



AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE
44th FELLOWSHIP EXAMINATION
REPORT
August / October 2009

This report is circulated to:

- candidates – successful and unsuccessful
- examiners involved in the examination – written, clinical and observers
- DEMTs across Australasia
- official observers (listed on Page 2)
- clinical site organisers
- Board of Education
- Fellowship Examination Committee

The report is not confidential and its wide dissemination is encouraged.

The questions alone (without examiner comments or answers) are published in Past Papers, which are available to all trainees from the College. Recent previous examination reports are available on the college website.

1. INTRODUCTION

The 2009.2 examination was held on 5 August (written sections – all regions) and on 10 and 11 October (clinical sections – Canberra). The clinical sections were held at 2 sites. (The Calvary Hospital for Long Cases and Short Cases, and the Canberra Hospital for the Long Cases, Short Cases and SCEs)

Overall, 36 candidates passed the examination from the 67 who sat the written sections (overall pass rate 53.7%). More detailed analysis of pass rates is included in subsequent sections of this report.

2. EXAMINERS

Examining in the fellowship exam is a substantial commitment in time. All of the examiners are thanked for their efforts. The examiners were:

Writtens only

Bill Croker	Sally McCarthy	Pamela Rosengarten
Tim Gray	Paul Pielage	

Clinicals only

Adam Chan	Bernard Foley	Mark Webb
Matthew Chu	Anna Holdgate	Garry Wilkes
David Eddey	Lindsay Murray	Kim Yates
Diana EgertonWarburton	David Richards	Allen Yuen

Writtens and Clinicals

Philip Aplin	Chris Curry	Mark Gillett
Jennifer Brookes	Linda Dann	David Green
Tony Brown	Steve Dunjey	Craig Hore
Sheila Bryan	Bob Dunn	Chanh Huynh
James Collier	Gordian Fulde	Diane King

John Maguire
Paul Mark
David Mountain
Yuresh Naidoo

Scott Pearson
John Roberts
Ian Rogers
Andrew Singer

David Symmons
James Taylor
Graeme Thomson

Peer Support Examiners

Allen Yuen

Bryan Walpole

Observer Examiners

Nadi Pandithage

3. OBSERVERS

The official observers were Doctors:

David Brook	(Royal Hobart Hospital)
Trevor Chan	(St George Hospital)
Martin Duffy	(St Vincent's Hospital)
Marian Lee	(Prince of Wales Hospital)
Don Liew	(John Fawkner Hospital)

4. MULTIPLE CHOICE QUESTIONS

54/67 (80.6%) candidates passed the MCQ section of the exam. To achieve this a candidate has to pass 33/60 questions (55%). The mean score obtained was 38.7 (SD \pm 5.7). The grade frequencies were:

Grade (/ 10)	Frequency (N)
8	8
7	12
6	18
5	16
4	8
3	4
2	1

5. SHORT ANSWER QUESTIONS

40/67 (59.7%) candidates passed the SAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40/80. The grade frequencies were:

Grade (/ 10)	Frequency (N)
10	1
9	1
8	3
7	6
6	14
5	15
4	13
3	7
2	6
1	1

SAQ 1

A 35 year old intravenous drug user presents with a history of being unwell for 16 hours.

His observations are:

HR	112	/min
BP	108/54	mmHg
Temperature	39.8	° Celsius
RR	24	/min
O ₂ saturation	96	% room air

Describe your assessment

(100%)

The overall pass rate for this question was 42/67 (62.7%).

Pass criteria

Candidates were expected to show that they understood wide ranging differential diagnosis and potential for complex infection.

History: presenting complaint required a good history of recent IV drug use, and risk factors for infection. A good systems review seeking features significant for endocarditis, other IVDU high risk infections and sources of normal infection. To assist differential, PMH seeking prior HIV/Hepatitis and cardiac valve infection. Social history of alcohol/ drug use.

