

FEx Net 2022 Collated SAQs:

Administration Questions

1. Access Block
2. Access Block
3. Bullying
4. Complaint
5. Coroner
6. Cultural Safety
7. Discharge AMA
8. Did Not Wait
9. did Not Wait
10. Frequent attender
11. Guideline
12. Health Intervention
13. KPI
14. M+M
15. Mass Casualty
16. Mass Casualty
17. Missed Fracture
18. Missed Malignancy
19. Overcrowding
20. Palliative Care
21. Protocol
22. Short Stay Unit
23. Simulation
24. Trainee Problem
25. Triage
26. Triage

You are a new FACEM and your director has asked you to look into access block and overcrowding in your emergency department.

1. What is the definition of access block? (2 marks)

3. List 4 markers of ED overcrowding. (4 marks)

Question 2 (12 marks)

You are the director of your Emergency Department.

You have been asked to meet with the hospital's Director of Medical Services to discuss the poor performance of the hospital in meeting time-based departure targets for patient departure from the ED.

You have been given the following information regarding the performance of the ED over the last month:

	Time-based departure compliance (%)
Admitted patients (n=1000)	15%
Discharged patients (n=3000)	80%
All patients (n=4000)	64%

The target KPI for time-based departure compliance from the ED is 75%.

1. List 6 potential causes for the identified problem/s. (6 marks)

2. List 6 potential solutions for any of the identified problem/s.

(6 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

Question 3 (10 marks)

You are working a busy evening shift in a rural ED. A final year medical student interrupts you during a clinical history of a patient with chest pain. She discloses that she is concerned about her recent ED term experience being very negative.

She alleges that a junior medical officer refused to answer her clinical questions and has since 'shouted at her' on several occasions in front of patients.

(i) State three (3) immediate actions (3 marks)

(ii) Other than the student concerned and the doctor performing the alleged behaviours, list three (3) other stakeholders in this situation (3 marks)

You agree to take leadership on the ongoing management of the situation.

(iii) List four (4) further actions you will take to definitively manage this matter (4 marks)

i)

ii)

iii)

iv)

Question 4 (12 Marks)

You have received a complaint from a patient who underwent procedural sedation in your emergency department. The patient had a pulseless, dislocated ankle.

The sedation was carried out by one of your competent senior registrars in the resuscitation room during a night shift.

During the sedation the patient aspirated and had a course of antibiotics during his hospital stay. The patient has complained that he "was not told about any risks of having sedation that night".

- i. In dealing with the complaint state three (3) important aspects of your **immediate** response. (3 marks)

- ii. Using the table below, describe four (4) of the stages in a complaints response process you would need to go through to finalise the answer to the complainant.

(9 marks)

Step of the response process	State two (2) examples of elements included in each step
	1.
	2.
	1.
	2.
	1.
	2.
	1.
	2

Question 5 (12 Marks)

You are the consultant on the morning shift and just before handover the night registrar asks you to whether he should complete a death certificate for a 78-year-old man who died in the emergency department overnight. He had advanced dementia and was suspected to have a ruptured abdominal aortic aneurysm which had been previously deemed unsuitable for surgical intervention by the vascular surgeons.

- a. List six situations where a death is notifiable to the coroner

(6 marks)

- b. State one important consideration that is required after notifiable death is reported to the coroner or the police

(1 mark)

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- c. **List five actions required by a medical officer in the event of a non-notifiable death in the department (5 marks)**

Question 6 (11 marks)

You are a newly appointed consultant working in a regional ED. You have had a patient interaction a few days ago which is concerning you.

You reviewed an elderly Aboriginal woman who presented with lethargy and shortness of breath. A work-up revealed severe renal impairment and a potassium of 7.2 mmol/L.

The patient spoke almost entirely in her first language with her 14-year-old granddaughter acting as an interpreter. You felt you gave a comprehensive explanation of the diagnosis, plan and need for admission. The patient appeared to understand, nodding occasionally and saying "yes".

