

Welcome

- Phones
- Toilets
- Fire alarms
- Structure
- Books
- Questions/answers





SAQ Answer tips David Adams

Introduction

- Introduction to the SAQ format
- Tips on maximising efficiency
- Suggestions for preparation
- Stylistic pointers



The Exam Format

- Relates to the 2010 college CCT syllabus
- Questions set months in advance, with marking schemes agreed
- All marks for question subsections will add up to 100%
- Each question is marked out of 20
- Questions are spread over 6 answer books
- All questions need to be attempted



Time management

- 3 hour exam
- 15 minutes per question with no breaks or downtime
- Strict personal discipline is essential
- Examiners recommend 2-3 minutes thinking time and 12 minutes writing time per question
- For each question, this almost equates to 10% of the marks per minute writing



General tips

- Read previous papers & examiners reports
- Read the whole paper before starting
- Your subconscious brain will be mulling over the questions while you are busy writing
- It also means you will be receptive to prompts given in other questions or answers
- "Ah yes I can use this in question 9" etc



Read the question!

- The questions are *carefully* worded
- There are clues in the question
- March 2011 Question 12
- You are asked to assess a 4-year-old child who is scheduled for a strabismus (squint) correction as a day case procedure.
 - a) List the anaesthetic related issues this case presents. (60%)

b) During surgical traction, the patient suddenly develops a profound sinus bradycardia. How would you manage this situation? (10%)

c) Describe the key postoperative problems and relevant management strategies. (30%)



Now look more closely...

You are asked to assess a 4-year-old child who is scheduled for a strabismus (squint) correction as a day case procedure.

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Answer structure

- The percentages awarded to each subsection pretty much give you a structure
- This also gives you your time allocations
- Prose versus bullet points or lists?
- Partly your choice but a wordy answer when a list is called for is a waste of your time
- Sparing use of colour & underlining etc might be helpful



Can you prepare some answer plans?

- You can!
- It's a bit like viva preparation
- The same styles come up again and again
- A couple of key styles may be needed for a given question
- This is my personal guide to answer styles...



Simple lists

- Can be systems-based or descriptive
- March 2010 Question 4

a) What is anaphylaxis and *how* may it present? (25%)

b) *List* three common types of precipitant in an anaesthetic setting.
(15%)

c) Describe your initial management (including relevant drug doses) in an adult patient. (25%)

d) Outline your secondary management (including relevant drug doses) after immediate resuscitation. (25%)



Simple lists

- March 2010 Question 6
- A 65 year-old man has suffered two recent episodes of transient blindness in the left eye. Doppler studies confirm a left internal carotid artery stenosis of 81%. He is now scheduled for a carotid endarterectomy (CEA).
 - a) What are the benefits of early CEA compared with conservative management in this patient? (15%)
 - b) *List* methods for predicting and detecting cerebral ischaemia during CEA. (25%)
 - c) *What* techniques may diminish the risk of cerebral ischaemia during cross clamping of the internal carotid artery? (25%)
 - d) Why might this patient have difficulty with breathing in the recovery room following CEA? (25%)



Comparative

- These are often just two lists!
- September 2009 Question 2
 - a) Define pain. (15%)
 - b) *Distinguish* between acute and chronic pain. (15%)
 - c) What symptoms and signs suggest a diagnosis of neuropathic pain?(40%)
 - d) What are the possible mechanisms of action of amitriptyline in treating neuropathic pain? (20%)



Anatomy

- Often linked with a practical procedure.
- Draw a picture if you can
- April 2008 Question 1
 - a) *Describe* the anatomy of the thoracic paravertebral space. (35%)
 - b) What are the indications for paravertebral nerve blockade? (25%)
 - c) List the complications of a paravertebral nerve block. (30%)



Applied Anatomy

• May 2007 Question 9

- a) *Describe* the anatomy of an intercostal nerve. (25%)
- b) *How* does this influence your technique of intercostal nerve blockade for a fractured rib? (35%)
- c) List the complications that may arise and explain the anatomical reasons for these complications. (30%)
- A diagram would be really useful here...



Patient Management

- April 2009 Question 1
- A 45 year-old woman is having a paravertebral block inserted prior to general anaesthesia for breast surgery.
 - a) List the possible causes of sudden collapse in this patient. (20%)
 - b) What symptoms and signs suggest local anaesthetic toxicity?(20%)
 - c) Briefly explain the pharmacological basis of severe local anaesthetic toxicity. (15%)
 - d) What is the immediate treatment of local anaesthetic toxicity? (35%)



More management questions

- Often involve emergencies or critical incidents
- March 2010 Question 12
- You are asked to review a 2 year-old child admitted to the Emergency Department with status epilepticus.
 - a) Define status epilepticus. (10%)
 - b) Outline your initial management plan to deal with this patient. (50%)
 - c) List the common causes of status epilepticus in children. (30%)



Deconstructive

- Possibly the most intellectually challenging (or interesting!)
- Suited to a structured approach such as
 - "Pre-, intra- & post-op"
 - A return to first principles
 - A systems-based approach



An example

• March 2011 Question 10

a) What are the potential benefits of an enhanced recovery ("fast-track") programme for a patient undergoing major abdominal surgery? (25%)
b) List the *preoperative (25%), intra-operative (25%) and postoperative goals (25%)* that aim to achieve "fast track" status.

• In this example the essay plan is laid out before you...



A more interesting one

- In this example it is not...
- May 2007 Question 11

a) What information is available from a thermodilution pulmonary artery catheter? (35%)

b) *How* can this information be used in the management of a critically ill, hypotensive patient following laparotomy for faecal peritonitis? (55%)

• How would *you* answer this?

