Key Feature Problem
Practice Exam B – 2023.2

Answers and Rationale Booklet

Grouping

In the marking grids, you will find some answers are “grouped”. Grouping is a tool used in the marking process to ‘group together’ similar responses and awards higher marks to the most specific response. It prevents repeated responses within the same ‘group’ from accumulating marks.

In the example below, answers B, C, and D have been placed in Group 1. Candidates will only be awarded marks for one answer given within this set. For each group set, only the most valuable answer provided contributes towards the point-score of the question. If a candidate answers B and C, they will only receive 3 marks. If a candidate answers C and D, they will only receive 2 marks.

A. Brief duration of pain, lasting a few seconds to minutes (Score:1)
B. Trigger point in the distribution of the nerve (Score:3; **Group:1**; GroupScore:3)
C. Trigger point in the distribution of pain (Score:2; **Group:1**; GroupScore:3)
D. Trigger point (area not specified) (Score:1; **Group:1**; GroupScore:3)
E. Pain triggered by chewing, cold, brushing teeth, shaving etc. (Score:2)
F. No sensory and/or motor loss in area of pain (Score:1)

Note that any additional responses provided by the candidates for the question that fall outside of this group set may score additional marks.

Zeroing

Where candidates offer a dangerous answer this may attract a zero score. A dangerous answer would include responses which place the patient at risk of imminent harm. This would result in the entire question (but not case) scoring zero marks, in recognition of the risk posed to the patient.

These questions remain correct at time of reviewing for the practice exam and at the time of use within the KFP. Please be aware guidelines are subject to change. In the real exam, questions would be adjusted accordingly during a post-examination review.

Case 1

References:

1. Government of South Australia 2019. South Australian Perinatal Practice Guidelines: Anxiety and depression in the perinatal period. Available at: https://www.sahealth.sa.gov.au/wps/wcm/connect/c7c0ccf9-b704-4411-9b47-fbf777ac0829/Anxiety+and+Depression+in+the+Perinatal+Period_PPG_v1_0.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c7c0ccf9-b704-4411-9b47-fbf777ac0829-nGzKLbc (Accessed May 2023).

2. Therapeutic Guidelines 2021. Psychotropic: Perinatal depression (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=perinatal-depression (Accessed May 2023).

3. Buist, A. Perinatal mental health: Identifying problems and managing medications. Aust Fam Physician 2014. 43(4): 182 – 185. Available at: https://www.racgp.org.au/afp/2014/april/perinatal-mental-health (Accessed May 2023).

4. Therapeutic Guidelines 2020. Sexual and Reproductive Health: Medical abortion (2020). Available at: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Sexual%20and%20Reproductive%20Health&topicfile=medical-abortion (Accessed May 2023)

Case Rationale

Candidates are presented with a female patient in the post-partum period who presents with postnatal anxiety and depression exacerbated by breastfeeding difficulties in the context of limited social supports. They are required to arrange appropriate non-pharmacological management options before being asked for the most likely diagnoses to account for ongoing vaginal bleeding and discharge after medical termination of pregnancy and the appropriate initial investigations for this presentation.

When answering questions in the Key Feature Problem exam, it is important to ensure that the case is read fully, all information is considered and that candidates read and re-read the question, and after writing their answer consider reading the question again to ensure their answer matches the actual question asked.

Question 1.1

Question Rationale

Candidates are expected to have knowledge of the available supports for a patient experiencing a postnatal mood disorder and breastfeeding concerns. Answers that attracted more marks were specific, addressed both issues and did not include pharmacological management. Answers did not need to include specific examples (eg Tresilian NSW) to gain full marks. The most common incorrect answers were non-specific (eg 'review' without a specific time-frame), harmful to her breastfeeding (eg 'give formula', 'use nipple shields' (without investigating the underlying cause of nipple pain)) or did not address what was asked in the question (eg taking further history, commencing medications).

Maximum Score: 6

Answer Keys

A. Refer to clinical psychologist for cognitive behavioural therapy or interpersonal psychotherapy OR commence GP Focused Psychological Strategies (Score: 2; Group: 1; Group Score: 2)
B. Refer to psychologist (non-specific) (Score: 1; Group: 1; Group Score: 2)
C. Liaise with or refer to child health nurse for and/or to local support services direct (eg Tresillian NSW or Torrens House SA) (Score: 2)
D. Refer to lactation consultant for optimisation of breastfeeding; management of cracked nipples (Score: 2; Group: 2; Group Score: 2)
E. Refer to Australian Breastfeeding Association helpline (Score: 2; Group: 2; Group Score: 2)
F. Refer to lactation consultant; breastfeeding nurse (Score: 2; Group: 2; Group Score: 2)
G. Inform of support from Australian Breastfeeding Association (Score: 1; Group: 2; Group Score: 2)
H. Refer to other perinatal health services (eg Helen Mayo House SA) (Score: 1)
I. Provide crisis numbers or resources (eg phone number for Lifeline, Mental Health Emergency Response Line) (Score: 1)
J. Arrange specific follow-up appointment with appropriate timing (eg one to two weeks) (Score: 1)
K. Reassure that growth progress is OK, therefore milk supply is OK too (Score: 1)
L. Get partner to help/stay home; supply carer's certificate
M. Discuss or give information on local mother's groups
N. Counselling, no detail
O. Encourage to ask for help and support from family members
P. Antidepressant medication
Q. Mental health care plan (without specific referral/reason)

R. Admission of mother/baby, breastfeeding unit
S. Decrease frequency of feeds
T. GP assessment of feeding
U. Give formula feeds, either complementary/top-up or switching
V. Use nipple shields (without appropriate assessment)
W. Nipple creams, treatments: various

Question 1.2

Question Rationale

Candidates are expected to have knowledge of the possible causes of ongoing vaginal bleeding, vaginal discharge and lower abdominal pain following medical termination of pregnancy. Answers that attracted more marks were specific and showed that candidates were familiar with the care of patients following medical termination of pregnancy. The most common incorrect answers were non-specific (eg ‘sexually transmitted infection’ without specifying the progression to endometritis) and ‘pregnancy’ (without specifying a molar pregnancy or retained products of conception) or failed to take into account the necessary investigations required before a medical termination of pregnancy (eg ‘ectopic pregnancy’ when this would have been excluded before a medical termination of pregnancy).

Maximum Score: 4

Answer Keys

A. Endometritis (Score: 2; Group: 1; Group Score: 2)
B. Pelvic inflammatory disease (Score: 2; Group: 1; Group Score: 2)
C. Infection (Score: 1; Group: 1; Group Score: 2)
D. Retained products of conception (Score: 2; Group: 2; Group Score: 2)
E. Incomplete termination of pregnancy; incomplete abortion (Score: 2; Group: 2; Group Score: 2)
F. Failure of medical termination of pregnancy (Score: 1; Group: 2; Group Score: 2)
G. Molar pregnancy (Score: 1)
H. Ectopic pregnancy
I. Pregnancy
J. Hormonal changes
K. Cervical dysplasia or cancer
L. Sexually transmitted infection
M. Normal bleeding pattern

Question 1.3

Question Rationale

Appropriate initial investigations for this presentation are outlined in the references.

Maximum Score: 4

Answer Keys

A. Antinuclear antibodies
B. Blood group and antibodies
C. Cervical screening test
D. Coagulation studies
E. CT scan abdomen
F. CT scan pelvis
G. Endocervical swab for chlamydia polymerase chain reaction (Score: 1)
H. Follicle stimulating hormone
I. Full blood count (Score: 1)
J. High vaginal swab for microscopy, culture and sensitivities (Score: 1)
K. Iron studies (Score: 1)
L. Liver function tests
M. Lupus anticoagulant
N. Luteinising hormone
O. Oestradiol
P. Progesterone
Q. Quantitative beta human chorionic gonadotrophin (Score: 1)
R. Syphilis serology
S. Thyroid function tests
T. Ultrasound scan of pelvis (Score: 2)
U. Urea and electrolytes
V. Urine for microscopy, culture and sensitivities

Case 2

References:

1. Therapeutic Guidelines 2021. Neurology: Dizziness and vertigo diagnosis. (2017). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=dizziness-and-vertigo-diagnosis (Accessed May 2023).

