

## Mastering your Fellowship

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### Abstract

The series, "Mastering your Fellowship", provides examples of the question format encountered in the written examination, Part A of the FCFP (SA) examination. The series is aimed at helping family medicine registrars prepare for this examination. Model answers are available online.

**Keywords:** FCFP (SA) examination, family medicine registrars

This section in the South African Family Practice journal is aimed at helping registrars prepare for the FCFP (SA) Part A examination (Fellowship of the College of Family Physicians) and will provide examples of the question formats encountered in the written examination: Multiple Choice Question (MCQ) and/or Extended Matching Question (EMQ), Modified Essay Question (MEQ) and Critical reading paper (evidence-based medicine). Each of these question types are presented according to a theme. The MCQ's will be based on the ten clinical domains of family medicine, the MEQ's will be aligned with the five national unit standards and the critical reading section will include evidence-based medicine and primary care research methods. We suggest that you attempt answering the questions (by yourself or with peers/tutors), before finding the model answers online: <http://www.safpj.co.za/>.

Please visit the Colleges of Medicine website for guidelines on the Fellowship examination: [http://www.collegemedsa.ac.za/view\\_exam.aspx?examid=102](http://www.collegemedsa.ac.za/view_exam.aspx?examid=102)

We are keen to hear about how this series is assisting registrars and their supervisors in preparing for the FCFP (SA) examination. Please email us your feedback and suggestions.

### 1. EMQ (extended matching questions) Theme: Upper limb complaints (orthopaedics)

- 1.1 A 62-year old female presents with a painful base (volar aspect) of the right ring finger, which is held in flexion. Extension of the finger is associated with painful clicking and often requires help of her other hand.
- 1.2 A 28-year old male known with generalised clonic-tonic epilepsy disorder presents with a painful right shoulder following a convulsion. His arm is held in internal rotation and adduction.
- 1.3 A 38-year old female complains of experiencing paraesthesia in her right, dominant hand, especially in the early morning hours, waking her from sleep. She denies any history of trauma.

- 1.4 A 74-year old male presents with a painful right shoulder after a mechanical fall at home. The outer contour of the right shoulder appears abnormal and his arm is held in slight abduction.
- 1.5 A 40-year old male complains of a painful right wrist after falling onto his outstretched, extended right hand. Pain in the anatomical snuff box area of his wrist is worsened with thumb-compression and resisted supination.

For each of the patient scenarios listed **ABOVE** choose the most likely option from the list **BELOW**. Each option may be used once, more than once, or not at all.

#### Options:

- A. A pre-manipulation radiograph offers little advantage and delays definitive treatment of this dislocation variant.
- B. Diagnosis is made by careful examination of the fingers during flexion and extension with no investigations needed.
- C. Plain X-rays of the affected area should be considered which may need to be repeated at a later stage in a symptomatic patient if normal initially.
- D. An alternative diagnosis of nerve root compression due to cervical spondylosis may be excluded on clinical grounds.
- E. An AP film alone is adequate to rule out this dislocation variant, as the AP film often demonstrates pathognomonic radiological signs.
- F. Diagnosis is usually clinical but ultrasound examination has proven to be very useful for diagnosis and treatment.
- G. Physical examination is a clinically specific tool to identify a fracture of this carpal bone.
- H. Magnetic resonance imaging is considered the investigation of choice (or ultrasound in resource constrained settings) if persistent pain and weakness is experienced by the patient at the 2-week follow-up visit.

- I. The ideal image for identifying this condition is an axillary film, with the patient's arm in abduction and the image taken through the axilla.

## 2. MEQ (modified essay question): the family physician's role as leader and supervisor

You are the family physician employed at a district hospital that was allocated a community service medical officer (CSMO). The CSMO signed a contract with the human resources division that stipulated that he will be doing commuted overtime as this was a requirement for the job. He also signed the annual commuted overtime contract indicating that he will perform Group 2 (5–12 hours per week) overtime. After commencing work he wanted to opt out of his overtime but the medical manager refused as the needs of the hospital would be compromised. Despite repeated attempts to stop his commuted overtime he could not reach agreement with the hospital management. After a few months he informed the senior staff that he will not be doing the overtime for the forthcoming month but he was told that he would be put on the roster for the Emergency Centre. He did not report for duty on the night that he was supposed to be on duty and was also not contactable. Patient care was compromised during the night as the hospital was not able to get another doctor to fill the vacant call slot.

- 2.1 Describe the principles involved in contracting with doctors to perform commuted overtime in the public sector. (2 marks)
- 2.2 Analyse the professional behaviour of the doctor in line with your ethical principles. (12 marks)
- 2.3 What options are available to you and the hospital management team to deal with this matter further? (6 marks)

## 3. Critical appraisal of research

Please answer the questions which follow in relation to the linked article:

Booyesen BL, Schlemmer AC. Reasons for diabetes patients attending Bishop Lavis Community Health Centre being non-adherent to diabetes care. *South African Family Practice*. 2015 May 4;57(3):166–71.

Available online from URL: <http://www.tandfonline.com/doi/abs/10.1080/20786190.2014.977027> (Accessed 10 June 2016)

### Introduction (8 marks)

- 3.1 Summarise the argument that the authors make for the social value of this study (4 marks)
- 3.2 Summarise the argument that the authors make for the scientific value of this study (4 marks)

### Methods (23 marks)

- 3.3 How do qualitative researchers decide on a sample size? (4 marks)
- 3.4 Critically appraise the approach to sample size used in this study? (2 marks)
- 3.5 What is meant by purposeful sampling in qualitative research? (4 marks)
- 3.6 Critically appraise the approach to sampling used in this study? (4 marks)
- 3.7 Explain the key characteristics of an "in-depth interview"? (4 marks)
- 3.8 The authors state that the framework method was used for content analysis. Describe the steps that you would expect to see in this or a similar approach to qualitative data analysis? (5 marks)

### Findings (6 marks)

- 3.9 In qualitative research the issue of transferability is used instead of generalisability to make sense of the external validity of the findings. Critically appraise the article in terms of how transferable the findings are to your own practice setting? (6 marks)

### Discussion/Conclusion (13 marks)

- 3.10 The authors state that triangulation was used to improve the validity of the study. Explain what you understand by the concept of triangulation in qualitative research and critically appraise their claim? (4 marks)
- 3.11 How well do you think the authors accounted for the reflexivity of the researchers? (3 marks)
- 3.12 Reflect on whether reading this study is likely to change your practice? (6 marks)