

Report on the Short Answer Question Paper of 21 October 2008

The paper was set on 28 February 2008.

The process begins around a year in advance. Examiners are asked to submit questions and the date of Paper Setting Day, published on the examinations calendar, is the first day of the whole process of audit of the SAQ examination. It is the date when examiners scrutinise the questions they are likely to mark, although the questions have been reviewed, by the core group, at least twice by this point in the process. The examiners answer the questions themselves and endeavour to establish a description of a pass answer and a good answer. Above all, they ensure that the question is clear and that the answer guidance relates exactly to the question. Questions may be added, deleted or changed substantially after paper setting day, all of which happened with this particular exam.

Some candidates have the impression that parts of the exam are set to test the candidates' knowledge of recent guidelines or publications but the reality is that examiners expect future consultants to have an understanding of topical issues. The question on infection control, widely expected, was submitted and planned for this exam almost a year ago. The subject has a high profile and, it is for this reason, that the AAGBI published the guidelines just before the exam and, the same high profile resulted in the subject being included in this examination. It is also reasonable to expect candidates, who may be consultants in a few years, to understand the basis for using disposable and reusable equipment. It was disappointing that on this occasion, candidates did not demonstrate an understanding of the issues mentioned in this question whereas the repeated question concerning CVC care bundles was well answered.

Another topic also expected to feature in this examination was obesity, again because it is an important and topical patient management issue. Candidates are always advised not to listen to ill-informed predications on the content of any exam but to focus on ensuring they cover the syllabus in their preparation. However, the examiners, who were well aware of rumours relating to infection control and obesity, were pleased that candidates recognised the importance of these subjects. It did not however, help the candidates to pass the exam. The morbid obesity question was not well done since many candidates did not realise what 'organisational' arrangements meant - they treated this as for an individual case rather than as departmental policies etc. or, they talked specifically about bariatric surgery rather than any kind of surgery in the morbidly obese.

Only 25% of candidates passed the question on PONV. Where the question asks for a class of drugs, then the brand or generic name of a drug is not the answer. Candidates also had a worrying lack of knowledge of acute dystonic reactions associated with some anti-emetic drugs. Drugs with the potential to cause these reactions are still widely used and the recognition and management of such problems is very relevant to contemporary anaesthetic practice. In the question on the brain-stem dead patient, too many candidates included detail of brain stem testing in their answers, which was not required. Candidates are reminded to answer the question as written; no credit will be given for irrelevant information.

The question on child abuse caused a lot of difficulty in terms of answering the question, although the pass rate was satisfactory. Again, candidates are reminded that the examination also emphasises our wider responsibilities as health care professionals. Child abuse is in the syllabus and, indeed, the answer was entirely based on the appendix on this topic in the syllabus

document. Candidates and their trainers must make themselves aware of the breadth of the syllabus, because, quite apart from it being a summary of what is considered to be required to be a good practising anaesthetist at the level of FRCA, the syllabus will be covered in some part of the examination over a period of years.

The question on Grown Up Congenital Heart disease was set due to the increasing number of such patients who could easily present as an emergency to any hospital. The obstetric scenario was chosen so that the candidates had to describe what they would do and an ASD was felt to be one of the simplest conditions that might be encountered. The question had proven particularly difficult to develop and had been modified and reviewed by numerous well-known cardiac and obstetric anaesthetists over more than a year. As GUCH is an important cause of maternal morbidity and mortality in pregnancy it was legitimate to test the understanding of the principle of managing such a patient. It was disappointing that only 34% of candidates achieved the pass mark.

Although the question on sciatic nerve block was reasonably well done, following the SOEs the examiners had the impression that candidates' knowledge of anatomy was generally poor. Wherever we insert needles or tubes into patients we need to know the anatomy to ensure safe clinical practice. If, next time anyone reading this performs a practical procedure and then goes away to remind themselves of the relevant anatomy, the learning of anatomy will not seem the chore it appears to be to the majority of candidates. Questions on anatomy are always clinically orientated, although the clinical relevance may come at the beginning to guide the candidate or, at the end, as a development of the basic science knowledge.

Finally, the examiners invigilating the written papers were concerned at the increasing practice of making copious notes prior to writing in the answer book. The questions are designed to be answerable in 15 minutes comfortably and if a candidate is writing over two pages it is likely that the answer contains irrelevant material. None of the model answers used for marking purposes extends to more than an A4 page. The questions are prepared with the expectation that it will take two to three minutes to think through the question and around 12 minutes to write. The questions are divided into sections to enable the candidates to present their answers as clearly as possible without the need to duplicate their efforts and waste the time they might otherwise use to think about their answer.

Dr David Noble will take over responsibility for the SAQ paper in the New Year. I would like to thank the members of the examinations department at the College for their unending support and their enormous expertise on the whole process of examining and the related statistical analysis. It has been a great privilege to work with them.

Hazel Adams
Chairman SAQ group.