2. Dommaraju, S., and Perera, E. An approach to vertigo in general practice. Aust Fam Physician 2016. 45(4): 190 – 194. Available at: https://www.racgp.org.au/afp/2016/april/an-approach-to-vertigo-in-general-practice/ (Accessed May 2023).

3. Therapeutic Guidelines 2021. Neurology: Vestibular neuritis (2017). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=vestibular-neuritis#toc_d1e467 (Accessed May 2023).

4. Wade, D., Howard, A., Fletcher, S., Cooper, J., et al. Early response to psychological trauma: What GPs can do. Aust Fam Physician 2013. 42(9): 610 - 614 Available at: https://www.racgp.org.au/afp/2013/september/psychological-trauma/ (Accessed May 2023).

Case Rationale

Candidates are presented with a middle-aged female patient with a two-day history of vertigo following a mild upper respiratory tract infection. They are required to provide the most likely diagnosis and appropriate initial management actions. Finally, candidates are asked to provide advice to the patient after unfair dismissal from her workplace. It is important to note that if the clinical scenario states that ‘COVID-19 has been definitively excluded’, candidates may exclude this as an ongoing diagnosis within the case.

Question 2.1

Question Rationale

Candidates are expected to have a clear understanding of the possible causes of vertigo and be able to establish the most likely causes in this specific case presentation. Given the patient's age and the association with a mild upper respiratory tract infection, vestibular neuronitis or labyrinthitis are considered the most likely diagnoses – these terms are often used interchangeably in the literature and are thus grouped in the marking. Vestibular migraines are an important consideration in a patient with a history of undiagnosed headaches. A cerebrovascular accident, while uncommon, can present in this acute way in a younger patient and thus is an appropriate differential to consider in this question. Conversely, the continuous nature of the symptoms, including at rest, makes benign paroxysmal positional vertigo very unlikely. Additionally, the patient's age, the acute onset and the absence of tinnitus and hearing impairment makes Meniere disease very unlikely.

Maximum Score: 4

Answer Keys

A. Vestibular neuronitis; vestibulitis (Score: 2; Group: 1; Group Score: 2)
B. Labyrinthitis (Score: 2; Group: 1; Group Score: 2)
C. Vestibular migraine (Score: 1)
D. Cerebrovascular accident (Score: 1)
E. Meniere disease
F. Benign paroxysmal positional vertigo
G. Multiple sclerosis
H. Vertebral artery insufficiency
I. Psychogenic vertigo
J. Orthostatic hypotension
K. Vestibular schwannoma

Question 2.2

Question Rationale

Candidates are expected to understand the appropriate management of a patient presenting with vestibular neuronitis in the context of a recent upper respiratory tract infection, who has been vomiting for two days. Intravenous rehydration in the emergency department is appropriate given the history of vomiting and her borderline tachycardia. Additionally, the use of prochlorperazine or promethazine are appropriate as first-line treatments as they address both the nausea/vomiting centres and the vertigo. Ondansetron is an appropriate second-line treatment for nausea but does not address the vertigo. Metoclopramide is not recommended by guidelines for management of nausea and vomiting in acute vertigo. Finally, answers that attracted more marks identified the trigger of the recent upper respiratory tract infection and appropriately treated the patient with steroids to help alleviate ongoing symptoms. While diazepam has been used as a second- or third-line agent, it is not an appropriate initial medication. Antivirals have no place in treatment of vestibular neuronitis.

Maximum Score: 5

Answer Keys

A. Intravenous rehydration; fluids (Score: 2; Group: 1; Group Score: 2)
B. Oral rehydration (Score: 1; Group: 1; Group Score: 2)
C. Promethazine (Score: 2; Group: 2; Group Score: 2)
D. Prochlorperazine (Score: 2; Group: 2; Group Score: 2)
E. Ondansetron (Score: 1)
F. Steroids (Score: 1)
G. Metoclopramide
H. Diazepam
I. Any antiviral
J. Refer to hospital
K. Antibiotics
L. Brandt-Daroff exercises
M. Epley manoeuvre
N. Betahistine
O. Minimise movement of head

Question 2.3

Question Rationale

Candidates are asked to manage the patient after her unfair dismissal from her workplace. This question assesses a candidate's understanding of the management of an acute grief reaction. The temptation here is to go too far - for example, sending the patient to the emergency department, becoming involved in letters to the workplace and/or providing medication or mental health care plans where they are not currently warranted. Answers that attracted more marks included steps that were simple but are often missed - safety netting, provision of psychological support, direction to appropriate legal/representation and regular follow-up.

It is important to note that the Key Feature Problem exam can include questions from all five domains of the general practice curriculum, so candidates must be able to answer questions regarding 'organisational and legal dimensions (information technology, records, reporting, confidentiality, practice management)' and should include this in their exam preparation.

Maximum Score: 4

Answer Keys

A. Advise her to contact Fair Work Australia (Score: 1; Group: 1; Group Score: 1)
B. Recommend she get legal advice (Score: 1; Group: 1; Group Score: 1)
C. Arrange appropriate psychological therapy (Score: 1)
D. Provide her with safety numbers and contacts (Score: 1)
E. Ensure that she has social support (Score: 1)
F. Arrange appropriate follow-up within a short period of time (Score: 1)
G. Advice regarding mindfulness; self-help exercises (Score: 1)
H. Advice regarding sleep hygiene (Score: 1)
I. Follow-up (time not specified)
J. Perform a mental health care plan
K. Prescribe her medication
L. Refer her to hospital; involuntary treatment
M. Call acute mental health; psychiatrist
N. Seek advice from union
O. Centrelink assistance

Case 3

References:

1. National Heart Foundation of Australia 2016. Guidelines for the diagnosis and management of hypertension in adults. Available at: https://www.heartfoundation.org.au/getmedia/c83511ab-835a-4fcf-96f5-88d770582ddc/PRO-167_Hypertension-guideline-2016_WEB.pdf (Accessed May 2023).

2. NPS Medicinewise 2017. Measuring blood pressure. Available at: https://www.nps.org.au/professionals/blood-pressure/mesuring-blood-pressure (Accessed May 2023).

3. Therapeutic Guidelines 2018. Cardiovascular: Blood pressure reduction (2018). Available at: https://tgldcdp.tg.org.au/viewTopic?etgAccess=true&guidelinePage=Cardiovascular&topicfile=blood-pressure-reduction&guidelinename=Cardiovascular&sectionId=toc_d1e391#toc_d1e391 (Accessed May 2023)

Case Rationale

Candidates are presented with a middle-aged female patient with previously well-treated hypertension who is noted to have raised systolic and diastolic blood pressure during a consultation for repeat prescriptions. They are required to identify lifestyle factors that may be contributing to her hypertension and to identify methods to further assess blood pressure control. Finally, candidates are asked for appropriate pharmacological management of poorly controlled blood pressure.

Question 3.1

Question Rationale

Candidates are expected to have a clear understanding of lifestyle factors that can contribute to hypertension. Answers that attracted more marks were specific and identified those factors outlined in the stem, such as ‘recent stressors at work’ and ‘diet high in salt’ (which can be inferred from the consumption of take-away foods). Answers that attracted lower marks were non-specific (eg ‘stress’), included multiple answers per line (eg ‘smoking, nutrition, alcohol and physical activity’), gave answers that were not based on the key features of the case (eg ‘smoking’ when a smoking history was not given) or did not give lifestyle factors (eg ‘needs higher dose of medication’). It is important to answer the question that is asked.

Maximum Score: 4

Answer Keys

A. Recent stressors; long hours at work leading to stress (Score: 1)
B. Sedentary lifestyle; lack of exercise (Score: 1)
C. Diet high in salt (Score: 1)
D. Diet high in fat (Score: 1)
E. Poor compliance with medications
F. Inadequate sleep
G. Overweight; obesity; body mass index >30
H. Diet (non-specific)
I. Smoking
J. Sleep apnoea
K. Excessive work hours
L. Hypercholesterolaemia

Question 3.2

Question Rationale

The appropriate further investigation of poorly controlled blood pressure is outlined in the references. Ambulatory blood pressure monitoring and home blood pressure monitoring are both appropriate methods of measuring blood pressure outside the general practice to base therapeutic decisions on.

