CURRICULUM

FOR THE CARIBBEAN ASSOCIATION OF MEDICAL COUNCILS EXAMINATION

Curriculum for the Caribbean Association of Medical Councils Examination

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Part A

GENERAL INFORMATION

1.0 INTRODUCTION

This curriculum was developed as a learning guide for eligible candidates preparing for the Caribbean Association of Medical Councils Examinations. The aim of this examination is to determine the minimum competences required for registration of medical graduates to practice independently in the Caribbean region.

2.0 THE CAMC CURRICULUM

2.1 AIM of the CAMC Curriculum

The CAMC examination aims to assess for registration purposes, the general body of medical knowledge and clinical skills of trained doctors whose basic medical qualifications are not recognized by the regional Medical Councils, i.e. doctors trained in medical schools that have not been formally reviewed and accredited by the CAMC. The successful candidate is registered to engage in safe, independent general practice throughout the Caribbean. It aims to provide a regional basis of ensuring standards for the profession.

2.2 OBJECTIVES of the CAMC Curriculum

The standard of the CAMC examinations is defined as the level of attainment of medical knowledge, clinical skills and attitudes required of newly qualified graduates of accredited medical schools (e.g. University of the West Indies) who are about to commence intern training. The potential candidates are expected to:

1. Demonstrate knowledge and skills for the diagnosis and treatment of diseases and application of this knowledge to solving problems presented by the patient
2. Demonstrate good oral and written communication skills

3. Demonstrate an effective team approach to health care
4. Discuss the investigation and management of common conditions encountered including prioritization and interpretation of the results of common investigations.
5. Demonstrate competence in common procedural skills.
6. Recognize his (or her) own limitations and seek collaboration and consultation when necessary

2.3 Summary of CAMC Curriculum

The curriculum is designed as a comprehensive *overview* of medical knowledge, clinical competency and performance, in the disciplines of internal medicine, paediatrics, obstetrics, gynaecology, surgery, community health and psychiatry. The intention is that candidates will develop a multidisciplinary and integrated approach to clinical problems that are pertinent to the Caribbean region. The assessments are outlined as follows:

The MCQ examination focuses on essential medical knowledge involving understanding of the disease process, clinical examination, diagnosis, investigation, therapy and management, as well as on the candidate's ability to exercise discrimination, judgement and reasoning in distinguishing between the correct diagnosis and plausible alternatives.

The clinical examination also assesses the candidate's capacity to communicate with patients, their families and other health workers.

Part B

DISCIPLINE-BASED CURRICULUM

3.0 MEDICINE

The candidate is expected to demonstrate competence in knowledge, understanding, clinical evaluation and relevant procedural competences in the following internal medicine disciplines.

3.1 System-based Guidelines

RENAL

- Tests of kidney function – Blood tests, 24- hour urine collection for creatinine clearance, urine protein; urine protein/ creatinine ratio, spot Na, urine microscopy
- Imaging Studies - Ultrasound , IVP, Renal nuclear scan
- Diagnosis & management of acute renal failure
- Management of acute glomerulonephritis: Poststreptococcal and lupus nephritis
- Diagnosis & management of nephrotic syndrome
- Management of haematuria
- Diagnosis & management of chronic renal failure
- Slowing progression to endstage renal failure
- Management of urinary tract infections
- Urolithiasis
- Diet modification in renal failure
- Hereditary renal diseases
- Renal neoplasms
- Renal replacement therapy
    - peritoneal dialysis
    - haemodialysis
    - renal transplantation.
- Indications for renal biopsy

ENDOCRINE

- Diabetes Mellitus
    - Diagnosis, classification, and treatment
    - Management of diabetic ketoacidosis, and hyperosmolar coma
- Endocrine causes of hypertension
- Cushing's syndrome
- Adrenocortical insufficiency.
- Diagnosis & treatment of thyrotoxicosis
- Diagnosis & treatment of hypothyroidism
- Hypercalcaemia & hyperparathyroidism
- Panhypopituitarism
- Pituitary tumours - acromegaly, and prolactinoma
- Hyponatremia – Diabetes insipidus, SIADH
- Genetic abnormalities

