



Preparation for Written Exam

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7 APRIL 2018



New Exam Format

- ▶ Paper I – Scenario based and SAQ
- ▶ Paper II – Critical appraisal, investigation and radiology
- ▶ Paper III - MCQ

Preparation for Exam

- ▶ Have the knowledge
- ▶ Able to show your knowledge
- ▶ Able to understand the questions and organize your answers



After you have the Knowledge....

- ▶ How to read the questions?
- ▶ How to answer the questions?
- ▶ Time management and allocation
- ▶ Exam skills and techniques

General Technique

Read the question carefully, every word is there for a purpose

- ▶ “Discuss the *anesthetic concerns* in patient with *active* pulmonary tuberculosis scheduled for operation under *general anaesthesia* (2018)”.

General Technique

- ▶ “You are asked to perform a preoperative assessment in a 54-year-old male **smoker** with a base of tongue cancer who is listed for hemiglossectomy, bilateral radical neck dissection and **free radial forearm flap** reconstruction. He is also known to have a regular **heavy alcohol** intake (2018)”

General Technique

- ▶ “A previously healthy woman at 37 weeks gestation is admitted for induction of labour due to rising blood pressure over the **past 3 days** (now 150/90mmHg) and with dipstick urine **protein 1+** this morning. She is otherwise asymptomatic. She requests epidural analgesia. How would you assess her and provide epidural analgesia? (2016)”

General Technique

Questions should be answered within the context given

- ▶ “ 35-year-old pregnant lady at **32th** week of pregnancy presented for Caesarean section under general anaesthesia. She was diagnosed to have cerebellar arteriovenous malformation (**AVM**) at 16th week of pregnancy. She is now planned for Caesarean section under **general anaesthesia**. How are you going to conduct your anaesthesia? (2016)”

General Technique

Questions should be answered by providing no more than and no less than required

- ▶ “A 74-year-old patient is scheduled for primary total knee replacement. What are the potential benefits of enhanced recovery program (ERAS) for this type of surgery (20%)? List the *perioperative* interventions that aim to support ERAS in this patient (80%)(2018)”

General Technique

Time should be allocated according to the percentage marks of the subsections

- ▶ *“A 74-year-old patient is scheduled for primary total knee replacement. What are the potential benefits of enhanced recovery program (ERAS) for this type of surgery (20%)? List the perioperative interventions that aim to support ERAS in this patient (80%) (2018)”*

General Technique

Organize your answer

- ▶ “A 74-year-old patient is scheduled for primary total knee replacement. What are the potential benefits of enhanced recovery program (ERAS) for this type of surgery (20%)? List the *perioperative* interventions that aim to support ERAS in this patient (80%) (2018)”

General Technique

Organize your answer

- ▶ “26-year-old lady with poorly controlled *asthma* presented for emergency laparoscopy for *perforated duodenal ulcer*. Currently she is slightly breathless and wheezy. How are you going to conduct your anaesthesia? (2016)”



Technique in Written Paper II



Read the question carefully, every word is there for a purpose

Questions should be answered within the context given

Questions should be answered by providing no more than and no less than required

Time should be allocated according to the percentage marks of the subsections



Additionally....

Time Pressure – 10 mins!

Aim to finish all questions

Precise with your answers

Abbreviations

- ▶ Abbreviations only accepted if they have been defined upon first use, or they are already in the questions
- ▶ Same principle as for clinical documentation and patient consent
- ▶ No consensus about what abbreviations can be used
- ▶ Avoid if you can, unless you are running out of time

