

FExNet 2026

Collated SAQs: Administration, Professionalism & Leadership

QUESTION BOOKLET

26 short-answer questions covering the non-clinical ACEM Fellowship curriculum domains: Leadership and Management, Health Advocacy, Professionalism, Scholarship, and Prioritisation. Sub-questions labelled a) b) c) state the required number of responses. Click in any answer field and type your answer.

26 questions • 276 marks

ACEM-aligned format. Sub-questions labelled a) b) c). Mark allocations indicative; references cited in the Answer Booklet. Question and answer indexes are clickable.

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Click any entry to jump to its question. Marks shown right.

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Question 1 | Access Block — Definitions (12 marks)

You are a recently appointed FACEM. Your Director has asked you to lead a review of access block and overcrowding in your tertiary ED. The hospital executive has noticed deteriorating NEAT performance over the last quarter.

a) State the ACEM definition of access block. (2 marks)

b) State 2 differences between access block and ED overcrowding. (2 marks)

c) List 4 patient-level harms attributable to access block. (4 marks)

d) List 4 strategies to reduce access block at the whole-of-hospital level. (4 marks)

Question 2 | Access Block — Departmental Strategies (10 marks)

Your ED has 25% access block. The CEO requests an action plan within 4 weeks. NEAT performance is 58%. Average daily presentations are 220, with a 24% admission rate. The department has 32 cubicles and a 6-bay short-stay unit.

- a)** List 6 ED-level interventions that may improve flow (at the input, throughput or output level). (6 marks)

- b)** List 4 metrics you would track to measure improvement. (4 marks)

Question 3 | Workplace Bullying (12 marks)

A junior registrar reports to you that they have been subjected to repeated belittling by a senior consultant during teaching ward rounds. The trainee is now reluctant to attend ward rounds and is considering withdrawing from the training program.

- a)** State the definition of workplace bullying as used in Australian/New Zealand workplace law. (2 marks)

- b)** List 4 immediate priorities in your response. (4 marks)

- c)** List 6 systemic actions to reduce bullying culture in the department. (6 marks)

Question 4 | Patient Complaint (12 marks)

You receive a written complaint from a patient who attended your ED 6 weeks ago with chest pain. They allege that they were sent home and subsequently had a STEMI 24 hours later. Their letter requests a meeting with the consultant who saw them and a written explanation.

a) List 4 immediate steps in your handling of this complaint. (4 marks)

b) List 4 components of an open-disclosure conversation with the patient. (4 marks)

c) List 4 sources of support for the treating clinician. (4 marks)

Question 5 | Coroner's Reportable Death (10 marks)

A 65-year-old woman dies in your resuscitation cubicle 30 minutes after arrival. She had presented with chest pain and was thought to have ACS. CPR was unsuccessful. She has a partner present.

- a)** List 5 categories of death that are reportable to the Coroner under Australian state legislation. (5 marks)

- b)** List 3 key considerations when speaking with the patient's partner immediately after death. (3 marks)

- c)** List 2 mandatory documentation steps required for a coronial case. (2 marks)

**Question 6 | Cultural Safety — Aboriginal and Torres Strait Islander Patient
(12 marks)**

A 42-year-old Aboriginal man presents with chest pain. He appears anxious. He becomes increasingly withdrawn during the assessment. He tells the nurse he wants to leave. There is no Aboriginal Liaison Officer on shift.

a) List 4 components of culturally safe care for this patient. *(4 marks)*

b) List 4 system-level actions to improve cultural safety in the department. *(4 marks)*

c) List 4 reasons Aboriginal and Torres Strait Islander patients leave EDs without completing care. *(4 marks)*

Question 7 | Discharge Against Medical Advice (10 marks)

A 35-year-old man with type 1 diabetes presents in DKA (pH 7.10, glucose 28 mmol/L, ketones 5 mmol/L). He is alert, GCS 15, and demands to leave to attend his children. Insulin infusion has been running for 30 minutes.

a) List 4 elements of capacity assessment for this patient. (4 marks)

b) List 3 actions you would take if the patient leaves with capacity despite the high-risk DKA. (3 marks)

c) List 3 actions if the patient does NOT have capacity. (3 marks)

