

Sample Knowledge Test (KT) question – Single best answer question from five options

Jacob, aged 4 years, presents with his mother who is now concerned that over the last 2 days he has suddenly complained of soreness in his right knee and is limping when he walks. He is normally very active and energetic, but now doesn't want to play outdoors with his friends.

He has had a temperature but his mother thinks he may have an upper respiratory tract infection. There is no history of any injury or trauma to the knee.

On examination, his temperature is 38.5° Celsius, there is a slight joint effusion around the right knee, it is warm to touch and it is painful when you move it.

What is the MOST appropriate provisional diagnosis?

- A. Fracture
- B. Meniscal tear
- C. Osteomyelitis
- D. Septic arthritis
- E. Transient synovitis

Correct answer

- D. Septic Arthritis

Notes and explanation

This question is important because septic arthritis in children is an orthopaedic emergency and requires prompt diagnosis and treatment.

Any child presenting with symptoms and signs consistent with septic arthritis should be urgently referred to the emergency department (ED) of a hospital with an orthopaedic service. In rural and remote settings urgent telephone advice should be obtained from the nearest orthopaedic service.

A. Fracture is unlikely as there is no history of injury or trauma to the knee, and would not cause a fever.

B. Meniscal tear is unlikely as there is no history of injury or

trauma to the knee and it would not cause a fever.

C. Osteomyelitis may mimic septic arthritis in its presentation, however given the rapid onset of symptoms with initial joint involvement a diagnosis of septic arthritis is more likely.

D. Septic Arthritis is the most likely diagnosis.

E. Transient synovitis is less likely given the presence of fever. Although transient synovitis is more common than septic arthritis, given the serious nature of the latter condition, any child presenting with joint irritability and fever should be considered to have septic arthritis until proven otherwise.

Sample Knowledge Test (KT) 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

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 Knowledge Test (KT) question – Single best answer question from 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. Intussusception
- D. Pyloric stenosis
- E. Viral gastroenteritis

Correct answer:

- C. Intussusception

Notes and explanation

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
- 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

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

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

You are working in a new general practice, and the practice principal encourages you to ensure that all patient data is entered accurately and that clinical notes are well maintained in the medical software.

After several weeks you have noted that one of your colleague doctors does not routinely update their patients' notes. Key information is often missing or still present when it should have been removed from the health summary and medication lists. You also notice that the progress notes are often very brief and hard to follow.

This is affecting your ability to manage your time efficiently and deliver quality continuity of care when reviewing these patients.

Choose the **THREE** most appropriate actions to take in this situation

- A. Approach the colleague doctor and offer to help him improve his computer skills.
- B. Ask your colleagues in other practices how they would manage this situation.
- C. Discuss the issue with the practice manager and express your concerns.
- D. Offer to help update the patient data in your own time to make things easier.
- E. Prioritise the information that needs to be updated in the notes at each consult.
- F. Raise your concerns with the practice principal at your next meeting.
- G. Seek permission from the practice principal to allocate longer appointment times.
- H. Try to cope as best you can, and await for the issue to be addressed by the practice.

Correct answer

C, E, F

Notes and explanation

C, E and F are all acceptable answers.

- A. Approaching the colleague would, no matter how well-meaning, possibly be demeaning, and should not be done without the practice principal or practice manager negotiating it. It would also add to your work time.
- B. Asking your peers would risk letting other doctors and practices know there is a problem with this practice and the doctor, and is not professionally acceptable.
- D. Offering to help in your own time is not showing self-care.
- G. Seeking longer appointment times limits exposure to a variety of cases and does not address the problem that should be fixed at the practice level.
- H. Trying to cope as best you can is not addressing the issue at all.