

FEEDBACK FOR CANDIDATES – EBEM June 2021

STATION 1 – Structured Clinical Examination – History-taking from a patient presenting with chest pain

The candidate was required to obtain a detailed, structured, focused history from a patient who presented with chest pain and to discuss the diagnosis and management plan with the patient. The most common errors were:

- Incomplete and unstructured history taking
- Incorrect diagnosis made
- Excessive use of medical jargon when communicating with the patient

STATION 2 – Structured Oral Examination – Prioritization in a Major Incident

The candidate was required to demonstrate knowledge about principles of on-site mass casualty response as applied to a specific scenario and to prioritize 4 of the injured casualties correctly. The most common errors were:

- Mindset was of in-hospital management rather than on-scene management
- Unfamiliarity with principles of pre-hospital care
- Incorrect prioritization and treatment of the 4 cases presented to the candidate

STATION 3 – Structured Clinical Examination – Resuscitation of a sick child

The candidate was required to lead a resuscitation of a sick child remotely by communicating with role players (doctor and nurse) who responded to the candidate's direction and gave feedback about the condition of the child. The most common errors in this station were:

- Unstructured ABCDE approach
- Not obtaining a comprehensive history from the role players
- Incorrect diagnosis made and leading to inappropriate treatment
- Delaying intubation of the child when airway was at imminent risk
- Poor knowledge of doses of drugs used commonly in resuscitation

STATION 4 – Structured Oral Examination – Patient with respiratory failure requiring Non-invasive ventilation (NIV)

The examiners in this station discussed a case of respiratory failure with the candidate. They were looking for a structured approach to evaluation and diagnosis of such a patient and to respond to deterioration by recognizing indications for starting NIV and deciding on the appropriate disposition of the patient. The most common errors in this station were:

- Unstructured approach to a deteriorating patient
- Unfamiliarity with indications and principles of non-invasive ventilation
- Misinterpretation of ABG results

STATION 5 – Structured Clinical Examination – Resuscitation of an adult trauma case focusing on leadership skills

The candidates were shown a short video of a resuscitation scenario of an adult with major trauma and were asked to focus on professional competencies of the team leader in the video, including delegation of tasks, situational awareness, delegation of leadership, when necessary, clear decision-making and giving good instructions to the team. Candidates who failed this station:

- Did not realize that their task was to focus on leadership skills of the team leader
- Only listed generic actions as per ATLS and ABC
- Missed the importance of handover, the importance of the team leader checking in with the team and the need for clear plans with rationale from the team leader during the resuscitation.

STATION 6 – Structured Oral Examination – Renal Failure in a child

The objective of this station was to allow the candidate to demonstrate the ability to review information given and formulate a differential diagnosis and most likely diagnosis, indicate appropriate investigations required, interpret these investigations, and then develop a safe management plan. Common errors in this station were:

- Unstructured approach to managing a child who presents with undifferentiated symptoms such as vomiting and diarrhea
- Lack of knowledge about renal failure in children

STATION 7 – Teaching examination of a joint following a minor injury to a medical student.

The candidate was asked to interact with a medical student (role player) who was examining a patient with a minor musculoskeletal injury. This could be done by directing the student on how to examine a joint appropriately while explaining the rationale for doing specific aspects of the examination. Common errors in this station were:

- Not combining teaching with examination skills during the scenario
- Missing key standard actions such as obtaining consent from the patient (role player) and offering pain relief
- Poor clinical examination skills.