Maximum Score: 4

Answer Keys

A. Home blood pressure twice daily for seven (or more) days or similar reasonable plan (Score: 2; Group: 1; Group Score: 2)
B. Home blood pressure monitoring (insufficient or inaccurate detail) (Score: 1; Group: 1; Group Score: 2)
C. Serial surgery blood pressure readings with at least three readings over two weeks (Score: 1; Group: 2; Group Score: 1)
D. Serial chemist/pharmacy blood pressure readings with at least three readings over two weeks (Score: 1; Group: 2; Group Score: 1)
E. Arrange 24-hour ambulatory blood pressure monitor (Score: 2)
F. Check blood investigations
G. Electrocardiogram
H. Holter monitoring
I. Sit patient in quiet room and recheck blood pressure later

Question 3.3

Question Rationale

Candidates are asked for appropriate pharmacological management actions in the context of inadequately controlled hypertension as outlined in the references. Answers that attracted more marks were specific and consistent with the given references. Answers that attracted lower marks were those that listed medication names or classes without details (eg ‘add diuretic’, ‘indapamide’) or were non-specific (eg ‘titrate medication’, ‘maximise dose’).

From 2023.2 onwards there will be no drug doses required within the KFP, although candidates may still be required to provide route of administration or frequency of administration. It is also important to remember that the cessation or reduction of certain medications may be considered an appropriate pharmacological management action.

Maximum Score: 5

Answer Keys

A. Commence indapamide (Score: 1; Group: 1; Group Score: 1)
B. Commence indapamide sustained-release (Score: 1; Group: 1; Group Score: 1)
C. Commence hydrochlorothiazide (Score: 1; Group: 1; Group Score: 1)
D. Increase perindopril (Score: 2)
E. Increase amlodipine (Score: 2)
F. Commence Prazosin (Score: 1)
G. Confirm compliance with current medicines (Score: 1)
H. Commence beta blocker
I. Commence bendroflumethiazide/frusemide
J. Commence moxonidine

Case 4

References:

1. Therapeutic Guidelines 2021. Sexual and reproductive health: Erectile dysfunction.(2020). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=erectile-dysfunction (Accessed May 2023).

2. Shoshany, O., Katz, D. J., and Love, C. Much more than prescribing a pill: Assessment and treatment of erectile dysfunction by the general practitioner. Aust Fam Physician 2017. 46(9): 634 – 639. Available at: https://www.racgp.org.au/afp/2017/september/much-more-than-prescribing-a-pill/ (Accessed May 2023).

3. Andrology Australia 2018. Healthy male: Erectile dysfunction. Available at: https://www.healthymale.org.au/files/inline-files/Erectile%20Dysfunction_CSG_Healthy%20Male%202021.pdf (Accessed May 2023).

4. Nicol, A., and Chung, E. Male sexual dysfunction. Aust J Gen Prac 2023. 52(1-2):41-45. Available at: https://www1.racgp.org.au/ajgp/2023/january-february/male-sexual-dysfunction (Accessed May 2023)

Case Rationale

Candidates are presented with a young male patient with erectile dysfunction. They are asked to identify further examination features to assess, to arrange appropriate initial investigations and to provide appropriate non-pharmacological management advice.

Question 4.1

Question Rationale

Candidates are expected to have a thorough understanding of the relevant examination features to seek as part of the initial assessment of erectile dysfunction. Answers that attracted more marks were specific and relevant to the underlying diagnosis and were not already outlined in the stem. Answers that attracted lower marks were non-specific (eg 'general health') or were already outlined in the stem (eg 'hypertension', 'obesity') and were therefore not considered additional examination findings.

Maximum Score: 3

Answer Keys

A. Penile plaques (Score: 1)
B. Small testicular size; low testicular volume (Score: 1)
C. Lack of secondary sexual characteristics (eg any mention of lack of hair) (Score: 1)
D. Weak peripheral pulses (Score: 1)
E. Enlarged prostate (Score: 1)
F. Lower limb neurological deficits (eg anal tone, reflexes) (Score: 1)
G. Penile sensation (Score: 1)
H. Breast enlargement; gynaecomastia (Score: 1)
I. Testicular size or volume - not specified as low
J. Obesity
K. Hypertension

Question 4.2

Question Rationale

The appropriate initial investigations to be performed in a patient presenting with erectile dysfunction are outlined in the references. Initial evaluation of cardiometabolic factors is recommended in men with erectile dysfunction.

Maximum Score: 10

Answers Keys

A. Adrenocorticotrophic hormone
B. Anti-Mullerian hormone
C. Antinuclear antibodies
D. C-reactive protein
E. Cortisol level
F. Erythrocyte sedimentation rate
G. Extended nuclear antigen panel
H. Fasting blood glucose (Score: 2)
I. Follicle stimulating hormone (Score: 2)
J. Full blood count
K. Lipid profile (Score: 2)
L. Liver function tests (Score: 2)
M. Luteinising hormone (Score: 2)
N. Morning testosterone (Score: 2)
O. Oestradiol (Score: 1)
P. Prolactin (Score: 1)
Q. Thyroid function tests (Score: 1)
R. Ultrasound scan of scrotum
S. Ultrasound scan of kidneys, ureters and bladder
T. Urea and electrolytes

Question 4.3

Question Rationale

Candidates are expected to be aware of appropriate, evidence-based, specific non-pharmacological management advice for patients with erectile dysfunction. Answers that attracted more marks were specific, evidence-based and non-pharmacological. Answers that attracted lower marks were non-specific (eg ‘healthy lifestyle’), did not take into account the key features of the case (eg ‘stop smoking’, ‘reduce alcohol intake’ in a patient who neither smokes nor drinks alcohol) or were not evidence-based (eg ‘practice self-masturbation’).

When answering questions in the Key Feature Problem exam, it is important to be as specific as possible and to answer each question as if in clinical practice – it would be inappropriate to provide generic advice, such as ‘educate’, ‘medication’, ‘diet’, ‘exercise’, without providing more detail – as a result, these answers do not attract marks. Candidates need to expand on these answers and demonstrate that they know what specific education, medications or dietary and exercise advice is both specific and appropriate to the clinical scenario.

Maximum Score: 3

Answer Keys

A. Increase exercise (Score: 1)
B. Psychosexual counselling +/- refer him to a psychologist; psychotherapist; sex therapist (Score: 1)
C. Appropriate dietary advice (+/- Mediterranean diet) (Score: 1)
D. Referral to physiotherapist for pelvic floor exercises (Score: 1)
E. Consideration of penile pump use (Score: 1)
F. Shared decision making/couple therapy (Score: 1)
G. Lose weight
H. Reduce consumption of alcohol
I. Stress management
J. Cease smoking
K. Practise self-masturbation regularly

Case 5

References:

1. Therapeutic Guidelines 2021. Psychotropic: Bipolar disorder (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=overview-bipolar-disorder (Accessed May 2023).

2. Avant Mutual 2015. Substance abuse and the medical profession. Available at: https://www.avant.org.au/member-benefits/doctors-health-and-wellbeing/your-health/physical-and-mental-wellbeing/substance-abuse-and-the-medical-profession/ (Accessed May 2023).

3. Hulse, G., Sim, MG., Kong, E. Management of the impaired doctor. Aust Fam Physician 2004. 33(9): 703 – 707. Available at: https://www.racgp.org.au/afpbackissues/2004/200409/20040901hulse.pdf (Accessed May 2023).

Case Rationale

Candidates are presented with a female patient with symptoms of depression following a recent past history of manic symptoms. They are asked to take further history to define her diagnosis and to provide the most likely diagnosis for her presentation. Finally, candidates are asked to manage the patient's report that her doctor daughter is abusing alcohol.

Question 5.1

Question Rationale

Candidates are expected to be able to take a comprehensive, though targeted, mental health history. Answers that attracted more marks were specific and concentrated on the appropriate elements of the mental state examination, including a risk assessment and helped to include or exclude features that many change the diagnosis from a mood disorder to a psychotic or substance use disorder. Answers that attracted lower marks were non-specific (eg ‘general health’) or did not help to further define the underlying diagnosis (eg ‘sleep habits’).

