates to present their short case findings away from the patient. This will be the exception rather than the rule but may be required in order to avoid upsetting the patient or candidate. Examiners should brief their patients beforehand so that they are prepared for the few minutes of discussion that usually follows the physical examination in the short case.

• Outpatient long cases have advantages in terms of more certain ability to attend the exam and a likelihood that they will give a clear and coherent history. Site co-ordinators need to ensure that such cases have an obvious emergency focus to their history, which will be clear to both candidates and examiners. This is best achieved by using patients who have had a recent emergency attendance (within the last 6 months)

10. ACKNOWLEDGMENTS

As always the Fellowship exam is a huge logistical undertaking and the effort required in running it should not be underestimated. Acknowledging the help provided by all of the many doctors, nurses, clerical staff and orderlies in running the exam is best done in this exam by noting that this was a real team effort. I would like in particular to thank Drs Michael Sinnott, Sean Lawrence, Hector Fuentes and John Holmes for their work as the site coordinators.

This was my last exam as Chair of the Fellowship Exam Committee. With a mixture of sadness and relief I now hand on the reins to Dr Mark Gillett. One last time I wish to acknowledge the tireless and meticulous work with regards to the logistics of the exam at the College secretariat level. In particular I wish to thank our Fellowship Exam Officer, Virginia Cunsolo and our college Chief Executive Jenny Freeman for all the support they have given me during my term as Chair.

A Prof Ian Rogers FACEM
Chair, Fellowship Examination Committee