Question 8 | Did Not Wait — Risk Management (10 marks)

Your department's DNW rate has risen from 4% to 9% over the past 6 months. Audit shows 1 in 4 of those who DNW are ATS category 3.

a) List 4 factors that increase a patient's likelihood of leaving without being seen. (4 marks)

b) List 4 strategies to reduce DNW rate while maintaining patient safety. (4 marks)

c) List 2 governance steps if a patient who left dies or comes to harm. (2 marks)

Question 9 | Paediatric Did Not Wait (8 marks)

A 2-year-old child triaged ATS-3 leaves the waiting room with a parent without being seen, after a 90-minute wait. The child was triaged with fever and lethargy.

a) List 4 immediate actions on discovery the child has left. (4 marks)

b) List 4 system safeguards specific to paediatric DNW. (4 marks)

Question 10 | Frequent Attender (12 marks)

A 45-year-old man has presented to your ED 18 times in 6 months with chronic abdominal pain, anxiety, and requests for opioid analgesia. He has multiple inpatient admissions and 4 endoscopies, all normal. He has unstable housing.

a) List 4 common contributors to frequent ED attendance. (4 marks)

b) List 6 components of an MDT case-management plan. (6 marks)

c) List 2 ED-specific principles when this patient represents. (2 marks)

Question 11 | Clinical Guideline Development (10 marks)

Your department wishes to develop a local guideline for management of mild–moderate community-acquired pneumonia in adults. You have been asked to lead this work.

a) List 4 essential components of a robust clinical guideline. (4 marks)

b) List 3 differences between a guideline and a protocol. (3 marks)

c) List 3 strategies to improve guideline uptake. (3 marks)

Question 12 | Evaluating a New Intervention (10 marks)

A pharmaceutical representative presents data supporting the use of a new IV antiemetic in your ED. They claim it reduces nausea by 'three times as much as ondansetron'. You are asked to evaluate the evidence and decide whether to add it to formulary.

a) List 4 critical-appraisal questions to ask of the evidence presented. *(4 marks)*

b) List 3 governance steps before adding to formulary. *(3 marks)*

c) List 3 cognitive biases that may affect your decision. *(3 marks)*

Question 13 | Departmental KPIs (10 marks)

Your hospital executive has asked you to choose 5 key performance indicators for your ED. The CEO is focused on NEAT but you wish to ensure quality is also captured.

- a)** List 6 KPIs spanning timeliness, safety, effectiveness, patient-centredness and equity. (6 marks)

- b)** List 4 risks of focusing solely on NEAT. (4 marks)

Question 14 | Morbidity & Mortality Meeting (12 marks)

You are asked to chair the monthly M&M; meeting. A case is presented in which a patient with subarachnoid haemorrhage was misdiagnosed as migraine and discharged. They returned obtunded 24 hours later.

a) List 4 principles to guide a constructive M&M; meeting. (4 marks)

b) List 4 systems-level contributors to this misdiagnosis. (4 marks)

c) List 4 actions arising from this case. (4 marks)

Question 15 | Mass Casualty Incident (14 marks)

A bus crash on a nearby highway has resulted in 35 casualties. Pre-hospital triage estimates 8 critical, 12 serious, 15 minor injuries. ETA first ambulance is 10 minutes. You are the in-charge EM consultant.

a) List 4 immediate priorities in the first 5 minutes. (4 marks)

b) List 4 components of triage at the ED entrance. (4 marks)

c) List 3 communication priorities during the response. (3 marks)

d) List 3 priorities in the post-incident phase. (3 marks)

Question 16 | Mass Casualty Triage Categories (8 marks)

You are nominated as Triage Officer at the ambulance entrance during the MCI.

