

SOME INITIAL THOUGHTS ON THE FELLOWSHIP EXAM

Right from the start of the fellowshipexam.com course we like candidates to start thinking strategically about the exam. Lots of candidates prepare by overwhelming themselves with knowledge, lists and study. It's almost a cathartic process – "if I do x amount of study then I'm sure to pass!"

Sadly, that's not absolutely the case. The exam is about so much more than this, and thinking strategically about how and why you study, and how and why you approach the exam is fundamental to your success. Below are some condensed thoughts from our fellowshipexam.com "pearl of the week" blog. For some key thoughts read on!

What's old is new.

ACEM has released a copy of the first new written fellowship exam. It's available at: <https://www.acem.org.au/getmedia/0384ec35-94b5-4787-b71d-55de6c7b369c/Item-Writing-Handbookv2-compressed2.pdf.aspx> (ACEM members will need to login).

Looking through the paper, our first impressions are that it was what we were expecting. There are a lot of knowledge focussed questions, with a large number of "props" to support them. Gone are the old nebulous "describe and interpret" type pictures - now a specific number of findings are requested of each prop, and directed questions about the implications of these findings have replaced the interpretation phase.

"I continue to be interested in new things that seem old, and old things that seem new". Jaquelin T Robertson

From looking through the exam and speaking to recent candidates we have a few key points to focus on for candidates sitting our next course:

- 1) Although the format has changed, the time pressure has not. Thirty SAQs is a lot of questions.
- 2) Because of this, candidates will need to be well drilled, particularly when it comes to the "prop" type questions - ECGs, XRAYs, ABGs etc.
- 3) Some of the questions might seem a bit ambiguous in terms of what they ask for. Having a strategy to ensure that despite any ambiguity candidates maximise their marks is paramount.

These are three of the areas we'll be focussing on in this course.

Application is still equally as important as knowledge.

You can't pass the fellowship exam without practicing. It's one of the major themes of the old fellowship examination has carried straight into the new exam and it illustrates why candidates need to be answering questions from the moment they begin their fellowship journey.

"How you answer is almost as important as what you answer..."

Just like in the old exam candidates need to be very slick when it comes to answering "knowledge"/"list" type questions. Question 18 from the first new fellowship exam is a case in point.

After interpreting an arterial blood gas in the initial phase of the question, candidates are asked to *"list 6 therapeutic goals for resuscitation in the event of massive transfusion"*.

Simple, right? Just rattle off a list from the core textbook (which doesn't exist) of six well defined therapeutic goals (they aren't) which are universally accepted as best practice (there is still a lot of debate).

Oops! So, in fact, there is NO readily accessible list for candidates to memorize and regurgitate (but then it's not an undergraduate medical exam either). So, candidates will need to be able to come up with a sound list, at short notice to ensure that they complete the question, score maximum marks, and do not exceed their allotted time for the question.

The good news is most trainees sitting the exam should be able to come up with some sort of list, given enough time. The bad news is that – as we have already pointed out - time will be in extremely short supply.

Thus this question illustrates a very important principle of preparation for the fellowship exam: you need to practice applying knowledge under time pressure, not simply read lots of books. This is a core tenet of the fellowship.com preparation course. Over 26 weeks you will answer SAQs and EMQs based on our curriculum, all designed to get you putting your knowledge into play for real on the big day. It's extremely important that you do them regularly.

And for the record, our list of therapeutic goals would look something like:

1. Normalisation of haemodynamics (SBP >90, HR 100)
2. Capillary refill time approaching 2 seconds
3. Urine output >0.5ml/kg.hr
4. Lactate clearance of 50%/resolution of metabolic acidosis

5. Maintenance of normal haemostatics (INR as close to 1 as possible, normal TEG profile if available)
6. A normal clinical state, particularly normal mentation.

The Devil's in the details.

Part of preparing for the big day is thinking about how and more importantly ****why**** you write what you write.

"The exam has rules and like any rules they should be used to maximal advantage..."

Let's use our list of therapeutic goals for massive transfusion as an example. Above we wrote that in answer to a question asking for 6 therapeutic endpoints for massive transfusion we would answer:

1. Normalisation of haemodynamics (SBP >90, HR 100)
2. Capillary refill time approaching 2 seconds
3. Urine output >0.5ml/kg.hr
4. Lactate clearance of 50%/resolution of metabolic acidosis
5. Maintenance of normal haemostatics (INR as close to 1 as possible, normal TEG profile if available)
6. A normal clinical state, particularly normal mentation.

There are two important points to notice about the list above.

The first is that we have grouped some similar items together (1). Arguably systolic blood pressure and heart rate could be listed as two separate endpoints for the question asked. However ACEM has stated where 6 answers are requested only the first 6 answers will be marked. Putting down related items individually runs the risk of preventing later answers scoring when the examiner reads your paper, especially if there is only one collective mark available for these items. A sensible way around this pitfall is to group similar items together as we have done in (1).

Because we have bracketed the items together using the phrase "normalisation of haemodynamics" we ensure that they must be considered together as one item (ie not read separately as the first two items on your paper). However, if there are two marks allocated for the two items, it's highly likely we will score the two marks: after all, our answer irrefutably contains the correct information.

Essentially "bracketing" your answer this way where such an option is available ensures you maximise the information you have put in your answer within the rules of the examination. Think seven answers for the price of six. Therefore your examiner has every chance to score you well. Remember the exam has rules and

like any rules they should be used to maximal advantage.

The second thing to notice is the level of detail provided in our answer. Compare the list above to a different answer with similar content:

1. Normal vitals
2. Normal capillary refill time
3. Urine output 40ml
4. Normal lactate
5. Normal coagulation
6. Normal level of consciousness.

It's important to notice that although the content is the same, the answer we would submit is much more detailed (for the use of not very many more words). It's possible that the less detailed answer would score the same marks but in our opinion an answer like this is all a bit too vague.

Examiners are entitled to have every expectation that candidate answers will provide detail consistent with the practice as a specialist emergency physician. A "urine output 40ml" answer is appropriate for some patients, but not all. A urine output $>0.5\text{ml/kg.hr}$ is undeniably correct. "Normal" remains an unquantifiable term (and therefore one very difficult to mark well).

Careful preparation and practice lend an eye to such detail. It's a habit worth getting in to. If you pay attention in your preparation you can take away the ambiguity from your answers. Spending time as you practice thinking about the HOW and WHY of your answer, and not just the WHAT, is likely to pay dividends and help you prove you're ready for that FACEM.

Keep in touch with our blog.

We do the pearl of the week blog to promote knowledge and conversation about the exam and there's quite a bit more there in the way of exam commentary and strategy. We'd encourage you to check it regularly throughout the course as well as participate regularly in each week's activities. The resus.com.au blog also has a heap of fantastic articles on important emergency medicine topics. Remember, the most fundamental point of preparing for this exam - you will only get out of the course what you are prepared to put into it.