

TO: CANDIDATES FOR FELLOWSHIP EXAMINATION

There will be a written paper in Dermatological Medicine of four hours duration consisting of 12 short essay questions on Tuesday 6 June 2006 (Part A of this Dermatological Medicine I (Essay) Paper will be from 10.50am to 1.10pm and Part B will be from 2.20pm to 4.40pm. There will be a multiple choice question paper on general dermatology (Dermatological Medicine II (MCQ) Paper) of 100 questions of three hours duration on the morning of Wednesday 7 June 2006 and a multiple choice question paper (90 questions) on Procedural Dermatology of two hours duration on the afternoon of Wednesday 7 June 2006. Information is given below. Sample questions are provided for the essay papers are in the Trainees' Area of the College website and examples of multiple choice one-best-answer questions are enclosed.

MULTIPLE CHOICE EXAMINATIONS

1. DIRECTIONS TO CANDIDATES

The multiple choice answer sheets are read by an optical scanner attached to a computer which processes the results. This requires special **double sided** sheets which will be provided separately to the examination papers.

Your name and examination centre **must not** appear on the answer sheets.

Your identification number **must** appear on the answer sheets. If two answer sheets are required for an examination **make certain you have entered your identification number on each answer sheet. The name of the examination, eg. Dermatological Medicine II (MCQ) paper, must also appear on the answer sheets. Use only a 2B pencil to mark the answer sheet. To change an answer, use a rubber eraser. You are expected to supply your own pencils and erasers.**

On completion of each paper the paper and answer sheets **must** be returned to the examination supervisor. The examination papers are confidential and **must not** be removed from the examination room.

Directions for True/False Questions

Fifty percent of the Dermatological Medicine II (MCQ) and Procedural Dermatology Examination papers and 100 percent of the Clinical Pharmacology MCQ Examination paper will be true/false questions.

Each question consists of five items which are identified by the letters (a), (b), (c), (d) and (e). For each question **any or all** of the items may be true or false.

Selection of the correct response to an item will gain a score of +1. **Selection of the incorrect response or omission of a response will be neither penalised nor rewarded and will be scored a zero.**

For each question, therefore, a score of +5 is gained if the correct responses to all five items are recorded, and a score of zero results if incorrect responses to all five items are recorded or responses are omitted.

Directions for One-Best-Answer Questions

Fifty percent of the Dermatological Medicine II (MCQ) paper and the Procedural Dermatology MCQ paper will be questions of the one-best-answer type.

Each question consists of five possible answers, (a), (b), (c), (d) and (e). Only one answer is **most correct**, although other answers **may** also be correct. Thus **only one response** should be made on the answer sheet.

Selection of the correct response to an item will gain a score of +5. **Selection of the incorrect response or omission of a response to an item will be neither penalised nor rewarded and will be scored a zero.** If more than one response is recorded then a score of zero will be registered. Examples are enclosed.

Essay Papers

Answer books will be provided by College. **Only one side of each page should be written on.**

These questions should be answered in note form and clearly set out under headings. Please ensure your writing is **legible**.

2. HOW TO FILL IN THE MCQ ANSWER SHEETS

Care on your part in keeping the answer sheets clean and ensuring that the only marks made are those used for filling in the response circles, will mean that the results for the examination are produced without delay, as sheets which are unreadable by the machine have to be entered by hand. Should you feel the need to indicate ambiguity in a question, please **do not write comments on the answer sheets**. You will be asked to complete an exit survey after each paper. Any comments you have should be made here.

Use a 2B pencil to fill in the circle indicating the correct response. To familiarise yourself with the format of the answer sheet and the correct method of recording your answer, an example of the answer sheet and an explanation of the marking follows.

3. METHOD OF MARKING FOR TRUE/FALSE QUESTIONS

The questions are constructed to have five items in each response.

Candidates mark true or false to each item. A mark (+1) is given for each alternative correctly indicated. **Zero is given for any incorrect response indicated or failure to indicate a response.**

e.g. If the correct answer is:

(a) true, (b) false, (c) true, (d) true, (e) false, the answer sheet is entered by the candidate as:

true: a, c, d

false: b, e

his/her score is +1 +1 +1 +1 +1 i.e. +5

If he/she has marked:

true: a, b, d

false: e

his/her score is +1 0 0 +1 +1 i.e. +3

4. METHOD OF MARKING FOR ONE-BEST-ANSWER QUESTIONS

Only **one** response should be made for these questions and this will score 5 marks if correct. **An incorrect response or no response or more than one response will score zero.**

5. ANSWERING ESSAY QUESTIONS

Essay questions have been retained in the Fellowship examination to assess the ability of candidates to provide and organise knowledge and ideas and to present a coherent management plan.