Maximum Score: 4

Answer Keys

A. Hallucinations (auditory/visual) (Score: 1)
B. Family history of mental disorder (Score: 1)
C. Illicit drug use (Score: 1)
D. Delusion: any unshakable belief in something that is not based on reality (Score: 1)
E. Ideas of reference: grandiosity, paranoia, thought broadcasting, thought insertion, etc. (Score: 1)
F. Negative symptoms of schizophrenia (except catatonia) (Score: 1)
G. Catatonia (Score: 1)
H. Impact on relationships; impairment of social functioning (Score: 1)
I. Lack of insight (Score: 1)
J. Abnormal movements; frozen movements (Score: 1)
K. Suicidal ideation; self-harm (Score: 1)
L. Disorganised speech
M. Symptoms of anxiety
N. Symptoms of depression
O. Excessive alcohol use
P. Overuse of tapentadol
Q. Herbal, alternative, over-the-counter medicine preparations
R. Trauma history
S. History of treatment for postnatal depression
T. Appetite; eating habits
U. Sleep patterns
V. Spending habits
W. Change in medications
X. Risk-taking behaviours

Question 5.2

Question Rationale

Candidates were asked to provide the most likely differential diagnoses to account for the patient's presentation. Answers that attracted more marks were specific and took into account the information provided in the stem. Answers that attracted lower marks were non-specific (eg 'stress') and did not take into account the information provided (eg 'hypothyroidism', 'attention deficit hyperactivity disorder').

When answering questions in the Key Feature Problem exam, it is important to ensure answers are in the context of the presented patient and all of the information provided. The Key Feature Problem exam is not a short-answer exam where candidates provide all possible differential diagnoses or tests for a particular presentation - candidates need to ensure their answers are focused and address the 'key features' of the presented patient and question.

Maximum Score: 4

Answer Keys

A. Bipolar affective disorder; bipolar disorder (any type 1 or type 2) (Score: 2; Group: 1; Group Score: 2)
B. Bipolar depression (Score: 2; Group: 1; Group Score: 2)
C. Major depression (Score: 2)
D. Depression (Score: 1)
E. Cyclothymia (Score: 1)
F. Schizoaffective disorder (Score: 1)
G. Drug-induced psychosis
H. Depression with psychosis
I. Anxiety
J. Acute mania
K. Psychosis; psychotic disorder; schizophrenia
L. Stress
M. Chronic pain
N. Tapentadol side effect
O. Psychosomatic; somatoform disorder
P. Adult attention deficit hyperactivity disorder
Q. Hypothyroidism

Question 5.3

Question Rationale

Candidates are asked to manage the patient's report that her doctor daughter is abusing alcohol. Answers that attracted more marks were those that identified that the patient's daughter should seek her own general practitioner to manage her care, recognised their potential medicolegal obligation and were able to offer some options for support. Answers that attracted less marks did not respect confidentiality (eg 'call police', 'call Sam's supervisor') or jumped to making a report to the Australian Health Practitioner Regulation Agency before confirming the information reported.

Maximum Score: 3

Answer Keys

A. Assess whether Sam is affected by alcohol at work +/- whether you are required by law to report her to the Australian Health Practitioner Regulation Agency (state dependent) (Score: 1)
B. Sam should find a general practitioner to help her (Score: 1)
C. Advise that Sam should make an appointment to see you (Score: 1)
D. Provide contact details for appropriate drug and alcohol support services (Score: 1)
E. Provide contact details for Doctor's Health Advisory Services for anonymous help (Score: 1)
F. Advise that you will need to seek advice from your own medical indemnity organisation (Score: 1)
G. Submit notification to the Australian Health Practitioner Regulation Agency
H. Ask reception to make an appointment for Sam to attend for follow-up
I. Call Sam to discuss your concerns
J. Report to police
K. Report to Healthcare Complaints Commission (or state equivalent)
L. Discuss your concerns with Sam's hospital supervisor/employer

Case 6

References:

1. Therapeutic Guidelines 2021. Pain and analgesia: Complex regional pain syndrome. (2020). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=complex-regional-pain-syndrome (Accessed May 2023).

2. Palmer, G. Complex regional pain syndrome. Aust Prescr 2015. 38(3): 82 – 86. Available at: https://www.nps.org.au/australian-prescriber/articles/complex-regional-pain-syndrome (Accessed May 2023).

3. Government of Western Australia 2013. Diagnostic imaging pathways: Osteomyelitis (suspected acute). Available at: http://www.imagingpathways.health.wa.gov.au/index.php/imaging-pathways/musculoskeletal-trauma/musculoskeletal/suspected-acute-osteomyelitis (Accessed May 2023).

Case Rationale

Candidates are presented with a male patient who has ongoing pain eight weeks after a traumatic injury, consistent with complex regional pain syndrome. They are asked to arrange appropriate investigations to establish the most likely diagnosis, provide the most likely diagnosis and then organise appropriate pharmacological management.

Question 6.1

Question Rationale

Appropriate investigations are outlined in the references and are used to exclude possible dangerous causes for the pain, including non-union, osteomyelitis, septic arthritis and deep venous thrombosis.

Maximum Score: 5

Answer Keys

A. Ankle brachial pressure index
B. Antinuclear antibodies
C. Arterial Doppler of right leg
D. Blood for microscopy, culture and sensitivities (Score: 1)
E. Bone scintigraphy (Score: 1)
F. C-reactive protein
G. Cancer antigen 125
H. Cancer antigen 19.9
I. Complement C3 and C4
J. CT scan right ankle (Score: 1)
K. CT scan right knee
L. D-dimer
M. Double stranded deoxyribonucleic acid
N. Extractable nuclear antigens
O. Full blood count (Score: 1)
P. Liver function tests
Q. Parathyroid hormone
R. Rheumatoid factor
S. Serum corrected calcium
T. Serum electrophoresis
U. Thyroid function tests
V. Ultrasound scan of right ankle
W. Venous Doppler of right leg (Score: 1)
X. Vitamin B12
Y. X-ray right ankle (Score: 1)
Z. X-ray right hip
AA. X-ray right knee

Question 6.2

Question Rationale

Candidates are asked to provide the most likely diagnosis, given that the investigations in Question 1 were found to be normal. Answers that attracted more marks were specific and recognised complex regional pain syndrome as the most likely diagnosis. Answers that attracted lower marks did not recognise that many of the diagnoses had been excluded by normal investigations (eg ‘deep venous thrombosis’, ‘osteomyelitis’, ‘fracture’) or blamed the patient’s symptoms on psychological causes.

Maximum Score: 3

Answer Keys

A. Complex regional pain syndrome; reflex sympathetic dystrophy; Sudeck atrophy; osteodystrophy (Score: 3)
B. Neuropathic pain syndrome (Score: 1)
C. Chronic pain
D. Osteomyelitis
E. Anxiety; depression; adjustment; any appropriate mood disorder
F. Psychosomatic disorder
G. Somatisation disorder
H. Bone malunion
I. Malingering
J. Deep vein thrombosis
K. Periprosthetic fracture
L. Gout
M. Postoperative pain
N. Analgesia addiction
O. Postoperative infection; cellulitis

Question 6.3

Question Rationale

Candidates are asked for the appropriate pharmacological management of complex regional pain syndrome in this patient. Answers that attracted more marks were those that recognised that opiate use is inappropriate and sought to reduce or wean the oxycodone, in addition to commencing specific medications that have evidence for use in complex regional pain syndrome. Answers that attracted lower marks used increased doses of medications the patient was already using (eg ‘change paracetamol to extended-release’, ‘increase dose of anti-inflammatory’, ‘increase oxycodone dose’) or provided non-pharmacological options (eg ‘refer to physiotherapist’, ‘refer to psychologist’). It is important to answer the question that has been asked as specifically as possible.

