## FELLOWSHIP TRIAL EXAMINATION

Paper 1 - Book 1

### WRITTEN EXAMINATION

### SHORT ANSWER QUESTIONS

EXAMINATION TIME: 3 HOURS

#### **DIRECTIONS TO CANDIDATES**

- 1. The exam is divided in to three question booklets and one prop booklet Each question booklet is of equal value
- 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:	
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# PART 1

Questions 1 – 9

1 hour

SAQ 1 (double question)			
A 25 year old woman has been brought to the ED after a high speed head-on motor vehicle accident.			
Her initial chest x-ray is provided in the PROPS BOOKLET.			
Give the most important pathology demonstrated on this x-ray, with 3 radiographic supporting features.(4 marks)			
Most important pathology	Radiographic supporting features		
What will be your definitive treatment of the diagnosis in Q1?  (1 mark)			

3	. What other clinically significant pathology is demonstrated in this X-ray?	Include
	the radiographic support for this diagnosis.(2 marks)	

Pathology	Radiographic supporting features

You have managed the above injuries and have intubated the patient to optimise ongoing assessment and management.

After a short period, the ventilator has begun to alarm due to high pressures.

4. List six possible causes of high ventilator pressures.	(6 marks)
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

A slice from her head CT is provided in the PROPS BOOKLET.	
5. List the abnormalities seen on the image. (6	6 marks)
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

The patient has undergone CT scanning to delineate her injuries.

SAQ 1 (continued)

CT sc The cl	anning has reve hest injury has b	ealed only chest been satisfactori	and head injuries as demonstrated in the above images. ly managed.
The p	atient has a dila	ted left pupil.	
Her vi	tal signs are:		
	GCS	3	sedated and paralysed
	Pulse	100	/min
	ВР	90/60	mmHg
	O2 sats	90%	FiO2 0.5
6.	State your man where appropr		including drugs and doses and treatment end-points

A 30 year old man has presented to the ED with a painful, swollen left foot after jumping over a high fence. There are no other injuries.		
His x-rays are provided in the PROPS BOOKLET.		
1. List five abnormalities on the x-ray.	(5 marks)	
(1)		
(2)		
(3)		
(4)		
(5)		

State your key management steps in the ED. Where appropriate, provide any doses of medications you will use.(5 marks)			
3. List two major early complications of this injury for which you will be monitoring the patient. For each, give a cardinal clinical finding.(4 marks)			
Complication	Cardinal clinical finding		

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A 41 year old itinerant alcoholic has been brought to the ED with severe epigastric abdominal pain and vomiting.

His arterial blood gas, taken on room air, is provided in the PROP BOOKLET.

1. Comment on the following values on the arterial blood gas. Give likely causes for each abnormality.(8 marks)

Electrolyte	Comment	Likely Cause
Sodium		
Potassium		
Chloride		
Calcium		

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2. List other major abnormalities present, and for each list 2 differential diagnoses.

(9 Marks)

Abnormality	Differential Diagnoses

A 12 year old boy has been brought to your ED by his parents with profuse blood loss from his mouth. His clothes are covered in blood.

He had undergone tonsillectomy at your hospital 7 days prior.

On arrival, his vital signs are:

GCS	15	
Pulse	160	/min
BP	75/40	mmHg
RR	30	/min
O <sub>2</sub> saturation	room air	

He looks pale and sweaty.

Your initial assessment is that he does not require immediate intubation.

State your initial management steps, including details of drug doses and end-points.     (5 marks)

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After a brief period of time in the ED, the patient has a large vomit consisting of congealed blood. He appears to aspirate a significant portion of vomitus.

You have decided to intubate the patient to protect his airway and to facilitate ongoing management.

2. Complete the table by listing three difficulties you anticipate in his intubation, and the solutions you will employ to manage each.(6 marks)

Difficulty	Solution
	3

A 25 year old man has been brought to the ED with agitated behaviour. He was found by bystanders in a park screaming out "Help!" repeatedly.	
List six features of your assessment that would suggest a psychiatric cause of his behavioural disturbance.(6 marks)	
(1)	_
(2)	_
(3)	
(4)	
(5)	_
(6)	
\	_

he is competent to make this decision.	
2. List the components of competence assessment.	(3 marks
You have decided that the patient is not competent to make competent decisions ab health care in this current state. He is now attempting to leave.	out his
3. State, in sequential order, your management steps in attempting to keep this patient against his will. Include doses of drugs where appropriate.(6 marks)	

SAQ 6			
A 70 ye	ear old man has	s presented to th	ne ED after a syncopal episode.
His EC	G is provided in	the PROPS Bo	OOKLET.
The pa	tient's vital sign	s are:	
	GCS	12	E3 V4 M5
	BP	70/40	mmHg
	RR	20	/min
	O2 sats	99%	room air
He is pale and sweaty.  1. Give your diagnosis and supportive ECG findings. (5 marks)			
Diagric	0515.		
Suppor	rtive Findings:		

<ol><li>State your treatment steps in sequential order. Include details of drug doses and end-points.(10 marks)</li></ol>	
(1)	
(2)	
(3)	
(4)	

You are working in an ED in North Queensland.	
A nine year old child has been brought to the ED by her mother after being bitten by a in her backyard.	a snake
The patient has normal vital signs on arrival.	
List four specific features of your examination.	(4 marks
(1)	
(2)	
(3)	
(4)	
2. List the two most relevant laboratory investigations you will perform.	(2 marks)
(1)	
(2)	

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Initial assessment demonstrates no evidence of envenomation.

3. List your discharge criteria for this girl.	(5 marks)
(1)	
(2)	
(3)	
(4)	
(5)	

List six specific measures that might reduce time to PCI for these patients  (1)	(6 marks)
(2)	
(3)	
(4)	
(5)	
(6)	

Candidate initials:	
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A 7 day old boy has been brought to your ED with jaundice.

1. List six causes of neonatal jaundice. For each one, list a cardinal assessment (history, examination or investigation) finding.(12 marks)

Cause	Cardinal finding