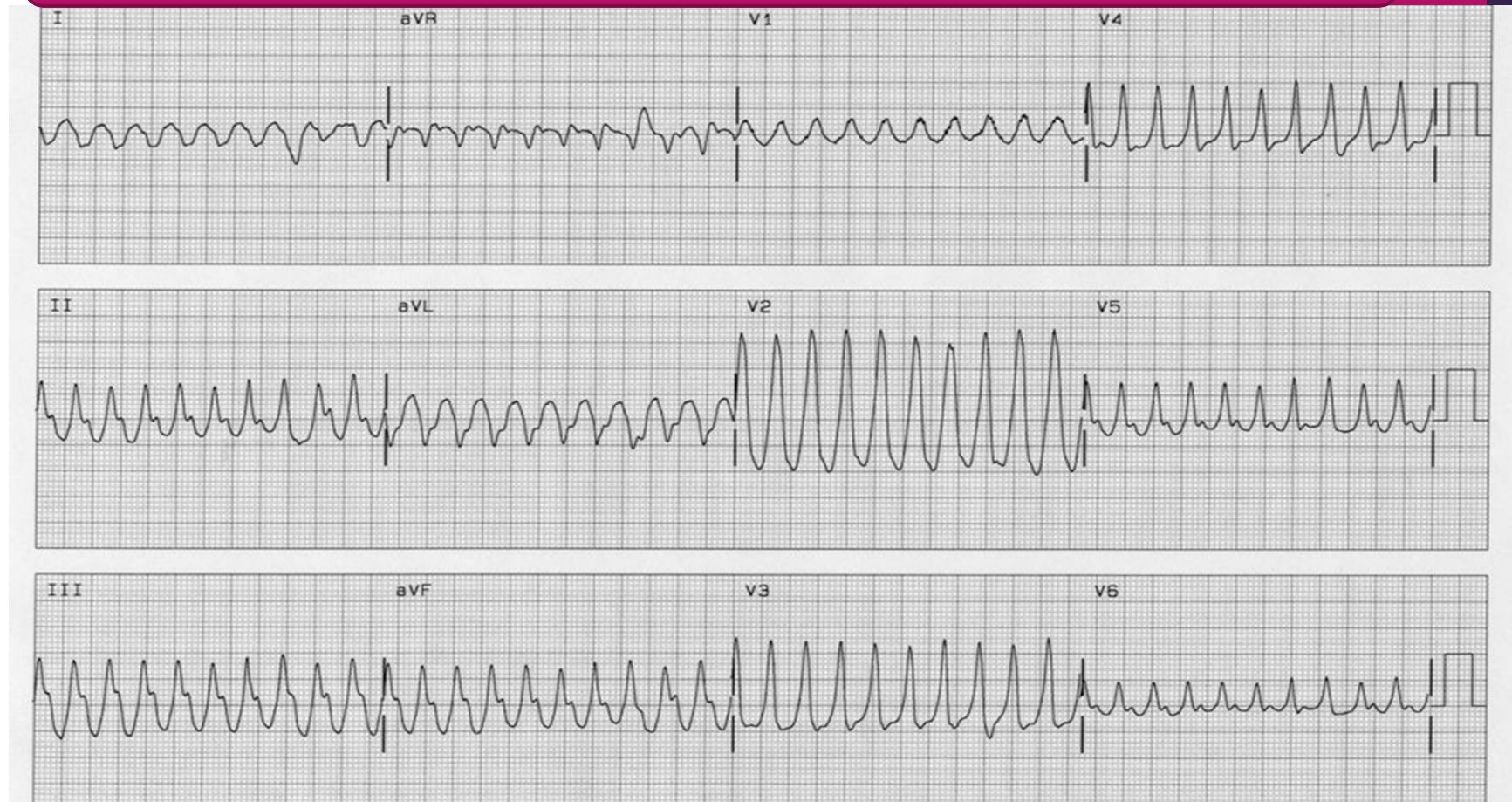
Abbreviations

- ▶ Most examiners would accept
 - ▶ EEG / ECG / CT / MRI / Xray / BIS
 - ▶ IV / IM / SC / PCA morphine
 - ▶ Na / K / Mg / Ca / HCO₃ – periodic table / ionic formula
 - ▶ pH / pCO₂ / pO₂
- ▶ Some examiners might also accept
 - ▶ CBC / RFT / LFT / CXR / AXR / Echo
 - ▶ DM / COAD / HT / IHD
 - ▶ ↑ / ↓ / ≤ / ≥ / → (subjected to misinterpretation eg ↑BE)