Maximum Score: 5

Answer Keys

A. Reduce opioid dose/wean opioid; change to as-needed dosing (Score: 2)
B. Commence serotonin noradrenaline reuptake inhibitor (eg duloxetine) (Score: 1)
C. Commence tricyclic antidepressant (eg nortriptyline; amitriptyline) (Score: 1)
D. Commence gabapentinoid (eg gabapentin; pregabalin) (Score: 1)
E. Commence corticosteroids (Score: 1)
F. Commence anti-epileptic drug (eg topiramate) (Score: 1)
G. Topical lignocaine (Score: 1)
H. Increase opioid dose (Zero: 1)
I. Commence tramadol; tapentadol
J. Change paracetamol to extended release
K. Increase/reduce paracetamol dose
L. Increase/reduce non-steroidal anti-inflammatory drug (eg meloxicam) dose
M. Any topical therapy (eg diclofenac; capsaicin)
N. Commence antibiotic
O. Cease oxycodone (no weaning or qualification) (Zero: 1)
P. Prescribe paracetamol
Q. Commence antihypertensive
R. Commence proton pump inhibitor
S. Ketamine infusion

Case 7

References:

1. Therapeutic Guidelines 2021. Sexual and reproductive health: Amenorrhoea. (2020). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=amenorrhoea&guidelineName=Sexual%20and%20Reproductive%20Health&topicNavigation=navigateTopic (Accessed May 2023).

2. Therapeutic Guidelines 2021. Antibiotic: Chalazion (meibomian cyst) and hordeolum (stye). (2019). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=chalazion-hordeolum (Accessed May 2023).

Case Rationale

Candidates are presented with a young female patient with a six-month history of secondary amenorrhoea, loss of libido and vaginal dryness. They are asked to provide the most likely differential diagnoses for her presentation and arrange appropriate initial investigations. Finally, candidates are asked to provide the most likely diagnosis for a slow-growing lump on the patient's lower eyelid.

Question 7.1

Question Rationale

Candidates are expected to be familiar with the possible causes of secondary amenorrhoea. Answers that attracted more marks were specific and had one answer on each line. Answers that attracted lower marks were non-specific (eg ‘menopause’ without specifying early or premature) or did not take into account the information provided in the stem (eg ‘oral contraceptive use’ when we have been told the patient does not take any medication).

Maximum Score: 5

Answer Keys

A. Depression and/or anxiety disorder (Score: 1; Group: 1; Group Score: 1)
B. Stress (Score: 1; Group: 1; Group Score: 1)
C. Excessive exercise (Score: 1)
D. Hyperprolactinaemia (macro/micro); pituitary tumour, adenoma, prolactinoma (Score: 1)
E. Pregnancy (Score: 1)
F. Primary ovarian failure/premature menopause (Score: 1)
G. Hypo/hyperthyroidism; thyroid dysfunction (Score: 1)
H. Polycystic ovarian syndrome
I. Eating disorder
J. Caloric restriction (not specifying eating disorder)
K. Diabetes
L. Contraceptive/medication side effect

Question 7.2

Question Rationale

Appropriate initial investigations for secondary amenorrhoea are outlined in the references. These investigate the most likely causes of secondary amenorrhoea given the patient scenario.

When answering questions in the Key Feature Problem exam, it is important that investigations are chosen rationally and are appropriate to the question. In this case, candidates commonly selected tests that form part of batch or baseline testing, such as full blood count, urea and electrolytes, liver function tests and urine for microscopy, culture and sensitivities. These did not attract marks as they do not provide any insight into a candidate's knowledge of secondary amenorrhoea.

Maximum Score: 6

Answer Keys

A. C-reactive protein
B. Cervical screening test
C. Cortisol
D. Erythrocyte sedimentation rate
E. Fasting blood glucose level
F. Follicle stimulating hormone (Score: 1)
G. Free androgen index
H. Full blood count
I. Liver function tests
J. Luteinising hormone (Score: 1)
K. Oestradiol (Score: 1)
L. Progesterone
M. Prolactin (Score: 1)
N. Testosterone
O. Thyroid function tests (Score: 1)
P. Ultrasound scan of pelvis (Score: 1)
Q. Urea and electrolytes
R. Urine beta human chorionic gonadotrophin (Score: 2)
S. Urine for chlamydia polymerase chain reaction
T. Urine for gonorrhoea polymerase chain reaction
U. X-ray abdomen

Question 7.3

Question Rationale

Candidates are asked for the most likely diagnosis to account for the slow-growing lesion on the patient's lower eyelid shown in the image. The answer that attracted the most marks was specific and identified the spot diagnosis of chalazion shown. Answers that attracted lower marks were non-specific (eg 'growth') or did not take into account the given history of slow growth or the clinical features seen in the image (eg 'skin cancer', 'abscess').

Maximum Score: 2

Answer Keys

A. Chalazion; meibomian cyst; tarsal cyst (Score: 2)
B. Stye; hordeolum
C. Cyst; abscess
D. Squamous cell carcinoma; basal cell carcinoma
E. Melanoma
F. Ocular cancer

Case 8

References:

1. Cancer Council Australia 2021. Clinical Guidelines Network: Clinical practice guidelines for the diagnosis and management of melanoma. Available at: https://wiki.cancer.org.au/australia/Guidelines:Melanoma (Accessed May 2023).

2. Therapeutic Guidelines 2021. Palliative care: Pain management in palliative care – Additional treatments for pain associated with cancer (2020). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=palliative-care-pain-management#toc_d1e377 (Accessed May 2023).

3. Therapeutic Guidelines 2021. Palliative care: Advance care planning (2016). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=advance-care-planning (Accessed May 2023).

Case Rationale

Candidates are presented with an elderly male patient with inguinal lymphadenopathy following the removal of a melanoma from his right leg and are asked to arrange appropriate investigations. The patient then presents with symptoms consistent with hypercalcaemia secondary to bony metastases and candidates are asked for appropriate pharmacological management of his pain. Finally, candidates are asked to provide appropriate advice to the patient to enable him to plan ahead, should he lose decision-making capacity in the future.

Question 8.1

Question Rationale

Candidates are expected to recognise that the new inguinal lymphadenopathy is likely to represent the local metastasis of the recently removed melanoma shown in the clinical image. The references outline the appropriate initial investigations for suspected metastatic melanoma.

Maximum Score: 8

Answer Keys

A. Antinuclear antibodies
B. Bone scintigraphy
C. C-reactive protein
D. CT scan abdomen (Score: 2)
E. CT scan brain (Score: 2)
F. CT scan chest (Score: 2)
G. Erythrocyte sedimentation rate
H. Excision biopsy of lymph node (Score: 2)
I. Fine needle aspiration of lymph node
J. Full blood count
K. Liver function tests
L. Prostate specific antigen
M. Ultrasound scan of abdomen
N. Ultrasound scan of lymph node
O. Urea and electrolytes
P. X-ray chest

Question 8.2

Question Rationale

Candidates are expected to recognise the patient's subsequent presentation with symptoms consistent with hypercalcaemia secondary to bony metastases to provide appropriate pharmacological management of his pain. Answers that attracted more marks addressed many types of analgesia in addition to managing the presenting symptom of constipation. Answers that attracted lower marks did not answer the question and offered further investigations (eg 'arrange X-ray of spine'), non-pharmacological actions (eg 'refer to oncologist') or only focused on the use of opiates (eg by listing many different types of opiates).

Maximum Score: 4

Answer Keys

A. Paracetamol (Score: 1)
B. Non-steroidal anti-inflammatory medication (any suitable example) (Score: 1)
C. Bisphosphonate therapy (any suitable example) (Score: 1)
D. Glucocorticoid therapy; dexamethasone (Score: 1)
E. Appropriate opiate analgesia (eg change; increase dose) (Score: 1)
F. Stool softening agents (Score: 1)
G. Tramadol; codeine
H. Neuropathic analgesia (eg pregabalin, gabapentin)
I. Nerve block
J. Steroid injection +/- referral for same

Question 8.3

Question Rationale

Finally, candidates are asked to provide advice about planning ahead for a possible future loss of decision-making capacity. Answers that attracted more marks were specific to the question asked (eg ‘arrange advance care directive’, ‘appoint Medical Enduring Guardian’). Answers that attracted lower marks were non-specific (eg ‘write a will’) or did not address the question asked (eg ‘refer to Palliative Care’).

It is important to note that the Key Feature Problem exam can include questions from all five domains of the general practice curriculum, so candidates must be able to answer questions regarding ‘communication skills and the patient-doctor relationship (communication skills, patient centredness, health promotion, whole person care)’ and ‘organisational and legal dimensions (information technology, records, reporting, confidentiality, practice management)’ and should include this in their exam preparation.