Rule 1 - Answer the question asked

Every year a significant number of candidates present answers that do not address the question asked. If a management question asks about a 16 year old high school girl then do not answer as if the patient is a 70 year old man. It is important for candidates to **answer the question asked rather than the question that they wished had been asked.**

Rule 2 - Some definitions of some terms

Terms such as **list** means simply to make a series of relevant points.

Questions asking about **management** of a clinical problem in which the diagnosis has not been firmly stated would involve both investigations for diagnosis and appropriate treatment.

If a specific diagnosis has been stated in the question then **diagnostic investigations and discussions on differential diagnosis will not be awarded marks**. Depending on the context it may be relevant to discuss investigations of associations or extent of disease. However, a careful reading of the question should determine what investigations are appropriate.

If the question calls for **treatment** of a specific condition then a discussion on diagnosis will **not** be awarded marks.

Abbreviations are **not** acceptable unless these are previously explained or a key is provided.

It is expected that discerning candidates should be able to recognise the important aspects of a problem as opposed to minutiae. Key (essential) features will have weighted markings. Candidates should use their judgement to decide how long an answer should be, but 20 minutes should allow at least two to three pages of well planned answer. Point format is encouraged. Tables are also acceptable, particularly in questions asking for comparison and contrast. In some situations figures may be useful. Legible, logical and clearly expressed answers are rewarded.

It is allowable to use either generic or trade names for drugs. Generic names however are preferred.

From 2001 there will be 12 management problems in the "clinical scenario" style. The examination has been increased to four hours.

FELLOWSHIP EXAMINATION - PROCEDURAL DERMATOLOGY PAPER

ONE-BEST-ANSWER - SAMPLE QUESTIONS

Each question consists of five possible answers, (a), (b), (c), (d) and (e). Only one answer is most correct although other answers may also be correct. Thus only one response should be made on the answer sheet.

1. When hand washing prior to administering local anaesthetic to a patient with an ulcerated BCC the most appropriate approach is to:
- (a) Wash for at least one minute using an anti-microbial soap or skin cleanser
 - (b) Use a mechanical or electric hand dryer
 - (c) Routinely use a scrub brush
 - (d) Apply an alcoholic chlorhexidine preparation to the dry hands
 - (e) Remove any water resistant occlusive dressings from cuts or abrasions

Correct answer: a *Infection Control in the Health Care Setting*, pp. 13-14

2. Lasers with exposure durations of 0.1 to 5 msec have effects on tissue which are:
- (a) Thermal
 - (b) Photochemical
 - (c) Electromechanical
 - (d) Photoablative
 - (e) Biostimulatory

Correct answer: a *Guide to the Safe Use of Lasers in Health Care*, AS/NZ 4173:
1994, pp. 25-29

3. An 80 year old man has a 1 cm superficial basal cell carcinoma on the anterior aspect of the ear. Superficial x-ray therapy is to be used for treatment. An essential part of the preparation and set up for radiotherapy is:
- (a) Curettage of the tumour
 - (b) Calibration of the radiotherapy machine before each treatment
 - (c) Exclusion of biopsy proven pigmented basal cell carcinomas
 - (d) Use of lead shield between bolus material and the scalp.
 - (e) Folding forward of the ear to reduce radiation injury to hair follicles

Correct answer: d *Land and de Launey, Principles and Practice of Physical Therapy*, 1995

4. Current literature recommends that narrowband UVB phototherapy for psoriasis be commenced at:
- (a) 40% of the minimal erythema dose (MED)
 - (b) 50% of MED
 - (c) 60% of MED
 - (d) 70% of MED
 - (e) 80% of MED

Correct answer: d *British Journal of Dermatology*, 1998: 139: pp. 410-414
British Journal of Dermatology, 1998: 139: p. 811

5. A 73 year old woman has a 6 mm biopsy proven micronodular basal cell carcinoma involving the right medial canthus. The most appropriate treatment is:
- (a) Surgical excision with 4 mm margins
 - (b) Mohs' micrographic surgery
 - (c) Cryosurgery utilising a double freeze thaw technique
 - (d) Radiation therapy
 - (e) Curettage and electrodesiccation

Correct answer: b Wheeland, *Cutaneous Surgery*, Chapter 56, pp. 735-736

FELLOWSHIP EXAMINATION - ONE-BEST-ANSWER SAMPLE QUESTIONS

Each question consists of five possible answers, (a), (b), (c), (d) and (e). Only one answer is most correct and thus only one response should be made on the answer sheet.

1. A 26 year old woman presents with painful, dusky erythematous plaques on the face and neck together with palmar pustules and mouth ulcers over a period of 2 weeks. One week prior to onset she had a chest infection which was treated with amoxycillin/clavulanate 500mgms tds.

