

This SAQ package was developed by me in response to my perception of a lack of availability of "exam worthy" new style SAQs to my candidates and from a frustration with the traditional style of learning for the Fellowship written exam.

As a member of the Fellowship exam SAQ working group subcommittee, I understand the background to the new SAQ exam format and therefore have developed what I consider "exam worthy" Qs.

**I have been asked by an ACEM representative to acknowledge that the work contained in this programme is my own work (or the combined work of others in the case of the Monash Medical Centre and DENT based exams) and does not represent any work undertaken in my role as a Fellowship SAQ working group subcommittee member.**

The topics covered are based on previous exam (SAQ/VAQ/SCE) topic spread and identification of new topics that have not yet been examined (these new topics have been generated by the opinions of others and do not represent any "inside information" or my opinions- clearly I have a responsibility to protect the confidentiality/ integrity of the future SAQ exams).

The majority of the props are from prior VAQs (and were therefore considered exam- worthy by the VAQ committee at the time) that I have found online or that are freely available- I was not a member of the VAQ committee and have not obtained any confidential images from other sources. As I do not own any images displayed, any reproduction of these exams should be for personal use only.

This exam package contains:

- 30 x 9Q SAQ (1/3 trial exams- any 3 can be combined to create a full trial exam if desired - thus 10 full trial exams)
- 5 full SAQ trial exams
- A matrix showing the topics covered in each of the above ( I provide this to the candidates at the completion of the program to allow location of questions for revision study)

The "traditional" weekly topic coverage (ie ortho SAQs one week, paed next 2 weeks, then tox etc) was the way I studied and I think the way most candidates study. The problem with this approach, to me, are several:

- everyone has a different background knowledge (eg someone who has worked for a prolonged time in a Paed or mixed ED needs much less specific Paeds study than someone in a Tertiary ED). But we don't really know "what we know?"
- what if you miss a session from leave/night shift/sickness? - then you miss the whole topic with usually no recorded/written way to cover the topic at a later time
- it's BORING to read one topic for a period (ie Tox or Ortho only for 2 weeks- and it all gets blurred)
- our minds seem to be selected to be able to deal well with chaos and random challenges so why not study in a more random way- as long as you cover all the topics in the end

My written program runs over 40 weeks:

- I encourage 1<sup>st</sup> go = best go (none of this I'll see how I'm going ½ way or how I do at the Monash trial exam) and only change exam target once started, in the occurrence of a major, unexpected, life crisis
- 30 weeks of SAQ trial exams - 1/3 of an exam each week from week 1 to 30. I run the first "full trial SAQ exam" at about 16 weeks and then run one every month for the next 4 months- under full exam conditions- protected 3 hrs (**these 30 weeks and 5 full trial exams = 405 SAQ questions**)
- 3 weeks leave- I highly recommend our candidates take a 1 week block and a 2 week block somewhere in the programme with NO study- to freshen up and maintain drive
- 7 weeks of revision/consolidation & catch up of missed weeks- I think most candidates feel pressure towards the exam in terms of running out of time and having to cut corners which leads to increased anxiety- building in a long revision period gives some extra control and positivity

Each of the 30 weeks, the candidates do 9 SAQs Questions, each question of a different broad topic (ie tox, paed, O+G, XR), and we go over them in person using the "suggested answers" as a guide for discussion. We focus on Identifying areas of knowledge deficiency, filling in these knowledge gaps and on exam technique. Each week, the 9 SAQs equate to 1/3 of a full SAQ exam and the candidates therefore do them over 1/24 at home in the week prior. If the candidates miss a session, I offer them a 1 on 1 session at a later time to go through the questions.

I encourage our candidates to study the examined areas each week- this allows continual exposure to all areas. I think this way of learning is more stimulating than the traditional, is easier to allow coverage of big areas over several weeks and most importantly allows the candidates to identify areas of weakness and therefore tailor study each week based on these deficiencies rather than try to try to cover the whole syllabus sequentially.

**Any 3 of these “weekly SAQ” can be put together to form a practice exam.**

The 5 full SAQ trial exams:

- 3 based on previous Monash Medical Centre trial exams (freely available on the Net- [www.gcs16.com](http://www.gcs16.com)) which I have helped to generate and edit initially and that I have reworked to better reflect the current SAQ structure
- 1 based on the DEMENT generated SAQs- that I have reworked to better reflect the current SAQ structure
- the 2015-1 SAQ exam which is the only current SAQ exam that has been released by the college- I have reworked this to better reflect the current SAQ structure (slightly shorter exam with the since defined terms of "list" and "state"). As no answers have been released by ACEM- I will not provide answers to this exam.

Finally, the "suggested answers" have been sourced from recommended texts where possible with Life in the fast lane, Uptodate and other sources used where I couldn't find a recommended reference to an important topic. The parts of the answers in **Bold** are the answer and those in italic text are for education/information only. Naturally, I recommend all facts should be checked prior to examination/ clinical usage. I welcome any improvements in answers to "tomre@barwonhealth.org.au".

I have limited the access to these resources to FACEM registrations only, so that you can control your candidates exposure to them (no good if they have seen them prior to you asking them to do them!).

Hope you find these useful,  
Tom Reade