Unfortunately, 30 minutes later her nurse reported that both the patient and her granddaughter had walked out of the hospital shortly after you left the bedside.

- a. What are four (4) suggestions to help prevent a similar situation occurring in the future? (4 marks)

- b. List four (4) department-wide strategies you could implement to ensure culturally safe medical care is available? (4 marks)

- c. A culturally competent approach to health care requires specific skills, knowledge and attitudes. What are three (3) GENERAL principles of a culturally competent approach to health care that may help you to care for a similar patient? (3 marks)

Question 7 (8 marks)

A 73 year old man is brought into the ED with left sided chest discomfort and is diagnosed with a NSTEMI on the basis of high lateral T wave inversion and a positive initial troponin T of 64 (reference range 0-14). The nurse notifies you that he wishes to self-discharge as his pain has resolved and he feels well.

Outline some important medical risks of self-discharge in this scenario (3 marks)

Name 5 considerations when assessing a person's capacity to make a decision (5 marks)

Question 8 (7 marks)

You are a new consultant working in an urban emergency department. The director approaches you and asks you to investigate the high proportion of 'did not wait' presentations. She is concerned these DNW figures represent

What is the (generally accepted) maximum accepted percentage of patients who DNW? (1 mark)

Name two patient groups who are often over-represented within DNW statistics (2 marks)

Name 4 reasons for high DNW numbers and propose 4 solutions (4 marks)

Reason	Solution

Question 9 (14 marks)

Your department has experienced an adverse event recently where a patient left without being seen and later was found deceased.

As part of the response to the investigation, your Director has asked you to set up a protocol to ensure the safety of patients who leave prior to being seen by a doctor.

1. List (5) key aspects of the protocol you will develop for the risk management of "Did Not Wait" patients in your ED. (5 marks)

2. List (4) strategies that may be implemented within the ED to minimize the number of "Did Not Wait" patients? (4 marks)

3. List (5) groups of patients who are at high risk for an adverse outcome if they leave without being seen in an Emergency Department?

(5 marks)

Question 10 (9 marks)

It has been noticed that a middle-aged male patient has been presenting to the emergency department several times per week with chest pain. He has a prior history of AMI requiring a stent but his most recent angiogram is normal and his disease is judged to be under control by his cardiologist. Each presentation his ECG is normal and his troponins are not elevated. So far there hasn't been a concern regarding alternate pathology.

You have been asked by the Director of Emergency Medicine to draft a management plan given his frequent presentations.

Name 4 goals of an individualised care plan for a 'frequent presenter' (4 marks)

Who are the likely key stakeholders in this instance (5 marks)

Question 11 (15 marks):

Following review of a missed diagnosis of pulmonary embolism (PE) in your emergency department (ED), you have been asked to write a guideline on the ED assessment of patients with suspected PE.

Questions:

1. List 3 parties that need to be involved in this process, outside of the ED staff:
(3 Marks)

2. List 8 components that will form part of your ED guideline:
(8 Marks)

3. List the sources you would use for writing the clinical component of the guideline:
(4 Marks)

Question 12 (20 marks)

Many opportunities to provide preventative health interventions exist in the ED.

- i. Briefly define "primary prevention" and "secondary prevention" (2 marks)

Primary prevention:

Secondary prevention:

- ii. List the 4 components of the CAGE questionnaire (4 marks)

- iii. For each category below, list 3 indicators that a woman may be a victim of Domestic Violence (6 marks)

Physical Indicators

Behavioural indicators

- iv. In what circumstances should a report of Domestic Violence be made to Police irrespective of the victim's wishes (3 marks)

- v. Other than alcohol and Domestic Violence screening, list 5 public health interventions currently carried out in Emergency Departments – provide an explanation or example for each (5 marks)

Public Health intervention type	Explanation/Example

Question 13 (10 Marks)

Your tertiary ED has received feedback that the time to thrombolysis for stroke in your centre is unacceptably long. You have been tasked to remedy this situation.