Examination: required inclusion of cardiac (murmur, and at least some signs of endocarditis) and good review of CNS / respiratory /abdomen / skin +/- joint / back .

Investigations: expected bedside (U/a, BSL, ECG), bloods (U+E, LFT, BC x2-4), and radiology, (CXR, Echocardiography discussion, CT head discussion)

Fail criteria

Features in answers that were unsuccessful included:

No drug history, PMH (endocarditis/ valves, HIV, Hepatitis), poor systems review, or inability to demonstrate understanding of complexity of differential diagnosis.

Examination: missing major systems, particularly no CNS, cardiac, or skin examination

Investigation - no mention of bloods (e.g. LFTs or Blood cultures) CXR, or Echocardiography discussion.

SAQ 2

Discuss the use of non-invasive ventilation in the emergency department.

(100%)

The overall pass rate for this question was 39/67 (58.2%).

Pass criteria

Primary rationale for CPAP is correction of hypoxaemia versus correction of hypercarbia for BiPAP

Understanding of the physiologic advantages of these therapies – both decrease work of breathing and improve V/Q matching

Specific concerns re risk of aspiration

Specific concerns re patient tolerability / acceptability

Technical / nursing load and demands created by both therapies

Fail criteria

NIV stated as an unqualified alternative to intubation and IPPV
Failure to mention pulmonary oedema as a key indication for NIV

SAQ 3

A 45 year old man with chronic pancreatitis has presented to your emergency department on multiple occasions in the last two months requesting analgesia for abdominal pain. His behaviour has become increasingly demanding and belligerent. A personalised management plan is now required.

- a. Describe the process for the development of this management plan (50%)
- b. Outline the important features to be included in this plan (50%)

The overall pass rate for this question was 41/67 (61.2%).

Pass criteria

Part (a): Expected that the following process is undertaken: Investigate / determine circumstances / details of the case; Recruit contributors / stakeholders to provide input into the plan; Write plan; Circulate, revise and approve; Disseminate / launch plan; Audit and review.

Part (b): Features of the plan to include: Patient identification; Clinical problems addressed; Behavioural problems addressed; Immediate / short term strategies (relevant to each ED visit); Medium / long term strategies (relevant to maintenance in community); Relevant contacts / referrals and triggers for this; Documentation of authors of the plan; Authorised by and date; Review mechanism.

Fail criteria

Nil stated by examiners

SAQ 4

A 4 year old girl presents with anaphylaxis following a bee sting. She is poorly responsive, pale and floppy in appearance. She has no stridor but widespread wheeze on chest auscultation.

Her observations are:

HR	152	/min
BP	68/42	mmHg
RR	56	/min
Temperature	37	° Celsius
O ₂ saturation	92	% 10L/min O ₂

Describe your management (100%)

The overall pass rate for this question was 32/67 (47.8%).

Pass criteria

Recognition of sick / shocked child
Adrenaline – priority / dose / route
Fluids – priority / dose
Ancillary treatment – includes nebulised salbutamol or adrenaline
Admission / observation at least 12 hours

Fail criteria

Unqualified immediate intubation
Incorrect adrenaline – priority / dose / route / formulation / calculation
Incorrect fluids – priority / volume

SAQ 5

Describe the range of uses and utility of bedside ultrasound in the trauma patient.

(100%)

The overall pass rate for this question was 60/67 (89.6%).

Pass criteria

Candidates needed to include an adequate range of uses in trauma patients

Fail criteria

Nil stated by examiners

SAQ 6

A 25 year old man presents to your emergency department following an accidental exposure of the whole of his right hand to a 35% solution of hydrofluoric acid. He has no other injuries.

Describe your management

(100%)

The overall pass rate for this question was 44/67 (65.7%).

