

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



# Fellowship Practice Exam

**June 2016 - Book 1**

## **WRITTEN EXAMINATION SHORT ANSWER QUESTIONS**

**EXAMINATION TIME: 3 HOURS - 1 hour per booklet**

### **Directions to Candidates**

This booklet is one of three. It contains 9 questions. Allow 9 minutes for 3 page questions (1 and 9), and 6 minutes for 2 page questions (2 - 8). The entire booklet should take you 1 hour to complete.

1. Answer each question in the space provided in this question paper.
2. Do not write your name on this question paper.
3. Write your candidate number **on each page** in the space provided.
4. Cross out any errors completely.
5. Do not begin the exam until instructed to do so.
6. No examination papers or materials to leave the room.
7. Props are provided in a separate booklet.

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

**Question 1 (23 marks) 9 minutes**

You are a consultant in a tertiary emergency department. A 31 year old man presents with 6 hours of severe central chest pain, on the background of a flu-like illness over the last week. Vital signs at presentation:

BP 100/60 mmHg RR 35/min

O2 Saturation 93% on room air Temperature 37.5°C

He is triaged to the resuscitation area. **An ECG is shown in props booklet ; page 2**

i) List three (3) abnormal findings in this ECG. (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Soon after this ECG is taken, his blood pressure falls to 85/50. His pulse is 110 (same rhythm pattern as shown in the ECG on page 1 of the props booklet). He is increasingly dyspnoeic.

ii) List five (5) likely differential diagnoses for his condition. (5 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Question 1 (continued)**

iii) List five (5) key uses for bedside ultrasound in this patient. (5 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

His haemodynamic state continues to deteriorate rapidly. Prior to any treatment, his blood pressure falls to 60/50 and his heart rate increases to 160 (same rhythm pattern as shown in the ECG on page 1 of the props booklet).

**Question 1 (continued)**

- iv) List five (5) treatment options to improve his haemodynamics. List one (1) relevant detail for each of your choices . (10 marks)

	Treatment Option	Detail
1		
2		
3		
4		
5		

**Question 2 (19 Marks) 6 minutes**

An 18 month old boy presents to the ED with R groin swelling and distress.

- (1) Complete the following table stating four (4) historical or examination findings that may be used to differentiate each diagnosis. (12 marks)

	Testicular torsion	Torsion of the appendix testis	Inguinal hernia
1			
2			
3			
4			

**Question 2 (continued)**

(2) List four (4) steps required to reduce an inguinal hernia (4 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(3) List three (3) indications for paediatric surgical consultation in the emergency department in a child with an inguinal hernia. (3 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Question 3 (14 Marks) 6 minutes**

One of the surgical consultants has come to your Emergency department complaining about the number of patients that are getting sent to the ward before being reviewed by the surgical registrar. He would like you to explain the NEAT targets and their purpose.

1. What does NEAT stand for? (1 mark)

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2. What is the NEAT target? (1 mark)

---

3. Which patients are included in the NEAT target? (1 mark)

---

4. Name three (3) reasons the target was introduced. (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**Question 3 (continued)**

5. List four (4) strategies that the hospital can employ to ensure that the NEAT target is met.(4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

6. List four (4) strategies that the Emergency Department can employ to ensure that the NEAT target is met.(4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Question 4 (16 Marks) 6 minutes**

A 45 year-old male presents to the Emergency Department with a 2-week history of left lumbar pain associated with nausea and vomiting. There is no history of trauma .Physical examination reveals significant tenderness on the left flank. Abdomen is not distended and bowel sounds are normal. He Investigations show normal FBE and U+E. Urine analysis shows 3+ blood

A plain abdominal radiograph shows no abnormality.

