ANSWER SHEET

1. *Differentials for regular Broad Complex Tachycardia*:
   1. Ventricular Tachycardia
   2. Supraventricular Tachycardia with aberrancy (BBB or WPW)
2. *Presence of any of these features suggest VT*:

1. Very broad complexes (>160ms)

2. Absence of typical RBBB/LBBB morphology

3. Extreme axis deviation

4. AV dissociation

5. Capture beats

6. Fusion beats

7. Positive/negative concordance throughout chest leads

8. Distance from onset of QRS complex to nadir to S wave > 100ms (Brugada’s sign)

9.Notching near the nadir of the S save (Josephson’s sign)

10. RSR’ with taller initial R

1. *Aetiology of VT*:

Dilated Cardiomyopathy

Hypertrophic Cardiomyopathy

Metabolic derangement (hyper/hypokalemia)

Toxicity of Na-channel blocking agent (e.g. Tricyclic Antidepressant, Cocaine)

Congenital Long QT, Brugada, arrhythmogenic RV dysplasia

Myocarditis

Ischaemic heart disease

COMMENTS

This was a basic ECG question that fellowship candidates were expected to score highly in and so was a poor discriminator.

Part A:

* Simple question that would expect everyone to score full marks

Part B:

* Define an ECG feature rather than using an Eponymous name
* Describe an ECG feature rather than for e.g. simply stating RSR or “bunny ears”

Part C:

* Need to be more specific in answers at a fellowship level, for e.g. writing toxins/drugs/electrolytes without identifying which, I would expect sodium channel drugs with examples; hypo/hyperkalemia etc.