

Sample Applied Knowledge Test (AKT) question –

Single best answer question from five options

Jake Kirkby, aged 27, has been finding it increasingly difficult to cope with work stress over the last seven months. Several employees have recently left his law firm.

One week ago, he had an episode at work where he found himself unable to function, started shaking uncontrollably and felt as though he was about to die. A colleague noticed the situation and suggested Jake ‘pull himself together’ and relax. He was able to return to work after about 15 minutes of calming himself.

He must attend court often and is fearful a similar episode may occur in the future.

What is the MOST appropriate initial management?

- A. Advise he ceases working in his current workplace
- B. Alprazolam 0.5 mg orally as required
- C. Certificate for one-week sick leave
- D. Propranolol 20 mg orally as required
- E. Psychoeducation and lifestyle advice

Correct answer:

- E. Psychoeducation and lifestyle advice

Notes and explanation

References

1. John Murtagh. Anxiety disorders. In: John Murtagh’s General Practice. 6th edn. Sydney: McGraw Hill, 2015.
2. Manger S. Lifestyle interventions for mental health. Aust J Gen Pract 2019;48(10):670–73. Available at www1.racgp.org.au/ajgp/2019/october/lifestyle-interventions-for-mental-health [Accessed 30 July 2021].
3. eTG complete. Available at <https://tgldcdp.tg.org.au/etgcomplete> [Accessed 30 July 2021].

Interpretation:

Management of stressed patients is a common problem in general practice, and determination of the most appropriate management strategy depends on the biopsychosocial assessment of the individual patient. In a young person with specific triggers for anxiety and a single panic attack episode, psychosocial education and lifestyle advice can be an effective first-line measure.

Although medications can play a role in anxiety disorders and panic attacks, in the case of a first panic attack it would not be first-line or appropriate to prescribe a benzodiazepine (such as alprazolam) that has a high risk of tolerance and dependence. Propranolol can be used to control the physical symptoms, but it does not address the underlying anxiety and is not as appropriate as psychoeducation, such as cognitive behavioural therapy.

Ceasing work is not appropriate advice, as it does not address the problem. Providing a medical certificate for a week off work as ‘stress leave’, although potentially helpful in the short term, is not likely to be of benefit without additional management, such as psychoeducation.

Sample Applied Knowledge Test (AKT) question –

Single best answer from more than five options

Evan Frost, aged 18 months, is brought in by his mother Katrina because he has been vomiting for the past six hours. Evan awoke at 3.00 am screaming and drawing up his legs, but settled and went back to sleep in his mother's arms after a few minutes. Since then, he has cried on and off and has seemed very tired. He has refused to eat and has vomited five times.

Evan had a watery bowel motion with mucous after dinner the previous night, which initially did not worry Katrina as several children at his day care centre were sent home with diarrhoea last week.

On examination, Evan appears pale and lethargic with temperature 37.6°C, pulse rate 118/min regular, respiratory rate 24/min and blood pressure 85/55 mmHg. His abdomen is soft and non-tender, with a palpable mass in the right upper quadrant.

What is the MOST appropriate provisional diagnosis?

- A. Acute appendicitis
- B. Constipation
- C. Incarcerated hernia
- D. Intussusception
- E. Mesenteric adenitis
- F. Pyloric stenosis
- G. Viral gastroenteritis
- H. Volvulus

Correct answer:

- D. Intussusception

Notes and explanation

References

1. Royal Children's Hospital Melbourne. Clinical practice guidelines: Intussusception. Available at www.rch.org.au/clinicalguide/guideline_index/Intussusception [Accessed 30 July 2021].
2. Perth Children's Hospital. Emergency department guidelines: Intussusception. Available at <https://pch.health.wa.gov.au/For-health-professionals/Emergency-Department-Guidelines/Intussusception> [Accessed 30 July 2021].

Interpretation:

This question requires candidates to be familiar with the differential diagnosis of an acute abdomen in children. This child presents with intermittent crying and drawing up of the legs, which is commonly seen with colicky abdominal pain in toddlers. Pallor, lethargy and vomiting are also commonly seen with intussusception. The classic 'red-currant jelly stool' is often a late sign and only seen in 20% of cases.

The right upper quadrant mass means intussusception is more likely than some of the other distractors:

- Acute appendicitis – clinical examination reveals right iliac fossa tenderness +/- guarding and rebound tenderness
- Constipation – history of hard stools
- Incarcerated hernia – examination would reveal an irreducible inguinal swelling
- Mesenteric adenitis – usually has a preceding viral illness
- Pyloric stenosis – usually presents between two and six weeks of chronological age with progressive non-bilious vomiting
- Viral gastroenteritis – there should not be a right upper quadrant mass
- Volvulus – typically presents in the first year of life

Sample Situational Judgement Test (SJT) question – Multiple choice response format

You have just started working in a busy metropolitan general practice with owner Dr Andrew James. Several weeks after your commencement, Andrew asks you to write up a magnetic resonance imaging request form for his wife Jenny, aged 50, who has been experiencing headaches that cause her to wake at night for the past three months.

Andrew asks you to indicate on the form that it is for 'unexplained chronic headaches with suspected intracranial pathology' to ensure Medicare will rebate the costs of the magnetic resonance imaging.

Choose the THREE most appropriate actions to take in this situation

- A. Advise Andrew that he should write the magnetic resonance imaging request, as he has examined Jenny personally
- B. Arrange magnetic resonance imaging on a private basis with no Medicare rebate to be payable
- C. Discuss your concerns with Andrew about treating colleagues and their family members
- D. Explain to Andrew that you are not comfortable writing the magnetic resonance imaging request for someone you have not consulted
- E. Schedule an appointment for Jenny to see you so you can further assess her symptoms before deciding if magnetic resonance imaging is indicated
- F. Suggest to Andrew that it will be in Jenny's best interests to have a full assessment by a general practitioner other than him
- G. Write a referral for Jenny to see a neurologist
- H. Write the magnetic resonance imaging form as requested, after writing in your clinical notes that the patient's husband is a general practitioner and that he suspects intracranial pathology

Correct answer:

C, D, F

Notes and explanation

Rationale

C, D and F are all acceptable answers:

- A. Although there is no legal ruling against treating your own spouse, this option is less desirable and may contravene the Medical Board of Australia's Code of Conduct
- B. Requesting magnetic resonance imaging without having assessed the patient is inappropriate
- C. **Andrew's wife should see an independent general practitioner who can objectively assess and manage her symptoms**
- D. **You have not consulted Jenny to determine whether her symptoms warrant imaging or that her headache meets the criteria for magnetic resonance imaging that will have a rebate from Medicare**

- E. It is preferable that you do not treat a colleague's family members because you are likely less able to provide whole-of-patient care; it is ideal to have Jenny's healthcare provided by a doctor at another practice who is impartial and independent. This option is available in a metropolitan setting
- F. **It is not ethical for Andrew to be making medical judgements about his wife; it is ideal to have Jenny's healthcare provided by a doctor at another practice who is impartial and independent. This option is available in a metropolitan setting**
- G. It is inappropriate to write a specialist referral without having seen and assessed the patient
- H. It is inappropriate to write investigation request forms without having seen and assessed the patient