1. List 5 possible contributory factors in the delay to thrombolysis in stroke. (5 marks)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

2. State 5 solutions to the issues identified in part 1 . (5 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

Question 14 (12 Marks)

Your director has asked you to establish a morbidity and mortality committee for your department.

1. List 5 key steps you will undertake in establishing a committee.

(5 marks)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

You have established a committee.

One of your first tasks is to ensure that you are capturing all morbidity and mortality that may be a result of patient encounters in your emergency department.

- 2. List 7 different measures you may use to identify morbidity and mortality associated with emergency department presentations. (7 marks)**

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

(7) _____

Question 15 (13 marks)

You arrive on the scene of this train derailment illustrated in the 2 photos provided.

(i) List three (3) immediate actions you would perform at the scene (3 marks)

i)

ii)

iii)

(ii) List three (3) potential hazards shown in the photo (3 marks)

i)

ii)

iii)

(iii) State seven (7) specific pieces of information you would give over the phone to the emergency services about this disaster as the first responder (7 marks)

i)

ii)

iii)

iv)

v)

vi)

vii)

PROP (Scene Photograph)



Question 16 (16 marks)

You are the senior doctor in charge of a tertiary ED at 3pm when Ambulance Control state that there has been an explosion nearby.

- i. What 5 pieces of information are important to obtain from Ambulance Control (5 marks)

- ii. List 7 steps that you should perform after receiving this phone call (7 marks)

iii. Patients start arriving rapidly on foot and by ambulance. Using a triage sieve, classify (red, yellow, green) the following patients (4 marks)

1. Female 40s, lying on ambulance stretcher, GCS 14, RR 33, BP 105/80, P 110

2. Male 30s, limping up to triage unassisted, GCS 15, RR 26, BP 95/50, P 105

3. Female 20s, sitting in a wheelchair, obvious compound tibial fracture, GCS 15, RR 28, P 120

4. Male 50s, lying on stretcher, GCS 13, RR 25, BP 105/60, P 110

Question 17 (10 Marks)

You are a consultant in a tertiary ED, when you receive a call from the duty radiologist informing you of a missed undisplaced C1 fracture that was seen on a CT Head scan undertaken 2 days ago.

You review the patient chart and see that the patient presented post-seizure in the setting of alcohol intoxication and a minor head injury. He was discharged home after the scan was initially reported as normal.

1. List three (3) steps to approach this situation? (3 marks)

2. You contact the patient, and advise him of the result. He informs you he lives 100km from the nearest town with a CT scanner.

What are the three (3) main considerations for this patient? (3 marks)

3. The patient is reluctant to undergo further imaging as he is the local school bus driver and does not want to leave the bus route uncovered.

What two (2) significant medico-legal issues does this case raise? (4 marks)

Question 18 (15 Marks)

You are the senior Emergency Physician supervising the ED on this shift.

A 64 year old male patient has been referred to your ED by his GP with a new diagnosis of a Right lung lesion, suspicious for malignancy on a CT Chest.

The treating junior doctor noted that the patient was seen in your ED 6 months ago after a low speed MVA and received a CXR that also clearly showed this lesion. It was not noted in the clinical notes at that time and the patient was sent home with a diagnosis of multiple contusions.

The radiology report dated 1 week later identified a suspicious lesion in the Right lung that warrants further investigation with CT scan.

Questions:

1- List 4 possible reasons that may have led to this lesion being missed on the initial presentation to ED. (4 marks)

2- Outline your approach to this situation as the Senior Emergency Physician on shift. (6 marks)

3- List 5 strategies that could be implemented at a departmental level to prevent future missed radiological diagnoses? (5 marks)

Question 19 (16 marks)

- i. Define “ED overcrowding” (2 marks)

- ii. Regarding the causes of ED overcrowding, for each category list two (2) examples (6 marks)

Category	Examples
Input	
Throughput	
Output	

- iii. Regarding the adverse consequences of ED overcrowding, for each category list two (2) examples (4 marks)

Category	Examples
Patient Effects	
Staff Effects	

- iv. Regarding potential solutions to ED overcrowding, for each category list two (2) examples (6 marks)

Category	Examples
Input	
Throughput	
Output	

Question 20 (15 marks)

You have received a prehospital “batcall” about an 86-year-old female nursing home resident with acute respiratory distress who has just had return of spontaneous circulation (ROSC) after arresting in the ambulance en route. She is intubated and has a GCS 3.