The most likely diagnosis is:

- a. Pustular pyoderma gangrenosum
- b. Erythema multiforme
- c. Drug reaction to amoxycillin/clavulanate
- d. Sweet's syndrome
- E. Leukaemic infiltrates

Answer: d

References: Rook 2192
JAAD 42: 332: Feb 2000

2. A 5 year old child presents with fever as well as conjunctival injection, cheilitis, swelling of the hands and feet and an erythematous rash in the napkin area.

The most appropriate treatment is:

- a. Aspirin plus prednisone
- b. Aspirin plus γ -globulin
- c. Dicloxacillin
- d. Paracetamol plus γ -globulin
- e. Prednisone plus γ -globulin

Answer: b

References: Rook CDRM
Fitzpatrick 2334

3. A 45 year old woman presents with a 12 month history of dyspareunia and vulval soreness, worsening prior to her menstrual period. Examination is normal apart from erythema of the vestibule area and diffuse sensitivity to touch of the inner labial minora and vestibule.

You should advise her that:

- a. Subclinical human papilloma virus infection is the most likely cause of her symptoms
- b. Repeated vaginal swabs for vulvovaginal candidiasis need to be taken
- c. A biopsy of the erythematous area is indicated
- d. Relative oestrogen deficiency related to approaching menopause is the most likely cause of her symptoms
- e. A trial of amitriptylene be instituted

Answer. b

4. A 30 year old professional squash player presents for advice regarding increasing laxity of the skin of her neck for which she would like cosmetic correction. She does not wish to look like her mother who, according to the daughter, at the age of 50 has the appearance of a 75 year old. She is in excellent health with no significant past medical history. A recent routine examination by her LMO was reported as being normal with a BP of 110/70. She is nulliparous and is currently on the OCP but is planning a pregnancy in the near future.

Examination reveals multiple, yellowish papular lesions with associated significant laxity of the skin on the sides of the neck and in both axillae. A biopsy confirms the clinical diagnosis of pseudo-xanthoma elasticum.

The most appropriate initial step in management is to:

- a. Reassure her that she has a less severe form of the disease with minimal risk of severe complications
- b. Ask to review her mother with a view to carrying out a biopsy of any suspicious areas of the skin and/or the lateral neck.
- c. Advise her that she is able to continue playing professional squash with monitoring of her BP
- d. Advise her that plastic surgery is contraindicated
- e. Advise her that pregnancy is absolutely contraindicated

Answer: b

References: Rook 2022-6
Fitzpatrick 1843

5. A 25 year old male Indonesian medical student has been on 3 months of dapsone monotherapy for borderline tuberculoid leprosy consisting of an erythematous plaque on the right cheek and several similar plaques on the upper limbs and trunk. He presents complaining of increasing erythema and swelling of the plaques with associated pain for 1 week.

On examination all the plaques are tumid with a dusky erythema. They are anaesthetic.

The most appropriate initial step in management is to:

- a. Reassure him that this is a normal reaction and that it will subside with simple analgesics
- b. Take a biopsy
- c. Commence thalidomide in a dose of 100mgms every 8 hours
- d. Change his drug therapy to a triple regime consisting of rifampicin, dapsone and clofazimine
- e. Commence prednisone in a dose of 1mgm/K/day

Answer: e

References: Rook 1226-7: 1231-3
Fitzpatrick 2313: 23 14-5

**THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS
EXAMINATION FOR FELLOWSHIP
CLINICAL EXAMINATIONS**

The Children's Hospital
Hainsworth Street
WESTMEAD NSW 2145

Friday 5 August 2005
Saturday 6 August 2005

INSTRUCTIONS FOR CANDIDATES

1. There will be two main sections of the examination:

Friday A Procedural Dermatology and Laboratory Dermatology/Dermatopathology Objective Structured Clinical Examinations (OSCE). There will be 22 stations covering the various aspects of Procedural Dermatology, 3 stations covering Laboratory Dermatology, which includes direct microscopy of skin scrapings, hairs, parasites, etc., and 5 stations on Dermatopathology

Saturday Clinical Dermatology - a series of clinical examinations involving patients. There will be 4 vivas, each of which will consist of 2 long cases.