Pass criteria:

Examiners for this question required at least 8 of the following 10 points

Low risk of systemic toxicity
Pain likely to be delayed but out of proportion to early signs
No investigations mandatory
Decontaminate with water
Calcium gluconate gel
Intra-arterial calcium gluconate into brachial artery – diluted, or
Biers block with calcium gluconate – diluted
Leave nails in
Narcotics only if repeated calcium ineffective
Admit

Fail criteria

Use of Calcium Chloride which is tissue toxic undiluted
Local anaesthetic use

SAQ 7

Compare and contrast the clinical features which differentiate cauda equina syndrome and Guillain-Barré syndrome.

(100%)

The overall pass rate for this question was 60/67 (89.6%).

Pass criteria

A brief definition of the two conditions highlighting the need for urgent management in both, and that GBS may be life threatening.

Important features in the history of each condition including different aetiologies, highlighting the usually wider distribution symptoms and respiratory involvement in GBS, back pain associated with perineal sensory loss, bowel and bladder dysfunction are usually the distinguishing features in CES.

Important features of the examination of each condition with similar emphasis to the features of the histories.

Discrimination of the two conditions can be difficult and investigation (MRI) may be required

Fail criteria

Features in answers that were unsuccessful included:

Failure to include respiratory involvement in GBS

Failure to mention that clinical features of GBS are usually more widespread

Failure to mention features of bowel and bladder dysfunction in CES

SAQ 8

A 2 year old boy presents in status epilepticus for 40 minutes. After witnessing two unsuccessful attempts at intravenous cannulation, his mother becomes distressed and is interfering in the resuscitation.

- a. Identify the issues raised by this situation (30%)
- b. How would you manage these issues (70%)

The overall pass rate for this question was 51/67 (76.1%).

Pass criteria

Alternative route of medication considered / employed whilst parenteral access secured

Escalation of medication and management as required to terminate seizure

Management of Mother in firm but compassionate manner

(Complications / sequelae of status epilepsy, and potential for serious / reversible underlying causes considered in better answers)

Fail criteria

No alternate route of drug administration or alternate drug strategies considered

Poor management of mother

6. VISUAL AID QUESTIONS

39/67 (58.2%) candidates passed the VAQ section of the exam. To achieve this a candidate has to pass 5 or more of the 8 questions with a total mark of at least 40 / 80. The grade frequencies were:

Grade (/ 10)	Frequency (N)
9	2
8	2
7	8
6	11
5	16
4	17
3	4
1	1

VAQ 1

A 57 year old woman presents with an episode of 8 hours central chest pain which resolved spontaneously two hours ago. She has a past history of type 2 diabetes mellitus and is on no regular medication. Her vital signs are normal.

Describe and interpret her ECG

(100%)

ECG showing sinus rhythm with widespread ST segment elevation and T wave inversion in inferior and anterior distribution with ischaemic morphology characteristics. No pathological Q waves or features of pericarditis.

The overall pass rate for this question was 50/67 (74.6%).

Pass criteria

Adequate description of ECG features, with recognition that the ECG highly suggestive of ischaemia, potentially Wellen's syndrome or new ACS, rather than other causes of widespread ST change. Good quality answers demonstrated understanding of the significant importance clinically of this interpretation.

Fail criteria

Poor quality ECG description / interpretation with no demonstration of understanding its clinical significance

VAQ 2

A 35 year old homeless man presents with two months of increasing cough. He has no other medical past history.

Describe and interpret his chest X-ray

(100%)

The overall pass rate for this question was 53/67 (79.1%).

Chest X-ray showing large cavitating lesion in right hemithorax with soft tissue density in lower zone laterally.

Pass criteria

A satisfactory description with consideration of an infective cause including less usual organisms such as TB and / or fungi and/or aspiration.

Fail criteria

Failure to recognise the cavitating nature of the main lesion.

Failure to consider unusual organisms.

VAQ 3

A 59 year old obese man receives 5 mg of intravenous morphine for analgesia for abdominal pain. Thirty minutes later, his GCS has fallen to 12 and investigations are performed.