- i. What is the definition of palliative care? (3 marks)

- ii. Prescribe one appropriate medication regime or management strategy for each symptom in the palliative semiconscious patient: (4 marks)

SYMPTOM	DRUG	DOSE	ROUTE	FREQ
PAIN				
AGITATION				
NAUSEA				
SECRETIONS				

The patient's daughter appears in the ED distressed. She tells you that her mother would never have wanted this. She has an ACD (Advanced Care Directive) stating not for CPR or ventilation or ICU care. She did not want to be transferred to hospital.

iii. What information should be in an ACD? (4 marks)

After confirming the ACD details and further family discussion, a decision is made to extubate her in ED

iv. What preparation is needed? (4 marks)

Question 21 (16 Marks)

Your director has asked you to develop a protocol for managing high risk chest pain in the Emergency Department.

1. List the steps you would undertake in developing this protocol. (6 marks)

2. List ten high risk chest pain features as per the National Heart Foundation of Australia and New Zealand. (10 marks)

Question 22 (11 marks)

There have been a number of incidents in your emergency department Short Stay Unit where patients have unexpectedly deteriorated during their stay.

- i. Define the role of a Short Stay Unit (2 marks)

- ii. How would you develop a solution to this problem (4 marks)

- iii. You are tasked to develop exclusion criteria for your Short Stay Unit. List 5 criteria (5 marks)

Question 23 (14 marks)

You are interested in establishing an in-situ simulation program in your tertiary Emergency Department.

- [illegible]

- iii. Identify 4 potential barriers or risks to running in-situ simulation and a mitigating solution for each barrier (8 marks)

Potential Barrier/Risk	Solution

Question 24 (12 Marks)

You have been approached by a senior clinical nurse in your ED informing you of a problem with a trainee. She is concerned that the trainee has an alcohol problem. On multiple occasions, the trainee has posted about his alcohol use on social media. She is concerned that there may also be other recreational drug use. Several other nurses have reported that he is abrupt, rude and does not communicate his plans. This registrar is an early phase advanced trainee who recently completed his primary examinations.

- I. List 4 examples of conduct that would fulfil Mandatory Reporting requirements to the Medical Board. (4 marks)**

- II. You have organised to meet with this trainee to further discuss this issue. List 5 main points you would cover in this meeting. (5 marks)**

- III. Following this meeting, you have identified that your department does not have a guideline on mandatory reporting.

List six (6) important aspects required when developing a guideline.
(3 marks, 0.5 each)

Question 25 – (10 marks)

You are a new consultant and asked to attend a meeting with hospital management regarding emergency department key performance indicators. Prior to attending you ensure you adequately understand some of the relevant areas:

Regarding triage, please complete the table (5 marks)

AUSTRALASIAN TRIAGE SCALE CATEGORY	TREATMENT ACUITY (Maximum waiting time for medical assessment and treatment)	PERFORMANCE INDICATOR THRESHOLD
ATS 1		
ATS 2		
ATS 3		
ATS 4		
ATS 5		

Explain ETP including the relevant target figure (3 marks)

What is 'Transfer of care? What is the target?'(2 marks)

Question 26 (10 marks)

The following data has been compiled regarding your Emergency Department's performance over the past year.

Australasian Triage Category	Percentage Number of attendances	Percentage seen within Performance Threshold	Performance Indicator Threshold
ATS 1	2%	95%	100%
ATS 2	19%	65%	80%
ATS 3	41%	65%	75%
ATS 4	35%	75%	70%
ATS 5	3%	80%	70%
Did Not Wait	4%		

1. List (5) strategies that your department could implement to improve the above data. (5 marks)

2. List (5) effects of long waiting times in the ED. (5 marks)
