

## Report on the Short Answer Question (SAQ) paper of 22 April 2008

The SAQ paper was set on February 28<sup>th</sup> 2008. At this meeting the members of the SAQ group noted that some of the repeat questions continued to be poorly answered, and that questions relating to issues of public interest and patient safety were poorly done. Although matters relating to patient safety are not textbook knowledge, they will continue to be part of the syllabus and candidates can expect that the examiners will emphasise this important aspect of the College's work. Eleven questions were chosen. It was agreed that the question on needlestick injury would be repeated and that a question on pancreatitis, which was almost identical to a previous poorly answered question would be used. The question on Sugamadex was chosen and modified such that candidates who had not heard of this new drug could answer part but not all of the question. FRCA candidates should be aware of important developments in medicine, anaesthesia and related topics, including new drugs. Candidates sat the paper on April 22<sup>nd</sup>. The examiners met just over a week later to set the standard and to mark a number of papers together. Each group of markers mark papers from several candidates and compare the marks they have allotted to each of the candidates. They discuss each question in detail with a view to obtaining a consensus on how to mark each question. The pass marks for each question varied from 10 (Chronic Regional Pain Syndrome) to 14 (AAA, CEMACH, Paediatric fluids, Asthma and Pancreatitis). The pass mark set by the examiners at 155 was reduced statistically to 138 to allow for examiner variability and 51.74% of candidates achieved the pass mark. 10 candidates were awarded a 2+. Every question, except one, correlated strongly with outcome and three were highly correlated. The same question was least discriminatory but the other questions in this examination were overall the most discriminatory ever.

Despite the questions being printed in the answer books, a small number of candidates failed to answer all the questions. Candidates are strongly recommended to answer the questions in order, to spend no more than the allotted time on each question and to cross off the question on their question paper after they have completed the answer.

Questions: 3 (air embolus), 4 (paediatric fluid balance) and 7 (neuromuscular blocking reversal) caused the most problems to candidates whereas questions: 1 (paravertebral space), 5 (pre-oxygenation), 6 (CRPS) and 12 (pancreatitis) had high pass rates. The examiners marking question 12 thought it was too easy (last time it was badly done and, although the question was changed slightly, it was actually very little different).

Question 1 (paravertebral space) was generally well done but few candidates did a really good anatomy section. The diagrams were especially poor – examiners assumed this was due to lack of knowledge. Many candidates did not mention the ribs. They gave indications that were mainly common sense but surprisingly few mentioned the unilateral nature of the indications and the complications given were generic (toxicity, IV injection etc) with some local factors (pneumothorax etc).

In the question on reversal of neuromuscular block very few candidates could describe what happens during spontaneous reversal and candidates who made no mention of Sugammadex lost a significant proportion of marks. A surprising number of candidates described organophosphorus compounds as being used to reverse neuromuscular block and a small number even mentioned calcium.

In the question on asthma many candidates jumped immediately into an anaphylaxis protocol to treat acute severe bronchospasm and failed to mention checking of equipment (tube, circuit etc). Marks were deducted for not mentioning oxygen in the management of acute severe bronchospasm, from which position it is difficult to pass the question – justifiably.

Whilst the web sites related to the FRCA are mostly useful and enjoyable, there are occasional moments when it is disappointing to see unhelpful advice being offered. This particularly relates to generic answers and, for example, it is rarely the case that a whole 'pre, per and post op' structure would facilitate a good answer on the SAQ paper. In every single report the advice to answer the question is offered. It cannot be emphasised enough that the answer provided to the examiners is less than a page and is focused completely to the question. The examiners like to think that the guided answers contain common sense. Would anyone really give ketamine to a fractious 12 year old? Do not try to invent answers. The examiners want to see concise sensible responses to their questions, not flights of fancy or creativity in anaesthetic technique. When a patient is cancelled, one might usually record the reasons in the notes and, if and when appropriate, re-book the patient. If an examination question is set on such a subject then the examiners expect to hear that this is what the candidate would do. Similarly if the question is on the paravertebral space then writing about the intercostal space, however closely related, will not delude the marker into thinking that marks should be awarded. A résumé of the methods of assessing dehydration in a 4 year old was at no point required in this particular SAQ paper and yet many candidates spent half a page or more describing them with varying degrees of accuracy. Poor answers are either half a page or, two pages, of wholly irrelevant writing, completely missing the point. Pass answers are usually somewhere in between in length, answer the question with the most important points first and do not give the examiners the impression that the candidate has written everything he can think of in the hope that somewhere, the markers will find the right words.

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