Describe and interpret his investigations. (100%)

Arterial blood gas and serum biochemistry

			Reference Range
FiO ₂	0.21		
pH	7.24		7.35-7.45
pCO ₂	92	mmHg	35-45
pO ₂	45	mmHg	80-95
Bicarbonate	49	mmol/L	22-28
Base excess	10		-3 - +3
O ₂ saturation	78	%	> 95
Lactate	1.2	mmol/L	< 1.3
Na ⁺	142	mmol/L	134-146
K ⁺	3.8	mmol/L	3.4-5
Cl ⁻	86	mmol/L	98-106
Glucose	11.4	mmol/L	3.5-5.5
Haemoglobin	184	g/L	135-180
Carboxy Hb	7	%	< 6%

The overall pass rate for this question was 38/67 (56.7%).

Pass criteria

Mixed acid base disturbance with acute respiratory acidosis and underlying metabolic alkalosis (or alternatively chronic respiratory acidosis considered acceptable if supporting corrective calculations performed to justify this view despite being discrepant with scenario)

Critical hypoxemia

Listing most of the eight primary abnormalities present with interpretation of a reasonable number of these.

Fail criteria

Features in answers that were unsuccessful included:

Misdiagnosing metabolic acidosis or respiratory alkalosis

Missing hypoxaemia

Failure to list the primary abnormalities

Failure to undertake any corrective calculations for pH, HCO₃ or PaCO₂

VAQ 4

A 38 year old woman presents with severe pain in her right foot after a fall from her motorcycle 2 hours earlier. She has no other injuries.

- Describe and interpret her X-rays (50%)
- Outline your management (50%)

The overall pass rate for this question was 43/67 (64.2%).

AP and lateral X-rays showing Lisfranc fracture / dislocation of right foot.

Pass criteria

Part a)

Injury of Lisfranc or tarso-metatarsal joint of right foot
Fracture dislocation (avulsion fracture 2nd MT)
Lateral translation of at least 2nd and 3rd metatarsals
No dorsal malalignment visible

Part b)

Severe injury requiring relatively urgent orthopaedic management
Analgesia; appropriate doses of narcotics
Plaster backslab and elevation
Urgent orthopaedic referral
Keep fasted and investigations as indicated for theatre.

Fail criteria

Features in answers that were unsuccessful included:
Absence of pass criteria
Discharge of patient
Excessive delay

VAQ 5

A 4 year old boy is brought in by ambulance after a 4 wheel drive vehicle accidentally reversed over his lower body an hour earlier. On arrival he is in severe pain with a GCS of 15 and blood pressure of 70/40 mmHg.

After immediate intubation and commencement of fluid resuscitation, a log roll is performed.

- a. Describe his photograph (30%)
- b. Outline the most likely injuries (70%)

The overall pass rate for this question was 54/67 (80.6%).

Clinical photograph showing view of child's back during log roll with features as listed below

Pass criteria

Part a)

Adequate description including at least multiple abrasions over both sides back and right buttock, bruising over left flank and right buttock and perianal blood

Part b)

Intra-abdominal injuries- solid organ (liver, spleen), hollow viscus (duodenal or small/large bowel injury), mesenteric injury, vascular injury (aortic, IVC or branches thereof). Retroperitoneal injury- kidneys, ureter, pancreas. Pelvic injuries- bladder rupture (intraperitoneal or retroperitoneal), urethral injury, bony skeleton of pelvis (may have compounded into rectum hence bleeding perianally). Skeletal injury to thoracolumbar spine. Chest injury- rupture of diaphragm, pulmonary contusion, pneumo or haemothorax, cardiac contusion. Long bone fractures (femur).

Fail criteria

Lack of descriptive detail in a)

Part b) Paucity of information in terms of associated injuries. Expected major areas to be listed even if subsequent detail is limited

VAQ 6

A 65 year old woman with a history of osteoporosis and depression presents with two weeks of increasing confusion and malaise.

