



Fellowship Practice Exam

September 2019 - Book 3

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 (19 and 27), and 6 minutes for 2 page questions (20 - 26). 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.

Question 19 (16 marks)

A 22 year old women presents with dyspnoea and wheeze . She is a known patient with bronchial asthma and has presented to the emergency department several times over the last week.

a) List four (4) risk factors on history you would seek to identify life threatening asthma. (4 marks)

1. _____

2. _____

3. _____

4. _____

Question 19 (continued)

Your initial assessment suggests severe asthma .

b) Excluding Salbutamol and steroids, list four (4) initial medication treatments including dose and route. (8 Marks)

	Medication	Dose	Route
1			
2			
3			
4			

Question 19 (continued)

Despite initial treatment she deteriorates and is placed on non-invasive ventilation.

c) List two (2) advantages and disadvantages of using non-invasive ventilation in asthma. (4 marks)

	Advantage	Disadvantage
1		
2		

Question 20 (12 marks)

A 46 year old man presents to your Emergency Department with symptoms suspicious for subacute bacterial endocarditis (SBE).

a) List four (4) risk factors for SBE. (4 marks)

1. _____

2. _____

3. _____

4. _____

b) List four (4) examination findings that would support your diagnosis of SBE. (4 marks).

1. _____

2. _____

3. _____

4. _____

Question 20 (continued)

c) List two (2) investigations you would request to confirm the diagnosis.
(2 marks)

1. _____

2. _____

d) List two (2) organisms that commonly cause SBE. (2 marks)

1. _____

2. _____

Question 21 (12 marks)

A 30 year old male has been involved in a high speed motorbike accident.

His Pelvic Xray on arrival is shown in **PROPS BOOKLET; Page 8.**

a) State the abnormal finding in the Pelvic X-ray including any grading or severity of injury. (1 mark)

His vital signs at the scene were as follows:

HR	100	bpm
BP	90/50	mmHg

He has been administered 1L of 0.9% NaCl by the paramedics en route to the Emergency Department. On arrival to the ED his vital signs are:

HR	130	bpm
BP	80/50	mmHg
Sat	99%	6L nasal prongs
Temp	36.	°C
RR	18	bpm
GCS	15	

Question 21 (continued)

A chest X-ray soon after arrival shows no abnormality. Trauma team activation has occurred and a primary survey has been completed.

c)) List your immediate six (6) management steps for this patient (6 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

d) List five (5) parameters you would aim for to minimise coagulopathy in this patient. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

Question 22 (10 marks)

You are the FACEM in charge of a tertiary Emergency Department at 9 am when you are notified by Ambulance Control that there has been an explosion at a factory close to your hospital.

a) State four (4) pieces of important information to obtain from Ambulance Control (4 marks)

1. _____

2. _____

3. _____

4. _____

Question 22 (continued)

b) List six (6) essential steps that you must perform after receiving this phone call. (6 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Question 23 (13 marks)

A 5 year old boy presents to the ED by ambulance following a fall from the top of a playground slide one hour earlier.

a) List Four (4) clinical findings which would mandate a CT brain. (4 Marks)

1. _____

2. _____

3. _____

4. _____

His CT Brain is shown in **PROPS BOOKLET ; page 9.**

b) List three (3) abnormal findings on his CT Brain (3 marks)

1. _____

2. _____

3. _____

Question 23 (continued)

After gaining intravenous access, the patient has a prolonged generalised seizure.

c) Complete the table below listing three (3) separate pharmacological agents, the dosage and the route of delivery in the order you would use them to control the seizure. (6 marks)

	Medication	Dose (mg/kg)	Route
1			
2			
3			

Question 24 (8 Marks)

A previously well 5 year old boy, presents to ED with a complaint of facial puffiness.

His Vital signs are :

Temp	36.8	°C
HR	90	bpm
RR	20	bpm
Sat	99%	RA
BP	92/55	mmHg
GCS	15	

He is co-operative with normal ENT examination. His heart rate is regular with no murmur. He has a clear chest and soft, non tender abdomen with no masses or scrotal oedema.

His image is shown in **PROPS BOOKLET ; Page 10.**

a) List two (2) Differential diagnoses for his condition. (2 marks)

1. _____

2. _____

Question 24 (Continued)

b) List three (3) investigations you would consider with one rationale for each.
(6 marks)

	investigation	Rationale
1		
2		
3		

Question 25 (12 marks)

A 50-year old male pedestrian was struck by a car at low speed and is brought to your Emergency Department. A cervical collar is in situ. There was no loss of consciousness but he has a headache and has sustained a large temporal laceration. He has complained loudly of neck pain since the collar was applied.

His Vital signs on arrival are as follows:

HR	100	bpm
BP	130/80	mmHg
RR	20	bpm
SPO2	99%	room air
Breath Alcohol Level:	0.12%	

As an intravenous cannula is being placed, the patient becomes agitated, aggressive and decides to leave.

- a) Name government legislation which guides how you manage this situation:
(1 mark)

- b) State four (4) conditions, which must be met if you are to assess someone as having capacity to make any given decision. (4 marks)

1. _____

2. _____

3. _____

4. _____

Question 25 (continued)

You decide the patient does not have capacity to make the decision to leave against medical advice. He remains aggressively non-compliant and is chemically sedated. Multiple relatives arrive and there is confusion as to who should be considered the medical treatment decision maker.

d) In general terms, list the hierarchy for who should be considered medical treatment decision maker for any given adult patient. (7 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Question 26 (12 marks)

A 27 year old man has been brought to the Emergency Department with an isolated stab injury to the anterior neck. He is anxious and complaining of dyspnoea.

His vital signs on arrival are as follows:

GCS	15	
O2 Sat	94%	on room air
RR	18	bpm
HR	101	bpm
BP	125/65	mmHg

His photo is shown in **PROPS BOOKLET; Page 11.**

a) Complete the following table, listing five (5) features of vascular and / or aero digestive tract injury you would look for on initial assessment. (10 marks)

	Hard signs	Soft signs
1		
2		
3		
4		
5		

Question 26 (continued)

b) State two (2) potential complications in this case regarding securing the airway with standard rapid sequence intubation with direct laryngoscopy. (2 marks)

1. _____

2. _____

Question 27 (17 marks)

A 60 year old woman is brought to your Emergency Department, complaining of right hip pain and restricted range of movement. You suspect a hip dislocation.

a) Complete the table below stating the expected clinical appearance of the affected limb in any of the following hip dislocations: (3 marks)

Type	Clinical position of the leg
Superio-anterior dislocation	
Posterior dislocation	
inferior dislocation	

Question 27 (continued)

b) Complete the table below, stating the differences of dislocation in a natural versus prosthetic hip. (8 marks)

	Natural	Prosthetic
Force		
Type of dislocation		
Associated injury		
Urgency of reduction		

Question 27 (continued)

c) List three (3) techniques used to reduce posteriorly dislocated hip in the Emergency Department, and describe each technique briefly in just a few words. (6 marks)

	Name	Description
1		
2		
3		