Maximum Score: 2

Answer Keys

A. Prepare an advance health directive; advance care plan; living will (Score: 1)
B. Appoint a Medical Enduring Power of Attorney; Medical Power of Attorney (State variations acceptable) (Score: 1)
C. Appoint an Enduring Guardian; Medical guardianship (State variations acceptable) (Score: 1)
D. Guardianship (unspecified)
E. Power of attorney (unspecified)
F. Refer to palliative care; specialist
G. Not for resuscitation/Do not resuscitate order
H. Will (unspecified)

Case 9

References:

1. The Royal Australian College of General Practitioners 2014. Abuse and violence: Working with our patients in general practice (White Book), 4th edn. Available at: www.racgp.org.au/whitebook (Accessed May 2023).

2. The Royal Australian College of General Practitioners 2018. Abuse and Violence. Check. Available at: https://gplearning.racgp.org.au/Content/1719/check/2018/JanFeb.pdf (Accessed May 2023).

3. Gastroenterological Society of Australia 2022. Australian recommendations for the management of hepatitis C virus infection: A consensus statement – Pre-treatment assessment. Available at: http://www.hepcguidelines.org.au/pre-treatment-assessment/ (Accessed May 2023).

4. Therapeutic Guidelines March 2022. Liver disorders: Hepatitis C (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=hepatitis-c (Accessed May 2023).

Case Rationale

Candidates are presented with a young female patient presenting after sexual assault in the context of recent imprisonment, homelessness and previous intravenous drug use. They are asked for appropriate immediate management and then to arrange appropriate investigations before commencing general practice treatment of hepatitis C.

Question 9.1

Question Rationale

Candidates are expected to recognise the multiple immediate priorities for the care of a patient who is at high risk of being lost to follow-up. Answers that attracted more marks addressed the sexual assault, the need for emergency contraception, the risk of sexually transmitted infections, including human immunodeficiency virus, safe drug and alcohol use, her current homelessness and the potential mental health implications of these issues. Answers that attracted less marks focused only on the sexual assault and did not take into account the patient's desire not to have further examinations or the involvement of the police.

Maximum Score: 9

Answer Keys

A. Offer referral; contact details to sexual assault referral centre (or state equivalent) (Score: 3; Group: 1; Group Score: 3)
B. Refer to emergency department for forensic examination (Score: 1; Group: 1; Group Score: 3)
C. Offer levonorgestrel (Score: 2; Group: 2; Group Score: 2)
D. Offer ulipristal (Score: 2; Group: 2; Group Score: 2)
E. Offer insertion of intrauterine copper device (Score: 1; Group: 2; Group Score: 2)
F. Offer morning after pill (Score: 1; Group: 2; Group Score: 2)
G. Refer to sexual assault community support group or counsellor (Score: 2)
H. Offer empirical sexually transmitted infection treatment (with appropriate example) (Score: 2)
I. Undertake sexually transmitted infection investigation screen (Score: 1)
J. Offer human immunodeficiency virus post-exposure prophylaxis (Score: 1)
K. Education regarding safe needle use (Score: 1)
L. Offer referral to drug and alcohol service (Score: 1)
M. Undertake mental health assessment and/or suicide risk assessment (Score: 1)
N. Offer referral to homeless support services (Score: 1)
O. Arrange follow-up
P. Motivational interviewing for drug cessation
Q. Undertake per vaginal/physical exam
R. Order any scans
S. Refer to police
T. Refer to psychologist
U. Offer future contraception
V. Urine pregnancy test
W. Offer emergency contraception: non-specific

Question 9.2

Appropriate investigations before commencing hepatitis C treatment in the general practice setting are outlined in the references.

When answering questions in the Key Feature Problem exam, it is important to be as specific as possible. Non-specific answers such as “advise’, ‘reassure’, ‘educate’ or ‘review’, do not score marks. These answers offer no insight into a candidate’s ability to manage a situation. If they are more specific, such as offering the patient an appropriately timed review, then they may be considered an acceptable answer.

Maximum Score: 5

Answer Keys

A. C-reactive protein
B. Coagulation studies (Score: 1)
C. CT scan abdomen
D. Faecal occult blood test
E. Fibroscan of liver (Score: 1)
F. Full blood count
G. Hepatitis A serology (Score: 1)
H. Hepatitis B serology (Score: 1)
I. Hepatitis C genotype (Score: 1)
J. Hepatitis C serology
K. Hepatitis C viral load (Score: 1)
L. Human immunodeficiency virus serology (Score: 1)
M. Iron studies
N. Liver function tests (Score: 1)
O. Serum beta human chorionic gonadotrophin
P. Syphilis serology
Q. Thyroid function tests
R. Ultrasound scan of abdomen
S. Urea and electrolytes
T. Urine albumin:creatinine ratio
U. Urine for microscopy, culture and sensitivities
V. X-ray abdomen

Case 10

References:

1. Therapeutic Guidelines 2021. Bone and metabolism: Adrenal insufficiency (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=adrenal-insufficiency (Accessed May 2023).

2. The Royal College of Pathologists Australasia. RCPA Manual: Clinical problems – Adrenocortical insufficiency. Available at: https://www.rcpa.edu.au/Manuals/RCPA-Manual/Clinical-Problems/A/Adrenocortical-insufficiency (Accessed May 2023).

Case Rationale

Candidates are presented with a young female patient who presents with the vague and insidious symptoms of weakness, fatigue, loss of appetite, weight loss and desire for saltier foods, consistent with an underlying diagnosis of adrenal insufficiency (Addison's disease). They are asked which investigations would help to confirm the most likely diagnosis and then to provide non-pharmacological management of the patient. Finally, candidates are asked for the appropriate management of an adrenal (Addisonian) crisis.

Question 10.1

Question Rationale

The appropriate investigations to confirm a diagnosis of adrenal insufficiency (Addison's disease) are outlined in the references.

Maximum Score: 4

Answer Keys

A. Adrenocorticotropic hormone (Score: 1)
B. Anti-nuclear antibodies
C. Blood glucose level (Score: 1)
D. C-reactive protein
E. Coeliac serology
F. Cortisol (Score: 1)
G. Erythrocyte sedimentation rate
H. Follicle stimulating hormone
I. Full blood count
J. Iron studies
K. Liver function tests
L. Parathyroid hormone
M. Progesterone
N. Rheumatoid factor
O. Serum beta human chorionic gonadotropin
P. Serum calcium
Q. Thyroid stimulating hormone
R. Urea and electrolytes (Score: 1)
S. Vitamin B1
T. Vitamin B12
U. Vitamin D

Question 10.2

Question Rationale

Candidates are asked for the appropriate non-pharmacological management of a patient with a new diagnosis of adrenal insufficiency. They are expected to recognise the need for urgent referral to an endocrinologist and to educate the patient regarding sick day and emergency management. Answers that attracted more marks were specific and non-pharmacological as requested. Answers that attracted lower marks missed the underlying diagnosis, only focused on the need for onward referral or included further investigations or pharmacological management.

When answering questions in the Key Feature Problem exam, it is important to be as specific as possible and to answer each question as if in clinical practice – it would be inappropriate to provide generic advice, such as ‘educate’, ‘medication’, ‘diet’, ‘exercise’, without providing more detail – as a result, these answers do not attract marks. Candidates need to expand on these answers and demonstrate that they know what specific education, medications or dietary and exercise advice is both specific and appropriate to the clinical scenario.

Maximum Score: 5

Answer Keys

A. Urgent referral to endocrinologist (Score: 2; Group: 1; Group Score: 2)
B. Referral to endocrinologist, urgency not specified (Score: 1; Group: 1; Group Score: 2)
C. Urgent referral to hospital and/or emergency department (Score: 1; Group: 1; Group Score: 2)
D. Discuss/arrange sick day management plan (Score: 1)
E. Discuss/arrange emergency management plan (Score: 1)
F. Discuss/advise medic alert bracelet (Score: 1)
G. Assess baseline fracture risk; arrange bone mineral density scan (Score: 1)
H. Referral, urgency not specified
I. Any other investigation
J. Any pharmacological management

Question 10.3

Question Rationale

Candidates are asked for the emergency management of an adrenal (Addisonian) crisis. Answers that attracted more marks recognised the urgency of the situation and the need for tertiary hospital management in addition to commencing appropriate initial pharmacological management. Answers that attracted lower marks did not recognise this as the presentation of an adrenal (Addisonian) crisis and thus focused only on the airway, breathing, circulation (ABC) approach to any emergency presentation.