 Clinical Dermatology - there will be a separate OSCE style examination of short cases involving 8 stations with (on average) 2-3 patients per station.
2. Textbooks, notes and similar material **must not** be taken to the place of examination. Only the notebook provided may be used.
3. Procedural Dermatology section - see attached.
4. Laboratory Dermatology/Dermatopathology section - see attached.
5. Clinical Dermatology section - short case vivas. This will be a OSCE style examination of short cases. This will consist of 8 stations each of 5 minutes duration. Each station will be manned by a member of the Board of Censors or occasional examiner and have (on average) 2-3 patients.
6. Clinical Dermatology section - long case vivas. For each of the 4 long-case vivas in Clinical Dermatology, a period of 20 minutes will be allowed for the examination of 2 patients. This will be followed by a 5 minute break which will then be followed by the oral examination by 2 examiners, at least one of whom will be a member of the Board of Censors, which will last 20 minutes. There will be a 5 minute break for examiners between each candidate.
7. An identification tag will be provided for each candidate and this should be worn throughout the examination. The tag will carry the name of the candidate and his/her examination number. The examination number is the number used in the enclosed timetable.
8. Five minutes before the end of each long-case clinical viva examination a warning bell will sound. A double sounding bell will conclude the time of the viva. Both candidates and examiners are asked to conclude the examination immediately the bell has rung on the second occasion.

CAROLINE MERCER
Chairman
Board of Censors

PROCEDURAL DERMATOLOGY AND LABORATORY DERMATOLOGY/DERMATOPATHOLOGY

OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCE)

FRIDAY 5 AUGUST 2005

There will be two sections to this examination:

.	Section 1	8.30am - 10.20am	10 stations in Procedural Dermatology (5 minutes each) 5 stations in Dermatopathology (10 minutes each)
.	Section 2	11.00am - 12.05pm	12 stations in Procedural Dermatology (5 minutes each) 3 stations in Laboratory Dermatology (5 minutes each)

Candidates are to report at 8.00am and remain until 12.05pm

Some stations are manned by a dermatologist whilst others will have an answer sheet to fill in which **must be left at the station**. A number of stations will utilise clinical photographs whilst others have live patients or simulated patients.

Each Procedural Dermatology and Laboratory Dermatology station is 5 minutes and candidates must move on **immediately** at the bell. The Dermatopathology stations are 10 minutes each and will be completed together before moving on to the Procedural Dermatology stations.

There are 22 stations on all aspects of Procedural Dermatology. Three stations covering Laboratory Dermatology which includes the interpretation of specimens, eg. direct microscopy of skin scrapings, hairs, parasites, etc., and 5 stations on Dermatopathology.

GENERAL INFORMATION FOR CANDIDATES SITTING THE CLINICAL EXAMINATIONS OF THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

In vivas, cognitive skills are tested, particularly the gathering and manipulation of data as it relates to a specific problem.

THE MEDICAL VIVAS:

These are first and foremost a **clinical skills examination**. Candidates have already passed the knowledge recall examination (written examinations). The examiners are now evaluating candidate's **interpretive and problem solving skills**.

Long Cases

These give candidates an opportunity to demonstrate ability to:

1. Take a relevant history
2. Recognise and elicit relevant clinical signs
3. Recognise signs that are irrelevant or side effects of treatment etc
4. Integrate all available information to make a reasonable diagnosis and differential diagnosis
5. If appropriate specify relevant laboratory investigations
6. Formulate a management strategy for this **particular** patient (rather than a general strategy for the disease)

Generally, the long medical viva is not regarded as an efficient or effective test of knowledge recall. For example being asked to list 20 causes of a lichenoid drug eruption is not the aim of this part of the examination.

Each viva case is allocated 10 minutes with the examiners, and the time is used to test the candidate's clinical skills **on the case being examined**.

It is of the utmost importance that whenever addressing a differential diagnosis or management strategy, these should relate to **the particular patient** who has been examined in the viva unless otherwise directed by the examiner.

Short Cases

These give an opportunity for candidates to demonstrate ability to:

1. Recognise and define clinical signs
2. Give a correct diagnosis
3. Give a short **relevant** differential diagnosis in some cases

Short cases are generally not used for assessing management skills

PROCEDURAL DERMATOLOGY OSCE

These give candidates an opportunity to demonstrate ability to:

1. Make an accurate assessment of diagnosis and extent of disease
2. Recommend appropriate treatment and procedures for the **particular** patient or clinical scenario in question
3. Demonstrate knowledge of technical aspects of procedures
4. Communicate effectively with patients and family
5. Understand the short and long term consequences of procedures recommended

By the nature of an OSCE these issues to be tested are formulated and agreed upon by examiners in advance of the examination and all candidates are tested by strict written protocol with little additional interaction allowed between examiner and candidate. **This is the only way to provide for objective and repeatable assessment between candidates**. Although some candidates feel restricted by this format, the objective nature of the assessments is felt to outweigh any perceived disadvantages.

DERMATOPATHOLOGY AND LABORATORY DERMATOLOGY OSCE

These give the candidates an opportunity to demonstrate ability to:

1. Accurately interpret pathology specimens/pathology reports

2. Demonstrate knowledge about the interaction between laboratory medicine and clinical diagnosis and management problems.