**A CT IVP is performed and shown in the PROPS booklet - page 3**

1. List Four (4) positive findings in his imaging.(4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

2. List three (3) likely differential diagnoses for this patient (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Question 4 (continued)**

3. List two (2) early and three (3) expected late complications (5 marks)

1. Early \_\_\_\_\_

2. Early \_\_\_\_\_

3. Late \_\_\_\_\_

4. Late \_\_\_\_\_

5. Late \_\_\_\_\_

4. List four (4) risk factors for contrast-induced nephropathy (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Question 5 (17 Marks) 6 minutes**

A 5yo girl presents with a likely febrile convulsion which has terminated prior to arrival in ED.

1. List three differences between a simple febrile convulsion and a complex febrile convulsion. (6 marks)

	Simple febrile convulsion	Complex febrile convulsion
1		
2		
3		

**Question 5 (continued)**

2. List four (4) risk factors for recurrent seizures for this patient.(4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

3. List three (3) discharge criteria/requirements for this patient. (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Question 6 (15 marks) 6 minutes**

A 5 year old presents after eating some mushrooms that were growing naturally on the side of the road. **His mother brought in the specimen shown in PROPS booklet ; page 4.**

1. List four (4) historical or examination findings that assist in differentiating non toxic from toxic mushroom ingestion. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

2. List three (3) investigations that you perform with justification. (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Question 6 (continued)**

3. You are concerned about potential toxic ingestion. How long would you keep the child for monitoring? (1 mark)

\_\_\_\_\_

4. List the three (3) stages of **amatoxin** poisoning? (3 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. List four (4) treatments that may be effective in severe **amatoxin** poisoning. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Question 7 (14 Marks) 6 minutes**

A 35 year old male presents with lower back pain. He has previously been identified as displaying drug seeking behaviour.

1. List four (4) key features on history that would support drug seeking behaviour as the reason for this presentation. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

2. List four (4) key features on examination that would support drug seeking behaviour as the reason for this presentation. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



**Question 7 (continued)**

3. List six (6) key principles in the management of this patient. (6 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Question 8 (15 Marks) 6 minutes**

You are the consultant in charge of a tertiary ED with access to a stroke team.

A 55 yo male with PMH : HTN, AF, DM and occasional ETOH, presents with **1 hour** history of left facial droop, slurred speech, and visual changes. He has no allergies and his medications are: Warfarin, Ramipril, Amlodipine, Novorapid.

His vital signs on arrival are:

BP 160/100 mmHg , HR 90 bpm , Sat 99% RA, RR 20/min , temp 36.2

You are concerned about a stroke.

1. List three (3) important alternative differential diagnoses that might mimic stroke and how best to exclude these on your initial brief assessment. (6 marks)

	Alternative Diagnosis	How to exclude
1		
2		
3		

**Question 8 (continued)**

You decide to call a 'Stroke Code' and the Stroke Registrar agrees a CT brain with Perfusion study should be ordered. The CT perfusion scan shows reversible ischemia and there is no intracranial haemorrhage. The stroke team would like to thrombolyse.

2. List four (4) contraindications to thrombolysis that need to be excluded in this patient. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

3. List five (5) important elements for the process of consent for thrombolysis for this patient? (5 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Question 9 (25 marks ) 9 minutes**

A 24 yo man with a 6 yr Hx of Crohn's disease, presents with 12 hrs history of worsening abdominal pain, fever and vomiting. His vital signs are:

BP 90/60   HR 120   Temp 38.7

A. List six (6) possible causes for this presentation ( 6 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

B. List five (5) abdominal complications of Crohn's disease ( 5 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Question 9 (continued)**

C. List five (5) investigations that you would request in this patient and justify. (5 marks)

	<b>Investigation</b>	<b>Justification</b>
1		
2		
3		
4		
5		

**Question 9 (continued)**

E. Compare Crohn's disease &amp; Ulcerative Colitis (9 marks)

<b>Characteristics</b>	<b>Crohn's disease</b>	<b>Ulcerative Colitis</b>
Distribution		
Pathology		
Radiology		
Cancer risk		
<b>Presentation</b>		
Bleeding		
Obstruction		
Fistulae		
Weight loss		
Perianal		