Maximum Score: 8

Answer Keys

A. Urgent transfer to emergency department via ambulance (Score: 2)
B. Seek urgent advice from endocrinologist (Score: 2)
C. Intravenous or intramuscular hydrocortisone (Score: 2; Group: 1; Group Score: 2)
D. Hydrocortisone; no route specified (Score: 1; Group: 1; Group Score: 2)
E. Intravenous fluid resuscitation 10–20 mL/kg normal saline initial bolus (Score: 2; Group: 2; Group Score: 2)
F. Intravenous fluid resuscitation (not specified) (Score: 1; Group: 2; Group Score: 2)
G. Intravenous access (Score: 1)
H. Obtain blood glucose level (Score: 1)
I. Electrocardiogram/cardiac monitoring (Score: 1)
J. Other blood tests (if it will delay treatment/transfer)
K. Antibiotics
L. Viral swab
M. X-ray chest

Case 11

References:

1. Therapeutic Guidelines 2021. Cardiovascular: Stable angina (2018). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=stable-angina (Accessed May 2023).

2. Therapeutic Guidelines 2021. Psychotropic: Major depression (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=major-depression (Accessed May 2023).

3. Australian Government 2023. Department of Health: National Immunisation Program Schedule. Available at: https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule#national-immunisation-program-schedule-from-1-july-2020 (Accessed May 2023).

Case Rationale

Candidates are presented with an elderly male patient with a history of stable angina. They are asked to provide appropriate pharmacological management actions in additional to non-pharmacological management actions when he struggles to cope in his own home. Finally, candidates are asked to recommend appropriate immunisations for the patient.

Question 11.1

Question Rationale

Candidates are expected to recommend the classic presentation of stable angina in a patient with known ischaemic heart disease and to provide appropriate pharmacological management actions for this diagnosis. Answers that attracted more marks recognised and treated the underlying condition and included specific medication names (as was requested). Answers that attracted lower marks were non-pharmacological (eg 'refer to cardiologist'), non-specific (eg 'optimise medical management') or did not recognise the underlying cause of the patient's pain (eg 'commence paracetamol').

Maximum Score: 6

Answer Keys

A. Commence long-acting nitrate (eg glyceryl trinitrate patch) (Score: 2; Group: 1; Group Score: 2)
B. Commence long-acting oral isosorbide mononitrate (Score: 2; Group: 1; Group Score: 2)
C. Commence dihydropyridine calcium channel blocker (eg amlodipine or nifedipine) (Score: 2)
D. Increase metoprolol dose (Score: 2)
E. Commence nicorandil (Score: 2)
F. Replace beta blocker with verapamil or diltiazem (Score: 1)
G. Commence non-dihydropyridine calcium channel blocker (eg verapamil or diltiazem) (Zero: 1)
H. Refer for angioplasty
I. Change short acting glyceryl trinitrate to sublingual tablet
J. Ask him to use his glyceryl trinitrate more often
K. Any non-pharmacological steps
L. Cease, reduce or maintain metoprolol dose
M. Cease aspirin
N. Angiotensin converting enzyme inhibitor
O. Statin: various
P. Proton pump inhibitor: various
Q. Paracetamol (Zero: 1)
R. Medication changes related to chronic obstructive pulmonary disease (eg salbutamol)
S. Perhexiline

Question 11.2

Question Rationale

Candidates are then expected to arrange appropriate non-pharmacological management for a patient with depression in the context of chronic illness. Answers that attracted more marks addressed many aspects of the patient's presentation and included both psychological, lifestyle and home support options. Answers that attracted lower marks were non-specific (eg 'supportive counselling') or only focused on one aspect of the presentation (eg 'commence medication for depression', 'advise him to move house').

Maximum Score: 3

Answer Keys

A. Referral to psychologist for counselling; cognitive behavioural therapy (Score: 1)
B. General practitioner counselling; cognitive-behavioural therapy (Score: 1)
C. Referral to aged care services; Aged Care Assessment Team assessment; My Aged Care services for home support packages (Score: 1)
D. Referral to cardiac rehabilitation programs (Score: 1)
E. Encourage moderate-intensity exercise 30 min daily (Score: 1; Group: 1; Group Score: 1)
F. Referral to exercise program; exercise physiologist (Score: 1; Group: 1; Group Score: 1)
G. Encourage increased social contact (eg Men's Shed, U3A, volunteer work, online resources) (Score: 1)
H. Refer to another appropriate professional (Score: 1)
I. Meals on wheels (Score: 1)
J. Application for taxi subsidy scheme
K. Any medication prescribed
L. Referral to dietitian
M. Other referrals (no details)
N. Move to smaller home/garden

Question 11.3

Question Rationale

Appropriate immunisations for this patient are as per the Australian National Immunisation Program.

Maximum Score: 3

Answer Keys

A. Annual influenza vaccine (Score: 1)
B. DTPa; Boostrix vaccine (Score: 1)
C. Varicella zoster vaccine (Score: 1)
D. COVID-19 vaccine (Score: 1)
E. Pneumococcal 13 valent (Score: 1)
F. Pneumococcal 23 valent or unspecified vaccine
G. ADT (tetanus and diphtheria only)
H. Measles, mumps and rubella

Case 12

References:

1. NSW STI Programs Unit: Clinical management tools and resources – Differential diagnosis, common causes of lower abdominal pain in women of reproductive age. Available at: https://stipu.nsw.gov.au/wp-content/uploads/GP_Differential-diagnoses_V1.pdf (Accessed May 2023).

2. Australian Sexual Health Alliance 2018. Australian STI management guidelines for use in primary care: Syndromes – Vaginal discharge. Available at: http://www.sti.guidelines.org.au/syndromes/vaginal-discharge (Accessed May 2023).

3. Electronic Therapeutic Guidelines 2021. Antibiotic: Pelvic inflammatory disease and postprocedural pelvic infection. (2019). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=pelvic-inflammatory-disease-postprocedural-pelvic-infection (Accessed May 2023).

Case Rationale

Candidates are presented with a young female patient with lower pelvic discomfort, a tender uterus and milky vaginal discharge three weeks after unprotected penetrative vaginal intercourse with a new male partner. They are asked to identify the most likely differential diagnoses for this presentation, arrange appropriate initial investigations, and arrange appropriate pharmacological and non-pharmacological management actions.

Question 12.1

Question Rationale

Candidates are expected to have knowledge of the most likely differential diagnoses in a young female patient presenting with lower pelvic discomfort, a tender uterus and milky vaginal discharge three weeks after unprotected penetrative vaginal intercourse with a new male partner. Answers that attracted more marks were specific and showed that candidates were familiar with the range of differential diagnoses in this presentation.

Maximum Score: 5

Answer Keys

A. Pelvic inflammatory disease (Score: 2; Group: 1; Group Score: 2)
B. Sexually transmitted infection with specific example (eg chlamydia, gonorrhoea, trichomonas, mycoplasma) (Score: 2; Group: 1; Group Score: 2)
C. Sexually transmitted infection without specific example (Score: 1; Group: 1; Group Score: 2)
D. Non-sexually transmitted infection with specific example (eg Group B streptococcalvaginitis, bacterial vaginosis, Candida albicans, herpes simplex virus) (Score: 2; Group: 2; Group Score: 2)
E. Non-sexually transmitted infection without specific example (Score: 1; Group: 2; Group Score: 2)
F. Ectopic pregnancy (Score: 1)
G. Torsion or rupture of ovarian cyst (Score: 1)
H. Endometriosis (Score: 1)
I. Physiological vaginal discharge
J. Cervical ectropion or cervical polyps
K. Gynaecological malignancy
L. Foreign body (eg retained tampon)
M. Allergic reaction
N. Dermatological condition (eg dermatitis, fistulae, erosive lichen planus, desquamative inflammatory vaginitis)
O. Atrophic vaginitis
P. Gastrointestinal cause (eg appendicitis, irritable bowel syndrome)

Question 12.2

Question Rationale

Appropriate initial investigations are outlined in the references and take into account recommendations for the presentation of vaginal discharge.

