

## **FEEDBACK FOR CANDIDATES – EBEEM PART B JUNE 2022**

### **STATION 1: SCE – Paediatric resuscitation**

The candidate was required to lead the resuscitation of a critically ill child remotely through appropriate coordination of the team, clinical assessment of the child, recognizing deterioration and reacting appropriately in a timely manner, and reviewing investigations. The most common errors in this station were:

- Unstructured ABCDE approach
- Failure to ask for the AMPLE history
- Incomplete initial assessment
- Failure to recognize deterioration despite alerts given by the resus team

### **STATION 2: SOE – Abnormal electrolytes**

The main objectives of this station were to evaluate the limited initial information given, obtaining further relevant data and requesting appropriate bedside and laboratory investigations in order to reach a working diagnosis of the electrolyte disturbance. Reasons for failing this station included:

- Unstructured ABCDE approach
- Did not listen to the examiners' questions carefully and did not pick up cues from the examiners
- Poor rationale for answers given

### **STATION 3: SCE – Teaching emergency ENT**

Candidates were required to demonstrate their teaching and communication skills and to show appropriate background clinical reasoning and examination skills pertaining to ENT emergencies. Candidates who failed this station:

- Did not give due importance to the patient and focused only on teaching the medical student
- Were not familiar with common ENT emergencies
- Demonstrated unsafe practices such as inserting a tongue depressor in the throat in the patient with epiglottitis

### **STATION 4: SOE – Prioritisation**

This was a fast-paced oral assessment led by the examiner. The candidate was expected to analyse limited information and make a working diagnosis and plan, to describe a logical prioritization process, to recognise and discriminate between life-threatening and less urgent presentations, while delegating and using resources appropriately. Candidates who failed this station:

- Were unfamiliar with principles of triage

- Spent too much time reviewing clinical information presented with the initial candidate instructions
- Gave unstructured answers and poor rationale for their answers

#### **STATION 5: SCE – Adult trauma resuscitation**

In this scenario, candidates were expected to perform a focused primary survey in a patient presenting with major trauma, to prioritise interventions, to coordinate the team members and to direct appropriate management remotely. Reasons for failing this station included:

- Unstructured ABCDE approach
- Slow to manage a critically injured patient in a timely manner
- Not recognizing deterioration of the patient

#### **STATION 6: SOE – Febrile child**

The candidate was required to demonstrate a clear understanding of sepsis in children, to describe a logical and structured workup for sepsis without a source and to make an appropriate clinical decision on treatment based on the information provided. Candidates who failed this station:

- Were unclear about the definition of sepsis
- Gave unstructured answers and poor rationale
- Did not make use of the information provided by the examiners and were unable to make an appropriate differential diagnosis and management plan

#### **STATION 7: SCE – Difficult referral**

The objectives of this station were to assess whether the candidate could communicate logically and effectively with a difficult specialist from another specialty, while remaining calm and polite during the interaction and refusing to comply with unsafe management plans suggested by the specialist. Reasons for failing this station included:

- Unsatisfactory relaying of information to the specialist
- Lacking composure during the interaction, showing negative attitudes and incivility
- Accepting advice for unsafe practices suggested by the specialist

#### **STATION 8: SOE – Renal emergencies**

During this station, the candidate was expected to know how to differentiate between the different types of renal failure, how to evaluate the severity of renal impairment, describe a logical method for investigation and interpretation of results and then formulate a treatment plan based on the provisional diagnosis. Common errors included:

- Unstructured approach to the clinical situation presented
- Lack of awareness of classification of renal failure
- Poor interpretation of lab results and imaging.