**Feedback for SAQ 15**

1. Write one answer per line. Many of you wrote 2 or more answers on a line which meant that subsequent responses were ignored. In some cases, these 3rd and 4th answers were correct rather than the 1st or 2nd responses. Therefore, these responses did not get any marks.
2. Do not over interpret the ECG and see things that aren’t there. Many of you missed the RBBB. QRS duration greater than 120 milliseconds/rsR’ “bunny ear” pattern in the anterior precordial leads (leads V1-V3)/Slurred S waves in leads I, aVL
3. Many of you interpreted this ECG as having ST elevation in aVR. It does not. There is a normal isoelectric line at the QRS complex.
4. Correlate the ECG with the clinical scenario. The scenario is there for a reason. Some of you did not appreciate that the patient had a history of COPD with possible underlying complications from it such as pulmonary hypertension.
5. For the table, the question asks to give **important management** steps. Investigations e.g. troponin, are not management steps. Management = Treatment + disposition. Some candidates mentioned administering Salbutamol. While this may be required, it is not important in this patient with ischaemic chest pain and findings that would suggest that he is having an acute coronary event. He needs his acute ischaemia managed.
6. For rationale, please make sure it explains why it is given. E.g. stating that Aspirin is an antiplatelet agent is not enough. It needs to explain that it prevents platelet aggregation and hence prevents thrombus formation and limits the extent of them.
7. Also, some candidates wrote Enoxaparin as an important management step. This was not accepted as this patient requires urgent PCI, the patient should receive a bolus dose of unfractionated heparin.