When answering questions in the Key Feature Problem exam, it is important that investigations are chosen rationally and are appropriate to the question. In this case, candidates commonly selected tests that form part of batch or baseline testing, such as full blood count, urea and electrolytes, liver function tests and urine for microscopy, culture and sensitivities. These did not attract marks as they do not provide any insight into a candidate's knowledge of psoriasis or its potential complications.

Maximum Score: 5

Answer Keys

A. C-reactive protein
B. CT scan abdomen and pelvis
C. Endocervical swab for chlamydia polymerase chain reaction (Score: 1)
D. Endocervical swab for gonorrhoea polymerase chain reaction (Score: 1)
E. Endocervical swab for herpes simplex virus polymerase chain reaction
F. Faecal occult blood test
G. Faeces for microscopy, culture and sensitivities
H. Full blood count
I. Hepatitis A serology
J. Hepatitis B core antibody
K. Hepatitis B surface antibody
L. Hepatitis B surface antigen
M. Hepatitis C serology
N. High vaginal swab for microscopy, culture and sensitivity (Score: 1)
O. Human immunodeficiency virus serology
P. Lactate dehydrogenase
Q. Lipase
R. Liver function tests
S. Serum beta human chorionic gonadotrophin level (Score: 1)
T. Serum calcium
U. Syphilis serology
V. Ultrasound scan of abdomen
W. Ultrasound scan of pelvis (Score: 1)
X. Ultrasound scan of renal tract
Y. Urea and electrolytes
Z. Urine for microscopy, culture and sensitivities

Question 12.3

Question Rationale

Candidates are expected to have knowledge of the appropriate pharmacological management of pelvic inflammatory disease. Answers that attracted more marks specifically listed the name of the medication. The most common incorrect answers were non-specific, or identified azithromycin as an appropriate drug, consistent with previous guidelines.

Maximum Score: 3

Answer Keys

A. Ceftriaxone (Score: 1)
B. Metronidazole (Score: 1)
C. Doxycycline (Score: 1)
D. Simple analgesia (eg paracetamol) (Score: 1)
E. Simple non-steroidal anti-inflammatory drug (eg ibuprofen/mefenamic acid) (Score: 1)
F. Any other antibiotic
G. Opiates

Question 12.4

Question Rationale

Finally, candidates were asked for specific non-pharmacological advice and/or actions. Answers that attracted more marks were specific to the diagnosis of pelvic inflammatory disease (eg with regards to contact tracing and follow-up testing). The most common incorrect answers were not specific to the recent diagnosis.

Maximum Score: 8

Answer Keys

A. Contact tracing for any partner in last six months (Score: 2; Group: 1; Group Score: 2)
B. Contact tracing (no, or incorrect, timeframe specified) (Score: 1; Group: 1; Group Score: 2)
C. Avoid alcohol with metronidazole (Score: 2; Group: 2; Group Score: 2)
D. Avoid alcohol (non-specific) (Score: 1; Group: 2; Group Score: 2)
E. Avoid sexual intercourse for one week following treatment or until symptomatically better (Score: 2; Group: 3; Group Score: 2)
F. Avoid sexual intercourse (no, or incorrect, timeframe specified) (Score: 1; Group: 3; Group Score: 2)
G. Review after three to seven days to ensure response to treatment (Score: 2; Group: 4; Group Score: 2)
H. Review (no, or incorrect, timeframe specified) (Score: 1; Group: 4; Group Score: 2)
I. Arrange test of cure after three months (Score: 2; Group: 5; Group Score: 2)
J. Arrange test of cure (no, or incorrect, timeframe specified) (Score: 1; Group: 5; Group Score: 2)
K. Advice re barrier contraception; condom use (Score: 1)
L. Provide fact sheet regarding pelvic inflammatory disease (Score: 1)
M. Refer to hospital, infectious diseases physician, gynaecologist
N. Discuss importance of regular sexually-transmitted infection screening
O. Treat for Candida

Case 13

References:

1. Victoria State Government. Managing behavioural and psychological symptoms of dementia. Available at: https://www.health.vic.gov.au/patient-care/managing-behavioural-and-psychological-symptoms-of-dementia (Accessed May 2023).

2. The Royal Australian College of General Practitioners Oct 2022. RACGP aged care clinical guide (Silver Book), 5th edn. Available at: www.racgp.org.au/silverbook (Accessed May 2023).

3. The Royal Australian & New Zealand College of Psychiatrists. 2022. Assessment and management of people with behavioural and psychological symptoms of dementia (BPSD): A handbook for NSW health clinicians. Available at: https://www.ranzcp.org/files/resources/reports/a-handbook-for-nsw-health-clinicians-bpsd_june13_w.aspx (Accessed May 2023).

4. Electronic Therapeutic Guidelines 2021. Psychotropic: Dementia – Nonpharmacological management of behavioural and psychological symptoms of dementia (2021). Available at: https://tgldcdp.tg.org.au/viewTopic?topicfile=dementia#toc_d1e1379 (Accessed May 2023).

Case Rationale

Candidates are presented with an elderly male patient with a poor prognosis. They are asked to review his medication and arrange appropriate deprescribing. Finally, candidates are asked for appropriate non-pharmacological management actions to manage the patient's behavioural disturbance.

Question 13.1

Question Rationale

Candidates are expected to be able to appropriately and safely deprescribe medications in the context of end-of-life care. They are expected to have knowledge of the indications for each of the patient's medications, their role in end-of-life care and the approach to deprescribing each medication. Answers that attracted more marks identified those medications that were no longer appropriate. Answers that attracted lower marks were non-specific (eg 'optimise medications') or introduced new and/or inappropriate medications (eg 'commence cholinesterase inhibitor', 'commence antipsychotic').

Maximum Score: 4

Answer Keys

A. Reduce dose or cease hydrochlorothiazide (Score: 1)
B. Reduce dose or cease irbesartan (Score: 1)
C. Reduce dose or cease carvedilol (Score: 1)
D. Reduce dose or cease frusemide (Score: 1)
E. Reduce dose or cease oxycodone (Score: 1)
F. Cease simvastatin (Score: 1)
G. Cease spironolactone (Score: 1)
H. Add/change to patch analgesia (eg buprenorphine) (Score: 1)
I. Reduce dose of/cease paracetamol
J. Reduce dose of/cease apixaban
K. Commence cholinesterase inhibitor
L. Commence antipsychotic (Zero: 1)

Question 13.2

Question Rationale

Candidates are asked for appropriate non-pharmacological management actions to manage the patient's behavioural disturbance. Answers that attracted more marks took a holistic approach to the management of the behavioural and psychological symptoms of dementia, as outlined in the references. The most common incorrect answers were answers that deferred decision making and investigations to the hospital or another specialty, were non-specific (eg 'optimise medications') or introduced new medications that could worsen the current presentation.

When answering questions in the Key Feature Problem exam, it is important to avoid overcoding (too many answers provided). Answers that include an explanation of the answer typical result in a list of responses on each line, leading to overcoding. Candidates can avoid this by ensuring their answers are concise and specific.

Maximum Score: 5

Answer Keys

A. Identify and reduce triggers of his aggression (Score: 1)
B. Anxiety management techniques (eg reassurance, talking about anxiety-provoking thoughts, cognitive interventions) (Score: 1)
C. Provide calm, low-stimulating environment (Score: 1)
D. Simplify instructions (ie clear, concise, neutral volume/tone) when conversing (Score: 1)
E. Offer positive reinforcement for good behaviour (Score: 1)
F. Provide familiar environment (eg photos of family, consistent staff/routine) (Score: 1)
G. Time orientation aids (eg white boards with instructions/routine, clocks in vision, offering natural light during daytime) (Score: 1)
H. Touch therapies (eg massage, acupuncture) (Score: 1)
I. Integrate regular leisure activities (eg arts, craft, gardening) (Score: 1)
J. Use restraints
K. Prescribe a hypnotic
L. Prescribe an antipsychotic
M. Prescribe an antidepressant; anxiolytic
N. Blood tests
O. Imaging: any
P. Analgesia