Observations on arrival:

GCS	13	
HR	100	/min
BP	130/85	mmHg supine
Temperature	36	°Celsius

Describe and interpret her investigations (100%)

Serum biochemistry

			Reference Range
Na+	144	mmol/L	134-146
K+	4.2	mmol/L	3.4-5
Cl-	98	mmol/L	98 - 106
HCO ₃ ⁻	38	mmol/L	22-32
Urea	17.2	mmol/L	3-8
Creatinine	58	micromol/L	45-90
Glucose	5.4	mmol/L	3.5-5.5
Calcium	4.47	mmol/L	2.1 – 2.5
Phosphate	0.92	mmol/L	0.75 – 1.4
Albumin	40	g/L	35 - 50

The overall pass rate for this question was 29/67 (43.3%)

Pass criteria

Examiners for this question sought all of the following to pass:

Describe:

Hypercalcaemia

Normal phosphate

Significant renal impairment

Elevated HCO₃ or probable metabolic alkalosis

Interpret:

Have at least hyperparathyroidism and malignancy in the differential diagnosis

Note dehydration as a potential cause for the renal impairment or note that the degree of hypercalcaemia would explain her altered mental state

Fail criteria

Any one of the following:

Osteoporosis / osteomalacia given as a cause for hypercalcaemia

Hypoalbuminaemia as a cause for the elevated calcium

Failure to meet all of the mandatory pass criteria

VAQ 7

A 36 year old woman presents with palpitations for an hour. She is pain free and normotensive.

Describe and interpret her ECG (100%)

The overall pass rate for this question was 48/67 (71.6%).

ECG features as below

Pass criteria

Narrow complex tachycardia rate 150-180/min, regular

No P waves, right axis, rSR pattern V1-3 consistent with incomplete RBBB with T wave inversion and ST depression V1-5

Interpretation: young haemodynamically stable female—likely to be SVT with aberrant conduction leading to RBBB pattern – possibly re entrant pattern

ST T changes more likely to be conduction disturbance than ischaemia in clinical context, but should be considered

Fail criteria

Incorrect rate

Narrow complex tachycardia described as VT

ST changes described as ischaemia without consideration of conduction abnormality

VAQ 8

A 70 year old woman presents with two days of increasing abdominal pain and vomiting.

- a. Describe and interpret her abdominal X-ray (50%)
- b. Outline your management (50%)

The overall pass rate for this question was 56/67 (83.6%).

Supine plain abdominal X-ray showing features as below.

Pass criteria

Correctly describe X-ray, including describing both small and large bowel obstruction, and the lack of gas in the sigmoid colon and rectum. Provide a reasonable interpretation.

Describe essential elements of management, including IV fluids, surgical referral, analgesia

Fail criteria

Not describing large and small bowel obstruction and the change in gas pattern at the splenic flexure. Not providing the important aspects of management as above

7. CLINICAL EXAMINATIONS

These were held in Canberra on Saturday October 10 and Sunday October 11, 2009.

The Clinical examination site coordinators were Sam Scanlan at the Canberra Hospital and Lisa Bell at Calvary Hospital.

7.1. LONG CASES

38/43 (88.4%) passed the long cases. The pass mark is 5/10. The grade frequencies were:

Grade (/ 10)	Frequency (N)
9	2
8	8
7	7
6	12
5	9
4	2
3	3

7.2. SHORT CASES

35/43 (81.4%) passed the short cases. The pass mark is a mark of 5/10, which can be obtained by passing 3 cases with an aggregate of 15-18/40 inclusive or at least 2 of 4 cases with an aggregate of 19/40 or more. The grade frequencies were:

Grade (/ 10)	Frequency (N)
8	3
7	4
6	10
5	18
4	8

7.3. SCEs

39/43 (90.7%) passed the SCEs. To pass, a candidate needs to score 30/60 and pass at least 4 stations. The grade frequencies were:

Grade (/ 10)	Frequency (N)
10	4
9	9
8	5
7	6
6	7
5	8
4	3
3	1

SCE 1

You are asked to see a 61 year-old man on holiday from the United Kingdom. He presents with recent onset of sharp left-sided chest pain, worse with breathing. He is a smoker. There is no history of trauma.