- a)** List the 4 mass-casualty triage categories with the criteria for each. (4 marks)

- b)** Name the 2 commonly used pre-hospital triage tools. (2 marks)

- c)** List 2 ethical principles that may apply if resources are overwhelmed. (2 marks)

Question 17 | Missed Fracture (10 marks)

A 70-year-old woman is recalled after radiology over-read identifies a missed scaphoid fracture from her ED visit 7 days ago. The original ED report described 'no acute fracture'.

a) List 4 immediate actions on identification of the missed fracture. (4 marks)

b) List 3 ED system features that reduce missed-fracture rates. (3 marks)

c) List 3 quality-improvement actions following this case. (3 marks)

Question 18 | Missed Malignancy on Imaging (10 marks)

A 55-year-old man attended your ED 4 weeks ago with chest pain. The CXR was reported by you as normal. Radiology over-read 7 days later identified a 4 cm right-upper-lobe mass. The patient has not been informed and continues with GP follow-up.

a) List 4 immediate actions. (4 marks)

b) List 3 systemic causes of failed test-result follow-up. (3 marks)

c) List 3 system improvements to prevent recurrence. (3 marks)

Question 19 | ED Overcrowding — Real-Time Response (10 marks)

It is 17:00 on a Friday. ED occupancy is 145%. Twelve patients are admitted but boarding in ED. Ambulance ramp delay is 80 minutes. Two ATS-2 patients are unable to be moved into a cubicle.

a) List 5 immediate actions to mitigate the overcrowding. (5 marks)

b) List 5 medium-term actions to reduce recurrence. (5 marks)

Question 20 | End-of-Life Care in the ED (12 marks)

An 87-year-old woman with metastatic ovarian cancer presents with progressive dyspnoea and pain. She has an Advance Care Directive (ACD) requesting comfort care only. Her husband is distressed and asks you to 'do everything'.

a) List 4 priorities in the immediate ED management. (4 marks)

b) List 4 components of a goals-of-care discussion with the family. (4 marks)

c) List 4 medications and doses appropriate for end-of-life symptom control. (4 marks)

Question 21 | Sepsis Protocol Implementation (10 marks)

Following an audit showing 35% compliance with the sepsis 1-hour bundle, you are leading implementation of a department-wide sepsis pathway.

- a)** List the 5 components of the sepsis 1-hour bundle (Surviving Sepsis Campaign). (5 marks)

- b)** List 5 strategies to improve protocol compliance. (5 marks)

Question 22 | Short Stay Unit Governance (10 marks)

You are tasked with redesigning your 12-bed short-stay unit (SSU). Current LOS is creeping (mean 30 hours), and diagnostic / disposition decisions are sometimes deferred to inpatient teams.

a) List 5 admission criteria appropriate for an SSU. (5 marks)

b) List 5 governance principles for a high-functioning SSU. (5 marks)

Question 23 | Simulation-Based Education (10 marks)

You wish to introduce regular in-situ simulation in your ED to improve team performance in resuscitation.

a) List 4 components of an effective simulation program. (4 marks)

b) List 3 latent safety threats simulation may identify. (3 marks)

c) List 3 risks of simulation done poorly. (3 marks)

Question 24 | Trainee in Difficulty (12 marks)

A senior advanced trainee has had two missed STEMI diagnoses in the past 3 months and several complaints from nurses about communication. They appear withdrawn and have missed two scheduled assessments.

a) List 4 early warning signs of a trainee in difficulty. (4 marks)

b) List 4 components of a structured response. (4 marks)

c) List 4 elements of a structured performance plan. (4 marks)

Question 25 | Australasian Triage Scale (10 marks)

You are educating new triage nurses in your department on the Australasian Triage Scale (ATS).

- a)** Complete the table for the 5 ATS categories — clinical descriptor and target time to treatment. (5 marks)

- b)** List 5 challenges of accurate triage in real-time. (5 marks)

Question 26 | Triage — Behavioural Disturbance (10 marks)

A 26-year-old man presents to triage, brought by police after public intoxication and threats of self-harm. He is agitated, smells of alcohol, and refuses to engage. Police wish to leave.

a) State the appropriate ATS category for this patient. (2 marks)

b) List 4 immediate priorities in management. (4 marks)

c) List 4 strategies for managing acute behavioural disturbance per ACEM guidance. (4 marks)