Abbreviations

- ▶ Examiners UNLIKELY will accept
 - ▶ AF / MAT / VT / VF / AVNRT
 - ▶ BBB / RA / PB / LA
 - ▶ AS / AR / MS / MR
 - ▶ PTx / Ix / Tx / Mx / Hx / PE
 - ▶ Rt / Lt / Bil / Δ
 - ▶ Glu / osmo / bld test / BG
 - ▶ PDPH / DO

Questions should be answered within the context given



M/64 patient presented with syncope. What is your management

M/24 patient presented with palpitation. BP 140/78mmHg.
What is your management

Questions should be answered by providing no more than
and no less than required



- a. Name three abnormalities.
(3 marks)
- b. What is the diagnosis? (1
mark)

Questions should be answered by providing no more than and no less than required



**a. Name three abnormalities.
(3 marks)**

- Paravertebral swelling C2-C4
- Calcified hyoid bone and thyroid cartilage
- Osteopenia
- Gas in retropharyngeal space
- Loss of normal cervical lordosis

b. What is the diagnosis? (1 mark)

- Retropharyngeal abscess

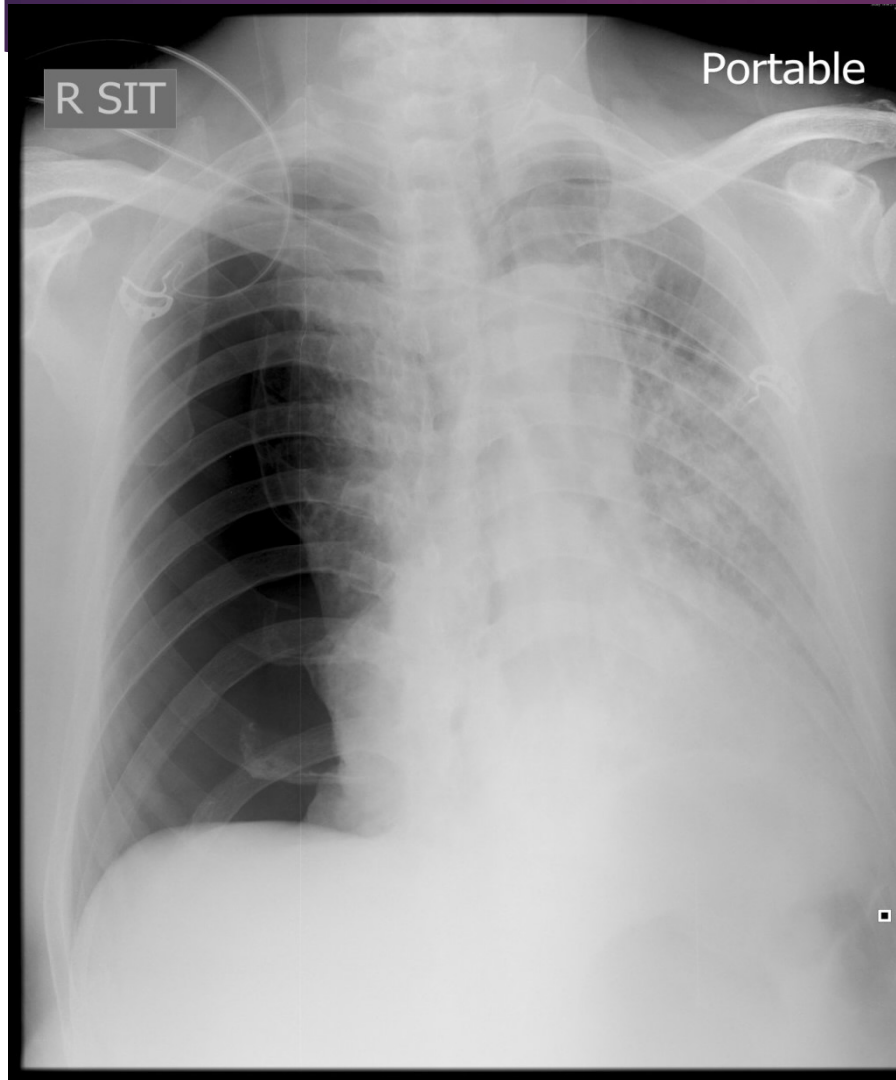
Commonly asked questions

- ▶ What is the diagnosis?
- ▶ What are the abnormalities ? / Describe the abnormalities.
- ▶ List 3 indications / 5 risk factors
- ▶ How will you further investigate?
- ▶ What is your treatment?

