Feedback for candidates in the EBEEM- Spring 2019

The following points are provided for candidates who are preparing for the next exam and for those who were unsuccessful this time. They are not comprehensive and individual candidates may have also made other errors. These errors were identified by the examiners as being common amongst many candidates. Candidates preparing are advised to consider these elements in their preparation.

Station 1- structured oral examination – visual disturbance

This tested the candidate's ability to describe the structured approach to the history of a patient with visual disturbance and the key signs that should be sought on examination. Candidates were expected to develop a differential diagnosis in the patient as a result of the history and examination findings given to them by the examination and recognise that the condition is time sensitive and start relevant treatment.

Candidates generally failed to:
- Be specific about looking at the eyelid, conjunctiva, cornea
- Give a comprehensive differential diagnosis
- Identify abnormalities on a reproduced fundoscopy view
- use all available information (blood results) to support diagnostic reasoning

Station 2 – Structured clinical examination – sick adult

This station tested the ability to recognise a critically ill patient and to perform a clinical assessment as well as request relevant investigations. Candidates were required to interpret the findings and results of investigations as well as starting time critical treatments. Communication was important throughout.

Candidates generally failed to:
- Assess whether the team members were competent
- Take an AMPLE history
- Look at the patient – instead focusing on the monitor alone
- Complete the primary survey – not examining the patient appropriately
- appreciate there may be two diagnoses present

Station 3 – structured oral examination – Obstetrics and gynaecology

This station looked at the approach to a structure history and utilisation of investigations in an appropriate and relevant way giving a rationale for every request for information. Interpretation of results was required and then the information used to give a differential diagnosis with clear decision making and demonstration of clinical reasoning.

Candidates failed to:
- Explain why they were seeking information or why an element of the history was relevant to this patient

- Gather all information before jumping to conclusions which then led to the wrong decision
- Be selective in ordering investigations
- Demonstrate that they had previous experience in obstetric emergencies or even to be aware of the clinical conditions.

Station 4 – structured clinical examination – Breaking bad news

This station tested the skill of delivering bad news to a family in a sensitive and empathic way. There was some limited requirement to interpret and understand the clinical scenario.

Candidates failed to:
- Pace the information delivery – without setting the scene, explaining about imminent death
- Or alternatively give any indication of the imminent death
- Be prepared to discuss the clinical findings or results despite requests by the "parents"
- explain the medical terms or jargon

Station 5 – structured oral examination – ECG analysis

This station required the candidate to explain a structured approach to the analysis of an ECG and using the results of that analysis make clear rational clinical decisions on the management of the patient in the setting of the patient information provided.

Candidates failed to
- Manage time properly failing to complete
- Provide a comprehensive full evaluation of the ECG
- Acquire relevant elements of the history to allow a rational clinical decision
- Draw up a differential diagnosis – becoming fixed on one possibility
- Demonstrate adequate knowledge of diagnosis and management for this level

Station 6 – structured clinical examination - paediatric trauma

The station was designed for the candidate to demonstrate leadership of the immediate resuscitation in line with APLS guidelines, engaging with specialties –recognising the severity of the injury but the appropriate decision making on future care and balancing treatment priorities. The candidate was also required to recognise other issues such as safeguarding and team contribution/impact of the severely injury child.

The candidate failed to:
- Make progress from A – either keeping their team member stuck on jay thrust or wanting to intubate without support and with insufficient staff
- Complete the primary survey
- Commence uncross matched blood in a haemodynamically unstable patient

- Demonstrate leadership skills or professional judgement- many trainees stuck to a very simple ABC and did not listen to feedback/respond to vital signs changing, and did not appear to appreciate the role of the leader in synthesis of information and taking action depending on the individual case
- Communicate with the team what they were thinking or why they were taking action

Station 7 – structured oral examination – Status epilepticus

Candidates were expected to describe their approach to a critically ill patient, what steps would be required in the assessment of such a patient and the early treatment options. The diagnostic workup for the potential aetiologies should be described and communication with other specialties

Candidates failed to:
- Describe a comprehensive assessment of the patient ABCDE
- Reassess after interventions
- Appreciate the spontaneous resolution in many patients wanting to intubate prematurely with no rationale
- Request relevant investigations or analyse results completely

Station 8 – structured clinical examination – Joint examination

This was a combination station of the clinical skill and skill of teaching. Some minimal history taking was required, a demonstration with explanation of the examination together with the diagnosis and treatment plan and checking that the student understood and could follow the steps themselves.

Candidates failed to:
- Perform the full examination - full movements, active and passive
- Demonstrate a structured approach
- Explain the findings or why they were doing a manoeuvre
- Give a differential diagnosis
- Teach the student