

FEEDBACK FOR CANDIDATES – EBEM PART B NOVEMBER 2022

STATION 1: SCE – PAEDIATRIC TRAUMA

The candidate was required to lead the resuscitation of a child with polytrauma - receiving handover from the ambulance crew, going through the primary survey, recognising deterioration and managing accordingly, while coordinating the team. The most common errors in this station were:

- Unstructured ABCDE approach
- Misinterpretation of imaging and blood results
- Unfamiliarity with paediatric trauma

STATION 2: SOE – OPHTHALMIC EMERGENCY

The main objectives of this station were to obtain a focused history and describe relevant examination techniques, to review the information given and reach a diagnosis and to develop an appropriate management plan. In general, candidates who were unsuccessful in this station :

- Omitted a general examination
- Were unfamiliar with the management of ophthalmic emergencies

STATION 3: SCE – BREAKING BAD NEWS

The main objectives of this station were to determine whether the candidate could deliver bad news sensitively and clearly, while respecting patient confidentiality, autonomy and informed consent and being cognisant of end-of-life and palliative care. The most common errors in this station were:

- Not explaining the underlying clinical problem and implications to the role player
- Not showing empathy to the role player

STATION 4: SOE – EMERGENCIES IN A PREGNANT PATIENT

The main objectives of this station were to review the information given, to formulate a tentative diagnosis, to show awareness of appropriate guidelines, investigations and describe the management of the clinical condition.

Common errors included:

- Poor knowledge of the physiology of pregnancy and how this impacts on assessment and investigation of these patients
- Being unfamiliar with dealing with pregnant patients in the ED.

STATION 5: SCE – RESUSCITATION FOR AN ABDOMINAL CATASTROPHE

The main objectives of this station were to perform a primary assessment of a shocked patient, to manage a patient with acute abdominal pathology, to prioritise interventions and to coordinate team members. Common errors included:

- Having an unstructured ABCDE approach
- Being unfamiliar with managing critically ill patients in resus

STATION 6: SOE – NEUROLOGICAL EMERGENCY

The objectives of this station were to demonstrate knowledge of the physiology of neurological control of respiratory function, to outline the approach to evaluation of patients with neurological and respiratory dysfunction, to formulate a management plan for a patient with an assumed diagnosis and to communicate clearly the clinical reasoning for decisions taken. Candidates who did not do well in this station:

- Difficulty in explaining the basic sciences behind the conditions presented
- Not addressing both of the components of the patient's pathology

STATION 7: SCE – TEACHING TOXICOLOGICAL TOXIDROMES

The main objectives of this station were to demonstrate professionalism and good communication skills when teaching or guiding a junior doctor, to diagnose the toxidrome presented and to show awareness of its complications, management and appropriate disposition of the patient. Common errors included:

- Poor teaching techniques
- Lack of interaction with the junior doctor (role player), tending to monopolise the conversation instead of discussing with him.

STATION 8: SOE – MUSCULOSKELETAL EMERGENCIES IN CHILDREN

The main objectives of this station were to demonstrate appropriate evaluation of limited information, formulate a working diagnosis, outline investigations to support this diagnosis and create a safe management plan. Common errors included:

- Being unfamiliar with the conditions presented
- Did not pick up on clues given by the examiner
- Were not aware of treatment options.