Sent to x-ray from triage, he has returned with the films.

- Describe and interpret the x-ray (CXR showing left pneumothorax included in stem).
- How would you assess this man with respect to the possible treatment options?
- History and examination reveals a well patient. Outline the information you would provide him about his treatment options?
- You opt to aspirate the pneumothorax. A repeat CXR 4 hours post procedure is done. Describe and interpret this XR.
- Unrelated to this case, your department decides to reduce the complication rate of large-bore ICC insertions by ED staff. Outline the relevant issues in this task.

Overall pass rate for this question was 38/43 (88.4%)

This SCE was regarded by examiners as discriminatory, despite the core nature of content and props. Poorly performing candidates failed to correctly interpret the chest x-rays.

SCE 2

A 4 year old boy presents with a 2-day history of increasing nausea, vomiting and epigastric pain. Some of his preliminary results are depicted below:

pH	7.08		(7.35 – 7.45)	Na ⁺	140	mmol/L	(134 – 146)
pCO ₂	30	mmHg	(35 – 45)	K ⁺	4.1	mmol/L	(3.4 – 5)
pO ₂	135	mmHg	(80 – 95)	Cl ⁻	100	mmol/L	(98 – 106)
HCO ₃	10	mmol/L	(22 - 28)	Creatinine	160	mcmmol/L	(50 – 100)
Base excess	- 20		(- 3 to +3)	Urea	20	mmol/L	(3 – 8)
O ₂ sats	98%		(>95)	Lactate	4.7	mmol/L	(<1.3)

- Describe and interpret the results
- You are urgently called back to the resuscitation area 60 minutes after treatment commencement. The patient is suffering a generalised seizure.
- Describe your management.
- Discuss the role of bicarbonate in this patient.

Overall pass rate for this question was 39/43 (90.7%)

High-level familiarity in assessment and management of Paediatric DKA was required to pass this SCE, which was regarded as discriminatory by examiners. Candidates who failed did not interpret investigations, or manage an unwell child at a consultant level.

SCE 3

A 67 year-old woman who lives independently has been brought in after being found by her daughter on the floor of her shower. It appears that she has been there all night. She was well the day before.

Initial observations: GCS 7/15 (E-1 V-2 M-4); PR 70 irregular; BP 70/40; RR 6/min; SaO₂ 95%.

This is her initial ECG (ECG showing typical features of hypothermia included in stem).

- Describe and interpret the ECG
- The patient's core temperature is 27degC. Observations remain unchanged. There appear to be no other injuries and no apparent cause of collapse has been found. How would you rewarm this patient?
- Active re-warming measures have been started. The GCS and observations are unchanged. DISCUSS the pros and cons of doing an immediate CT head.
- The patient's daughter arrives and says that her mother would not want to end up on a ventilator. What are the factors that would determine your further management?

Overall pass rate for this question was 37/43 (86.0%)

This SCE explored several issues in the management of a critically ill elderly patient. It was regarded as highly discriminatory by the examiners. Poorly performing candidates did not sufficiently explore relevant issues and/or poorly interpreted the hypothermia ECG. Candidates are reminded to use all provided information (including that in a SCE stem), when interpreting props.

SCE 4

You are the emergency physician on duty on a Saturday evening when the duress alarm at triage is activated.

A 32 year-old man on an ambulance trolley is aggressive and swearing. He is kicking at the ambulance officers and trying to get off the trolley. The ambulance was called by his family, who were concerned by his agitation. Initially agreeing to be transported to hospital, the patient became aggressive en route.

