



**NSW Fellowship Course**  
**TRIAL FELLOWSHIP EXAMINATION**  
*St George Hospital 2016.1*

**WRITTEN EXAMINATION**  
**Short Answer Questions**

**PART 1**

**Instructions:**

- There are 3 separate books, each worth 100 marks (for a total of 300 marks).
- Time Allowed: 3 hours.
- Each booklet should be completed in 1 hour.
- All images are reproduced in the accompanying 'props' book.
- Answer each question on the provided examination paper.
- Write your name on each page in the space provided.

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**QUESTION 1 (14 MARKS)**

An 87-year-old lady from home presents after slipping and falling down her stairs. She has neck pain, and no other injuries.

You are concerned about possible spinal cord injury.

1. Complete the following table detailing signs and mechanism of various spinal cord syndromes (8 marks)

Syndrome	Signs	Mechanism
Central Cord Syndrome		
Anterior Cord Syndrome		
Brown Sequard Syndrome		
Posterior Cord Syndrome		

She has a CT scan performed of her cervical spine.

**\*See images on pages 3 & 4 in separate book\***

2. Describe the CT findings (2 marks).

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On examination you find an incomplete cord injury.

3. List 4 things you can do (apart from spinal immobilisation) as secondary prevention of further injury. (4 marks)

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**QUESTION 2 (9 MARKS)**

A 4-year-old boy with autism presents with his mother having placed a foreign body up his nose.

**\*See image on page 5 in separate book\***

He is agitated and unco-operative.

1. List the three safest methods of removal in this case. (3 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

2. Before attempting removal by techniques not involving sedation, what steps are necessary in preparation? (2 marks)

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3. Due to the child's agitation and lack of co-operation, there is a failed attempt at removal of the Foreign Body and it can no longer be visualised. What circumstances would indicate the need for consideration of bronchoscopy? (4 marks)

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**QUESTION 3 (12 MARKS)**

A 60-year-old lady presents with vertigo.

In column 1, list **4** important diagnoses to consider in any patient that presents with persistent vertigo.

In column 2, list the historical features that would suggest each diagnosis.

In column 3, list the findings on physical examination that would suggest each diagnosis.

Column 1: Diagnosis	Column 2: Historical Features	Column 3: Signs on Examination


**QUESTION 4 (10 MARKS)**

A 15-year-old boy has been transferred to your Emergency Department from a rural hospital. He had been given IV benzylpenicillin for a throat infection 48 hours previously.

**\*See image on page 6 in separate book\***

1. Describe the appearance of the rash and give a likely differential diagnosis. (3 marks)

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2. Assuming that the underlying cause is a severe drug reaction, outline how you would grade the severity. (2 marks)

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3. Outline your management of the patient. (3 marks)

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4. What acute complications can develop from this disorder? (2 marks)

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**QUESTION 5 (12 MARKS)**

A 45-year-old man presents post falling of a pushbike and hitting shoulder into road guardrail after sliding. He has left shoulder pain and no other injuries.

**\*See images on pages 7 & 8 in separate book\***

1. Describe the attached x-rays and your diagnosis. (2 marks)

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2. Describe your method of managing this injury. (4 marks)

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3. In what position would you immobilise this joint once the injury has been managed in ED? (2 marks)

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4. Name the COMMON complications of this injury. (2 marks)

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5. Name 2 UNCOMMON complications that can occur. (2 marks)

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**QUESTION 6 (11 MARKS)**

A 38-year-old female presents with BP 220/125 and a headache.

1. Define Hypertensive emergency. (1 mark)

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2. List 6 end organs that might be damaged from severe hypertension and at least one clinical manifestation that you might find on history taking, examination and the appropriate investigation. Name the medication of choice for management of that. (6 marks)

Organ	Symptom or Sign	Investigation

3. List **2** classes of medication, **2** examples of that class and the dose that can be used for the treatment of hypertensive emergencies. (4 marks)

Class of Medication	Example	Dose & Frequency of Treatment

**QUESTION 7 (11 MARKS)**

A 3-year-old boy presents to the ED with wheezing and SOB for 2/7. His mother feels that his symptoms are getting progressively worse. His observations are: RR 40, BP 90/50, HR 150 and Sats 92% RA.

**\*See image on page 9 in separate book\***

1. List **6** causes of wheezing in a child and 2 historical features that may support that diagnosis.  
(6 marks)

Cause of Wheezing	2 Features on History

2. List 3 abnormalities seen on the chest x-ray. (2 marks)

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3. Over the course of his time in ED, RR 50, increased work of breathing, sats 89% on 6L O2, T37.4 and wheezing only on the right upper side. List 4 management priorities. (2 marks)

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4. What is the most likely diagnosis? (1 mark)

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**QUESTION 8 (12 MARKS)**

A 52-year-old judo exponent presents to you with a laceration and swelling to his left pinna.

**\*See image on page 10 in separate book\***

1. Describe the injury. (2 marks)

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2. Outline 4 important steps in the management. (4 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

3. For this type of injury, list **6** indications for referral for formal surgical review and repair.  
(6 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

4. What are the contraindications to drainage of this problem in the ED? (2 marks)

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**QUESTION 9 (9 MARKS)**

A 55-year-old male presents after an out of hospital cardiac arrest. He had a 7 minute downtime with effective bystander CPR prior to the arrival of the paramedics. The patient is being hand-bagged via facemask.

**\*See image on page 11 in separate book\***

Below is the ambulance arrest summary:

Time since ALS start	Rhythm	Action/Drugs
0 minutes	VF	200J shock/CPR IV access
2 minutes	VF	200J shock/CPR 1mg adrenaline 1:10000

The patient arrives at the 3<sup>rd</sup> minute of the arrest cycle.

1. Fill in the table below for the timing of the next 2 rhythm checks and treatment in that cycle based on the rhythms found. (2 marks)

Time since ALS start	Rhythm	Action/Drugs
	VF	
	VF	

ROSC is achieved after 8 minutes.

2. Describe 4 abnormalities in this ECG. (2 marks)

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3. What phenomenon indicates that this patient is at high risk of arrhythmias? (1 mark)

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4. List 4 management priorities now that the patient has ROSC. (4 marks)

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~END OF PART 1~