Candidate name:	

Department of Emergency Medicine

Princess Alexandra Hospital

FELLOWSHIP TRIAL EXAMINATION 2017.1

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 2017.1 trial SAQ paper

PART 1

Questions 1 – 9

1 hour

1. List 4 causes of vertigo consistent with a peripheral aetiology. (4 marks) 2. List 4 causes of vertigo consistent with a central aetiology. (4 marks) 3. List 6 examination findings that would be consistent with a central cause for this patient's vertigo. (6 marks)	Q1	
2. List 4 causes of vertigo consistent with a central aetiology. (4 marks) 3. List 6 examination findings that would be consistent with a central cause for this patient's	A 60 year old woman has presented with vertigo.	
 List 4 causes of vertigo consistent with a central aetiology. (4 marks) List 6 examination findings that would be consistent with a central cause for this patient's 	1. List 4 causes of vertigo consistent with a peripheral aetiology.	(4 marks)
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·	2. List 4 causes of vertigo consistent with a central aetiology.	(4 marks)
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	Candidate initials:	
Q2	(9 min)	
A 78 ye	ear old man has been brought to the hospital by ambulance with severe shortnes	s of breath.
He has	s had 2 days of fever and productive cough.	
His che	est x-ray is shown in the PROPS BOOKLET .	
1.	List 6 radiological abnormalities.	(6 marks)
2.	List your 2 most likely provisional diagnoses from the available information.	(2 marks)

His vital signs are:			
GCS	13	E3 V4 M6	
Temp	38.9	degrees	
Pulse	120	/min	
ВР	88/45	mmHg	
O2 sats	88%	10L O2 via Hudson mask	
3. State your 3 most important initial treatment measures. (3 marks)			
1)			
2)			
3)			

Cand	idate initials:	
espite your initial management, the patient's condition does not improve.		
4. List 7 factors you would consider in determining the	ceiling of care for this patient. (7 marks)	

Candidate initials:			
Q3			
A 48 year old 100kg	diabetic man h	nas been brought to the ED with severe perinea	al pain.
A clinical photo is p	rovided in the P	PROPS BOOKLET.	
1. State the di	agnosis.		(1 mark)
2. List 3 findin	gs in the photo	o that support your diagnosis.	(3 marks)
His vital signs are:			
GCS	14	E4 V4 M6	
Pulse	120	/min	
ВР	90/45	mmHg	
O2 saturation	99%	room air	
Temperature	39.5	degrees	

	3.	State 5 components of your management.	(5 marks)
1)			
2)			
3)			
4)			
5)			
	4.	List 3 causative organisms	(3 marks)

Candidate initials:	
Q4	
A 4 month old boy has been brought to the ED wit	h difficulty breathing over the last 2 days.
Your examination reveals widespread chest crackle	es and wheezes.
Your provisional diagnosis is bronchiolitis.	
1. List 4 microbiological causes of this condi	tion. (4 marks)
2. Give 2 differential diagnoses and for each	provide a discriminatory examination finding. (4 marks)
Differential diagnosis	Examination finding

Candidate initials:	
After a period of observation, you are confident in the diagnosis of bronchiolitis.	
3. List 5 criteria that would need to be satisfied for discharge home in the parents' (care. 5 marks)

Q5 (9 min)			
A 25 year old man has been brought to the ED after being stabbed once in the epigastrium. There are no other injuries.			
He appears pale, sweat	y and agitated.		
His vital signs on arriva	are:		
GCS	14	E4 V4 M6	
Pulse	125	/min	
ВР	75/40	mmHg	
O2 sats	94%	15L O2 via non-rebreather mask	

List your 2 most important radiological investigations. For each provide 2 significant positive or negative findings. (6 marks)

Investigation	Finding

2. List 4 principles of your fluid resuscitation strategy.	(4 marks)
3. List 3 indications for urgent thoracotomy in the operating theatre.	(3 marks)
4. List 3 indications for intubating this patient in the ED.	(3 marks)

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The patient required intubation in the ED. Shortly after intubation, the ventilator has begun to alarm due to high peak airway pres	sures.	
5. List 6 possible causes of the high peak airway pressures.	(6 marks)	
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Candidate initials:	
Q6	
A 45 year old woman has presented with an intensely painful right eye of 2 hours durat no history of trauma.	ion. There is
She has no known medical history.	
A clinical photo is provided in the PROPS BOOKLET .	
1. List 3 abnormalities in the clinical photo.	(3 marks)
2. State your diagnosis.	(1 mark)
3. List 3 methods of measuring intra-ocular pressure.	(3 marks)

	Candidate initials:	
4.	What is the upper limit of the normal range for intra-ocular pressure?	(1 mark)
5.	List 2 treatments specific to this condition you may start in the ED.	(2 marks)
6.	List 2 supportive treatment measures.	(2 marks)

Ca	andidate initials:
Q7	
Q)	
A 64 year old woman has presented with 3 hours of chest	pain.
She has a history of type 2 diabetes mellitus and hypertens	sion.
Her ECG is reproduced in the PROPS BOOKLET .	
1. List 4 key findings on her ECG.	(4 marks)
2. Give your interpretation of this ECG and its clinical	al relevance. (2 marks)

Upon your assessment the patient looks pale and sweaty. She has full field crackles on lung auscultation.				
Her vital signs are:				
GCS	13	E3 V4 M6		
Pulse	70	/min		
ВР	75/40	mmHg		
O2 saturation	88%	15L O2 via non-rebreather mask		
You have decided that the patient needs intubation as part of her ongoing management. 3. List 5 modifications to a standard RSI that you would employ in this patient. (5 marks)				
2)				
3)				
4)	4)			

Q8		
A 4 yea	ar old boy has been brought to the ED after falling off a couch at home. He has a	painful right
His elb	ow x-ray is provided in the PROPS BOOKLET .	
1.	List 3 abnormalities in the x-ray.	(3 marks)
2.	Classify the radiological injury.	(1 mark)
3.	List the secondary ossification centres of the elbow in the appropriate chronol of their appearance.	ogical order (6 marks)
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	4. List the details of 3 steps in your management of this patient.		(3 marks)
1)			
 2)			
 3)			

Candidate initials:

Q9

You are the director of your Emergency Department.

You have been asked to meet with the hospital's Director of Medical Services to discuss the poor performance of the hospital in meeting time-based departure targets for patient departure from the ED.

You have been given the following information regarding the performance of the ED over the last month:

	Time-based departure compliance (%)	
Admitted patients (n=1000)	15%	
Discharged patients (n=3000)	80%	
All patients (n=4000)	64%	

The target KPI for time-based departure compliance from the ED is 75%.

	1.	List 6 potential causes for the identified problem/s.	(6 marks)
1).			
2).			
3).			
4) .			
5).			
6) .			

2.	List 6 potential solutions for any of the identified problem/s.	(6 marks)	
1)			