- List your differential diagnoses for this patient.
- Describe your approach to this situation.

- Your registrar was kicked in the chest while assisting staff in the restraint of this patient. Outline the issues relevant to this situation.
- The clinical situation is under control. However, the patient's mother accuses you of assault and threatens legal action. Outline your response.

Overall pass rate for this question was 41/43 (95.3%)

High-level responses were expected of candidates in this SCE, which explored a common scenario in Emergency Medicine, although regional variations in practice (for example drugs used in chemical sedation) were considered. Poorly performing candidates failed to consider safety issues in the scenario or attempt initial verbal de-escalation of the patient.

SCE 5

A 5 year old boy has been allocated a triage category 4 after falling from playground equipment on a busy Saturday afternoon. He presents with his mother. After a 1-hour wait he is wheeled into ED treatment area crying.

Photo of the boy included with the stem.

- Outline the key features of your history and examination
- These are his x-rays. (AP + lateral views showing displaced supracondylar fracture). Describe and interpret these films.
- There is no Orthopaedic service at your hospital and the nearest is 3 hours away. The boy's skin around the fracture site appears white. Outline your management now.
- What issues would you highlight in a departmental review of this case?

Overall pass rate for this question was 33/43 (76.7%)

Examiners found this SCE to be discriminatory among candidates, despite the relatively basic nature of its topic. Candidates rated poorly if they failed to adequately describe the x-ray prop and/or appropriately manage the patient.

SCE 6

It is 2100hrs in your tertiary Emergency Department. Ambulance bring in a 74 year old lady with a probable acute stroke.

Initials findings: Complete expressive aphasia, dense right hemiplegia. BP 170/95 mmHg; P 100 Sinus Rhythm; O2 saturation 97% on room air; normothermic.

She has a history of hypertension, but otherwise has no significant past medical history.

She was last seen to be well approximately 2 hours ago, but was found by relatives in her current state.

- Outline key issues in the care of this patient?
- The CT brain reveals no radiological abnormalities. DISCUSS acute thrombolysis for this patient.
- A decision has been made to offer thrombolysis. Outline the issues of consent in this case.
- Shortly after thrombolysis, the patient suffers a massive haemorrhagic stroke confirmed on CT. Her GCS is 3 and she is intubated. Outline your management.

Overall pass rate for this question was 38/43 (88.4%)

Examiners thought this SCE tested well the application of consent requirements, which was a highly discriminating topic among candidates. Candidates who performed poorly demonstrated only basic understanding / application of this core topic, or failed to consider the specifics of this challenging scenario

8. SUMMARY PASS RATES

MCQ	54/67	(80.6%)
SAQ	40/67	(59.7%)
VAQ	39/67	(58.2%)

43/67 passed 2 or more sections and were invited to the clinicals

LC	38/43	(88.4%)
SC	35/43	(81.4%)
SCE	39/43	(90.7%)

At the examiners meeting, 36 of the 43 (83.7%) candidates at the clinicals passed automatically.

The overall pass rate for this examination was 36/67 (53.7%)

9. ACKNOWLEDGEMENTS

The Fellowship examination is a huge logistical undertaking, and I would like to acknowledge and express my gratitude to the many people involved for the time and effort contributed – to all my colleagues on FEC in its development, the multiple site organisers of the written examination, to all written and clinical examiners who contributed their time, and to Sam Scanlan and Lisa Bell the site coordinators of the clinical sections. They capably headed teams of their colleagues, nurses, clerical staff and orderlies with the resulting examination proving to be an efficient and successful event.

Finally I wish to highlight the meticulous work throughout with regards to the logistics of the examination at the College secretariat level. I wish to especially thank our Fellowship Examination Officer, Virginia Cunsolo for her tireless activity in bringing this examination to a successful conclusion, and her colleagues at the College who assisted her throughout the lengthy process.

Dr Trevor Jackson
Chair, Fellowship Examination Committee