Feedback for candidates in the EBEEM- Autumn 2019

Candidates for the EBEEM part B may find it useful to reflect on the recent diet – and what the objectives of each station were together with the common errors or mistakes made by the candidates. These are general and most frequent issues – and may not cover all of the errors or omissions made by candidates.

Station 1- structured oral examination- feverish child

This required the candidate to ask for more information in the history and examination in a systematic approach and to react to the additional information to frame the next step or question.

The most common errors were:

- not asking for basic information (vital signs/symptoms etc)
- not being able to articulate what a normal or abnormal temperature was in a child

Those who were structured in their approach did well.

Station 2 – Structured clinical examination –adult trauma

This was a role player who had significant problems and was able to interact to give a history – not otherwise specified. It required candidates to do a thorough assessment.

The most common errors were:

- an assumption that this was a medical problem and not realise there was trauma;
- not considering a differential diagnosis is a basic error and means that mis diagnosis is common;
- an inconsistent evidence of competence in eFAST or chest drain insertion;
- no evaluation or physical examination of the role player.

This station certainly exposed those candidates who rely on a learnt sequence of events, so they scored marks for greeting, checking names etc but then failed to identify clear clinical aspects of this particular case.

Station 3- structured oral examination- toxicology

The candidate had to identify a toxidrome and the possible causes including the management. Candidates appeared to assume this was a TCA overdose – and therefore not to respond to additional information. This station does require underlying knowledge and a superficial generic approach meant that many candidates were unsuccessful. Candidate failed to:

- read the information properly outside;
- anticipate what might happen from that knowledge

Station 4 – Structured clinical examination –paediatric sick child

This was related to managing a sick child and escalating treatments through a structured and organised approach.

The most significant errors were:
- basic treatments or take any information from the parent who was present was not performed;
- leadership was not demonstrated by many candidates.

These skills should be focused on by future candidates.

**Station 5- structured oral examination- abnormal laboratory results**
This required a candidate to respond safely to a set of abnormal electrolytes (with other results included) and to ensure the patient was safe.
Candidate failed to:
- assume a patient is safe and stable when sitting in a waiting room;
- consider basic assessment of the patient to ensure they have no complications of the abnormal result.

Knowledge of the underlying causes and treatment of key electrolyte disturbance is essential.

**Station 6 – Structured clinical examination – Ultrasound teaching**

This station required the candidate to teach a novice the basic principles of ultrasound. Candidate in general had a good theoretical knowledge of anatomy, physics of ultrasound and some practical experience. They had a good approach to teaching, however they failed to:
- apply clinical or practical skills themselves to demonstrate an eFAST themselves;
- understand the findings so that although they had theoretical skills to teach, they could not teach this topic as they had not themselves mastered it.

**Station 7- structured oral examination- disaster management**

This presented the candidates with a theoretical set of patients who had to be prioritised and immediate treatments described.
The most significant errors were:
- limited understanding of prehospital medicine and the command structure of managing a major incident including asking for more resources as the numbers of casualties outweighed resources;
- little first aid offered (stopping bleeding/pelvic binder/TXA) and conversely poor understanding that you cannot bring the in-hospital team to the field;
- no request for information on which would be available by examination in the field;
- little revaluation

**Station 8- Structured clinical examination- assessment of psychiatric state**

This station required a psychiatric history and examination.
The most significant errors were:
- lack of familiarity with “capacity assessment”;
- absence of a structured approach to assess the mental state in a patient;
• confusion between the mental state examination and the assessment of suicide risk.