Commonly asked questions

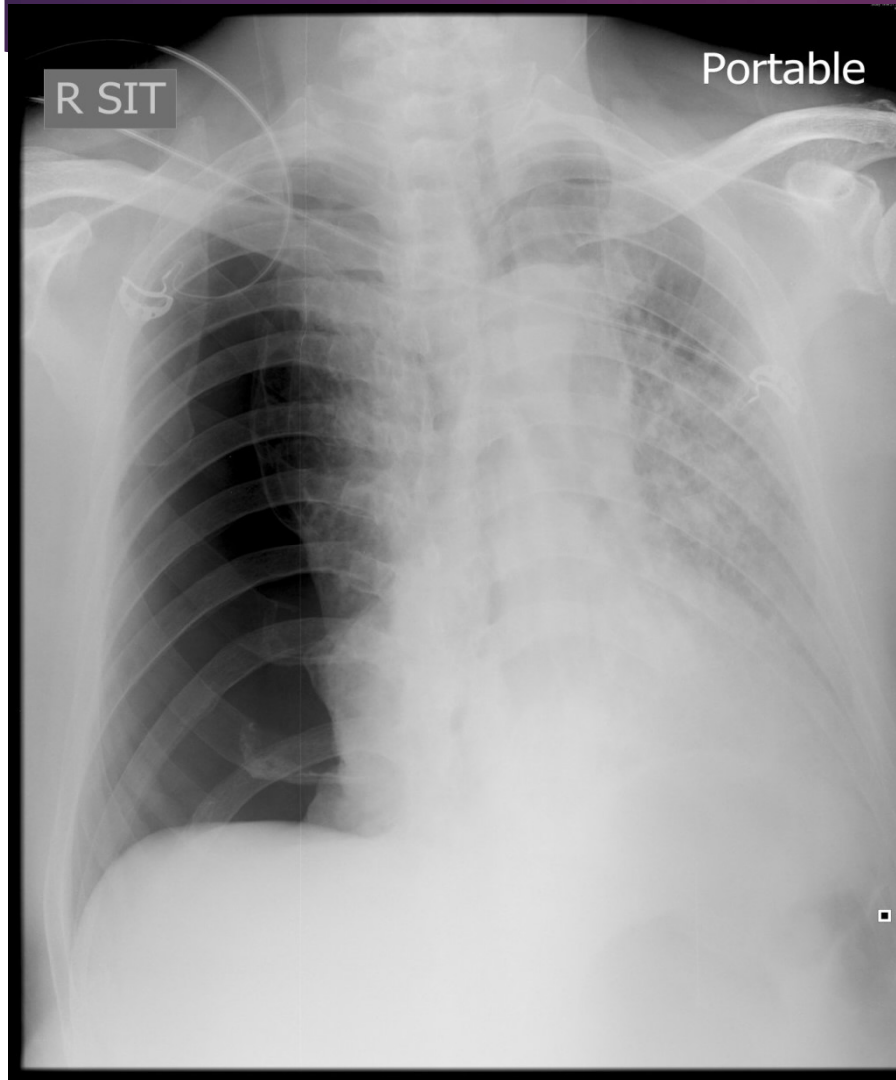
- ▶ Be prepared
- ▶ Precise with your answers
- ▶ Use correct terminology

Commonly asked questions



- a. What is the diagnosis?
(1 mark)
- b. Describe the abnormalities. (3 marks)
- c. What is the treatment?
(1 mark)