PULMONARY

- Classification of lung diseases - Obstructive vs Restrictive
- Pulmonary Function Tests – Spirometry, FEV 1, PEFR
- Obstructive Lung Diseases
    - Asthma : diagnosis, classification & management
    - Emphysema & chronic bronchitis: diagnosis & management
- Restrictive Lung Diseases
    - Sarcoidosis
    - Idiopathic pulmonary fibrosis
    - Collagen vascular diseases & the lung
- Occupational Lung Disease
- Diagnosis & management of acute pulmonary embolism
- Lung cancer
    - Classification
    - Staging
    - Treatment
- Pulmonary infections
    - Community acquired pneumonia
    - Nosocomial pneumonia.
    - Lung abscess
    - Bronchiectasis
- Pulmonary tuberculosis
    - Presentation
    - Mantoux testing
    - Latent tuberculosis infection
- Causes of haemoptysis
- Causes of pleural effusion
- Opportunistic lung infections e.g. PCP
- Interstitial lung diseases
- Principles of Fiberoptic Bronchoscopy
- Interpretation of chest X-rays
- Interpretation of arterial blood gas

CARDIOLOGY

- Hypertension: diagnosis & management
- Congestive Cardiac Failure
    - Symptoms & signs
    - Aetiology
    - Diagnosis
    - Management
- Diagnosis & management of Rheumatic fever & Rheumatic heart disease
- Valvular Heart Disease
- Cardiomyopathies: definition & management

- Arrhythmias
- Diagnosis & management of infective endocarditis
- Myocarditis
- Ischaemic Heart Disease
    - Chronic stable angina
    - Acute coronary syndromes
    - Unstable angina
    - Non ST myocardial infarction
    - Acute MI – diagnosis & management
- Atherosclerosis
    - Risk factors
    - Management of hypercholesterolemia
- Drug Therapy in cardiac diseases
- Cardiac imaging: Invasive modes vs Non-invasive
- Basic ECG interpretation

NEUROLOGY

- Definition & classification of strokes: ischaemic, embolic, haemorrhagic
- Transient Ischaemic Attacks: definition & management
- Dementia: diagnosis & classification
- Epilepsy: classification & treatment
- Headache: definition of migraine; other types of headache
- Benign Intracranial Hypertension: diagnosis & management
- Parkinson's Disease: diagnosis & treatment
- Multiple Sclerosis
- Optic Neuritis – causes
- Trigeminal Neuralgia
- HTLV-1 syndromes: TSP, Polymyositis
- CNS Infections
    - Meningitis
    - Encephalitis - Herpes simplex, and other viruses
    - Brain abscess
- Optic Neuritis: causes & management
- Transverse Myelitis: diagnosis & management
- Myelopathies
    - Differential diagnosis
    - Investigation & management
    - Vitamin B12 deficiency
    - Cervical spondylosis
    - HAM /TSP (see above)
- Guillain Barre Syndrome
- Sciatica
- Neurological complications due to Vitamin B 12 deficiency
- Syringomyelia
- Peripheral Neuropathies

  - Diagnosis
  - Aetiology
  - Management
- Neurological causes of syncope
- Proximal Myopathies e.g. Polymyositis
- Myasthenia Gravis
- Brain imaging modalities: CT Scan; MRI; Angiography
- Miscellaneous
  - Sickle Cell Disease and CNS
  - Collagen Vascular Diseases - neurological effects
  - HIV Infection - neurological effect

GASTROENTEROLOGY

- Oesophagus
  - Physiology of swallowing
  - Dysphagia, motility disorders, gastroesophageal reflux disease
  - Oesophageal neoplasms
  - Oesophageal varices
- Stomach
  - Physiology of gastric secretion
  - Gastric ulcer disease, Helicobacter pylori infection
  - Neoplasms of the stomach
  - Dyspepsia and upper gastrointestinal bleeding
- Small Intestine
  - Duodenal ulcer disease
  - Physiology of water, electrolyte, and nutrient absorption
  - Gut hormones
  - Malabsorption, Irritable Bowel Syndrome
- Colon
  - Lower gastrointestinal bleeding
  - Neoplasms of the colon
  - Diverticula disease
  - Inflammatory bowel disease
  - Causes of acute and chronic diarrhoea
- Biliary Tree
  - Physiology of biliary secretion
  - Gallstones
- Pancreas
  - Physiology of pancreatic secretion
  - Acute pancreatitis, chronic pancreatitis.
  - Pancreatic neoplasms
  - Inflammatory bowel disease
- Liver
  - Physiology of bilirubin metabolism
  - Viral Hepatitis

  - Leptospirosis
  - Cirrhosis and its causes and complications; including
    - Haemochromatosis
    - Wilson's disease
    - Alpha-1 antitrypsin deficiency
    - Non-Alcoholic fatty liver disease
    - Autoimmune hepatitis
- Vaso-Occlusive Disease
- GI imaging: Endoscopy, Radiographic imaging, ERCP

DERMATOLOGY

Candidates should be able to conduct a proper examination of the skin; to diagnose and be familiar with the principles of management of common dermatological disorders in the Caribbean.

