Recalled Exam 'Golds' – 2015:1

(1) A young man is involved in a high speed MVA where and presents haemodynamically stable but complaining of pelvic pain. What is the most likely injury:

    a. Sacroiliac disruption

    b. Pubic rami fracture

    c. iliac (ala) fracture

    d. symphysis pubis disruption

(2) Question on "the number of images in a CT chest compared to CXR"

    a. 10
    b. 100
    c. 1000

(3) The most common symptom of cauda equina is urinary retention. What is the second common?

    a. saddle anesthesia
    b. ?others

(4) What are the predictors of apnoea in bronchiolitis in infants

    a. low birth weight
    b. ?others

(5) A question on enzyme inhibitors increasing the INR on patients on Warfarin Therapy

(6) There was AXR with the appearance of Toxic Megacolon.

(7) What is the most appropriate hydration fluid to give to a 32 week gestation baby in the special care nursery on day one of life:

    a. Expressed breast milk

    b. 10% glucose

c. 4% dextrose + 1/5 normal saline

d. 0.9% NaCl

(8) EMQ

- Returned traveler with fever, abdominal pain. What is the most likely organism:

> a. One had neurological sequelae (seizure) – ?Plasmodium falciparum
>
> b. Bradycardic relative to fever – ?Salmonella Typhi

(9) A Question on Hyponatraemia

Painted a clinical scenario, gave some lab results, and asked what the most likely diagnosis was. One answer was SIADH. Other options were water intoxication, liver failure and renal failure.

(10) / (11) Two questions on Non Accidental Injury (NAI)

(12) HIV transmission rates following a needle stick injury:

 A healthcare worker has had a needlestick injury from a patient with known HIV infection. What is the rate of HIV transmission for the healthcare worker?

   a. 0.1%
   b. 0.3%
   c. 1%
   d. 3%

(13) A question on Asthma therapeutics

(14) A question on Inotrope use

(15) A 5 day old neonate presents with weak pulses, unrecordable BP, peripherally cyanotic, single second heart sound, but pink lips.

a. Transposition of the great vessels
b. Left ventricular hypoplasia
c. Right ventricular hypoplasia
d. Pulmonary atresia

(16) A 5 day old neonate who is otherwise well presents with jaundice. What is the most likely cause?

a. Physiological
b. Breastfeeding
c. Biliary atresia
d. Haemolysis

(17) A patient with C6 spinal cord injury presents with severe hypertension, flushing and diaphoresis and headache. What is the most likely diagnosis?

a. Malignant hypertension
b. Urinary retention
c. Sah
d. Aortic dissection

(18) A 20 year old male presents with acute coronary syndrome. Which of the following risk factor is most likely to be the contributing factor?

a. Obesity
b. Hypertension
c. Diabetes
d. SLE

(19) A young male driver is involved in a head on motor vehicle accident. He is complaining of severe pain in his right hip. He has a posterior hip dislocation. What is the most likely associated injury?

a. Fracture ilium
b. Fracture sacrum
c. Diastasis of the SI joint
d. Diastasis of the symphysis pubis

(20)A middle age male presents with hyponatraemia, what is the most likely cause?

a. SIADH
b. Diuretic
c. Polydipsia
d. Diarrhoea

(21) A patient presents with left sided headache, left sided miosis, no ptosis, and agitation. What is the most likely diagnosis?

a. Cluster headache
b. Subarachnoid haemorrhage
c. Tension headache
d. Migraine

(22) A patient with spinal cord injury has loss of motor function on one side and loss of pain sensation of the other side. What is the spinal cord syndrome?

a. Central cord syndrome
b. Anterior cord syndrome
c. Brown-Sequard syndrome
d. Posterior cord syndrome

(23) A patient presents with suspected appendicitis. Which of the following clinical feature is most consistent with appendicitis?

a. Anorexia
b. Rebound tenderness
c. Right iliac fossa tenderness
d. Fever

(24) Which of the following clinical feature is most consistent with a central cause for vertigo?

a. Vertical nystagmus
b. Severe vomiting
c. Inability to mobilise
d. Worse with head movement

(25) An 80 year old nursing home patient presents to ED with GCS 13, fever, and falls. He was treated with oral antibiotics by the local GP. His LP shows

RBC 11 WCC 500 PMNL 300 mono 20 No xanthochromia. Which of the following is most likely diagnosis?

a. Bacterial meningitis
b. Meningitis
c. Encephalitis
d. Brain abscess

(26) A 60 year old female presents with headache over the few weeks and associated proximal limb weakness. What is the most likely cause of her headache?

a. Cluster headache
b. Migraine
c. Tension headache
d. Polymylgia rheumatica

(27) A question on Neonatal jaundice

(28) A question on Neuroleptic malignant syndrome

(29) A question on Decompression illness

According to one candidate "*Most of the questions had two clearly wrong answers and one correct and one almost correct answer but a trick to it.*"

Other Notable MCQ Topics Reported from the 2015:1 Exam:

o Laboratory interpretation

o Trauma

o Fracture management

o Department management

Notes

Notes from a Candidate on the Computer System for the <u>MCQ / EMQ</u>

"This is now entirely computer based via unique software, with each candidate sitting in front of their own computer. The software itself is fairly intuitive and is fairly easy to navigate for everybody, apart from the most committed Luddite.

There is a simple navigation panel to the top left of the screen which immediately shows which questions have and have not been answered by a colour change to the numbered box. A feature I found very useful was the ability to flag a question for later review and this shows up as a small red flag in the corner of the numbered boxes. The question can be un-flagged whenever you have figured the question out, guessed, or given up! There was no flag to highlight a question "I am an idiot and have no idea".

The MCQ's were simple check boxes and the EMQ's were a drop down list which gave all of the available options for that particular question. The majority of questions were of the MCQ variety, with perhaps a dozen or so EMQ's. The full list of EMQ options was displayed in a grid, followed by 2 or three questions pertaining to the grid of answers.

Each page had approximately 6-8 questions, which you had to scroll down to completely view. There was a button at the bottom of the page to proceed to the next page of questions. Once you had navigated to the next page, the numbered boxes in the navigation panel changed colour to indicate the questions that had been answered. At any stage, you could click directly on the navigation panel to go directly to any question. Once the final page of questions had been answered, there was another page which listed all of the questions and indicated that they had all been answered. The final step is to submit the exam, but that would lock the exam and you would not be able to go back and review or change your answers.

There was more than adequate time to answer the questions and review your answers, stare at the clock, sleep on the desk....you couldn't leave and had to stay in the room until the end of the exam. Apparently, we can't be trusted. We couldn't even be trusted to have a water bottle at the desk, resulting in a steady stream of thirsty souls heading up to the water station at the front of the room. Really? We're not toddlers anymore and can probably manage to drink without a Sippy Cup and still not spill anything!

The questions were very clinically orientated with only a few questions that required the replication of precise figures. There was a fair mix of questions from across the curriculum; mostly on cases which most trainees would come have come across in their clinical practice. There was very little esoterica, but there were a fair proportion of paediatric questions, probably about 20% or so. Most of the questions were of the style "select the best option" "