Commonly asked questions



a. **What is the diagnosis? (1 mark)**

- Right pneumothorax

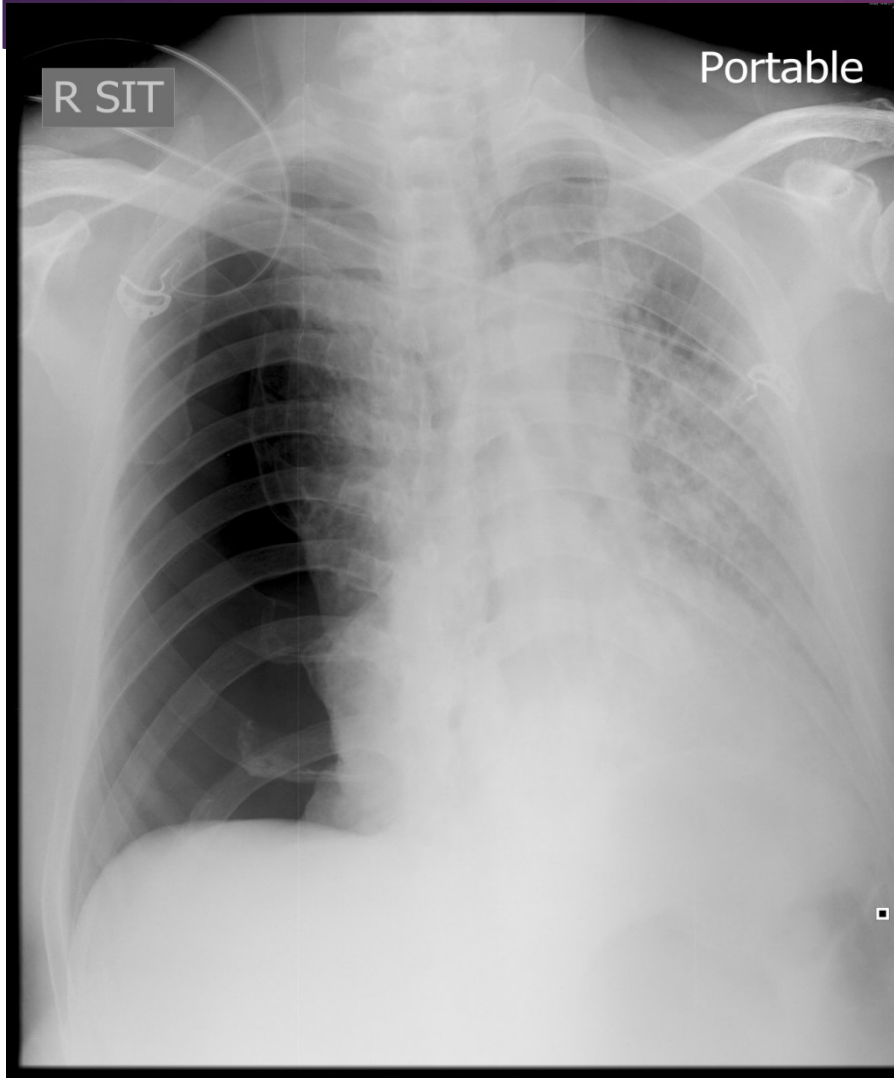
b. **Describe the abnormalities. (3 marks)**

- Lack of lung markings
- Shift of mediastinum
- Tenting of diaphragm

c. **What is the treatment? (1 mark)**

- Chest drain

Commonly asked questions



a. What is the diagnosis? (1 mark)

- Right tension pneumothorax

b. Describe the abnormalities. (3 marks)

- Lack of lung markings on right
- Shift of mediastinum to left
- Tenting of right diaphragm

c. What is the treatment? (1 mark)

- Right needle thoracostomy followed by chest drain

Use correct terminology

- ▶ CXR – increased or reduce lung marking / vascular marking
- ▶ CT scan – hyper- or hypo-density
- ▶ MRI – hyper- or hypo-intensity
- ▶ Echo – hyper- or hypoechogenic

Precise with your answers

- ▶ Left and Right
- ▶ Upper and lower
- ▶ Bradycardia / Tachycardia / What is the heart rate?
- ▶ Soft tissue swelling / Where?



Question Time