Changes in skin color

- Determinants of normal skin color – melanin, oxyhaemoglobin, deoxyhaemoglobin, carotene etc.
- Differences between black and white skin
- Changes in skin color: hypo- or hyperpigmentation
- Pigmented lesions
- Bleaching
- Approach the study of changes in skin colour
  - Be able to recognize normal pigmentary skin changes
  - Be able to recognize suspicious lesions
  - List causes of changes in skin color including inherited conditions, skin diseases, systemic diseases and exposure to chemical agents or drugs
  - Consider social consequences of changes in skin color

Pruritus

- What is pruritus?
- Itch as a presentation of systemic or skin disease
- Common causes of itching
- History-taking as a means of discerning the common causes
- Management of patients: (a) symptomatic (b) underlying cause of itch
- Approach the study of pruritus
  - List the systemic causes of itch and know how to investigate them
  - Be familiar with the suppression of itch: Use of sedative antihistamines, topical cooling agents, calamine lotion, crotamiton cream, anti-itch menthol-containing lotions, topical steroids

Clinical Approach to Skin Diseases

You should be able to define a rash using basic terminology.

- Symmetry

  - Symmetrical lesions are usually endogenous
  - Asymmetrical lesions are usually exogenous

- Distribution
  - You should be able to discern dermatoses with predilection for certain sites e.g. seborrhoeic dermatitis, psoriasis.

- Arrangement of lesions
  - Grouped
  - Disseminated (widespread discrete lesions)
  - Generalized
  - Annular
  - Linear

- Morphology of lesions
  - Color
  - Size
  - Shape
  - Border demarcation

- Types of lesions:
  - Flat: macules, patches
  - Solid elevated: papules, plaques, nodules
  - Fluid filled: vesicles, bullae, pustules

- Involvement of mucosae, scalp or nails

- How to approach skin rashes
  - Take an appropriate history
  - Describe a patient's rash in terms of distribution, morphology and associated findings
  - Suggest a differential diagnosis
  - Suggest relevant investigations
  - Formulate a treatment plan

Chronic Leg Ulcers

Chronic leg ulcers are a common problem in the Caribbean and pose a major socio-economic problem.

- Approach leg ulcers
  - Definition
  - Aetiology
  - Clinical assessment
  - Investigations
  - Management
  - Complications

Skin changes in systemic disease

- Genodermatoses: Neurofibromatosis, tuberous sclerosis
- Collagen vascular diseases: systemic lupus erythematosus, dermatomyositis, systemic sclerosis
- Skin markers of malignancy: Acanthosis nigricans, mycosis fungoides (cutaneous T-cell lymphoma), erythroderma, acquired ichthyosis.
- Skin manifestations of HIV and HTLV 1 infections

*3.2 Clinical Problems Guidelines**

Clinical Problems	**Key Diagnosis**
Anaemia	Haematological • Sickle cell disease • Leukaemia • Lymphoma • Bleeding disorders Renal • Chronic renal failure GI • GI bleed • GI malignancies Chronic disease • Collagen vascular disease • Malignancies.
Chest pain	Cardiac • Chronic stable angina • Acute coronary syndrome Respiratory • Lower respiratory tract infection • Pleuritis Musculoskeletal • Costochondritis
Cough	Cardiac • Congestive cardiac failure. Respiratory • Asthma • Lower respiratory tract infection • COPD • Sinusitis • TB • Drug induced e.g. ACE
Fatigue	Endocrine • Hypothyroidism • Diabetes mellitus Anaemia Chronic disease • Collagen vascular (see above) • Chronic infection
Fever	Infections

	• Acute – pneumonia, UTI • Chronic – TB, HIV Inflammatory • Collagen vascular diseases Malignancy
Haemoptysis	Cardiac • Cardiac failure Respiratory • Lung cancer • TB / Bronchiectasis • Lung abscess
Haematuria	Renal • Glomerulonephritis • Polycystic kidney disease • Renal cell carcinoma • Bladder lesions. • Urolithiasis
Headache	Vascular • Migraine • Subarachnoid haemorrhage Raised ICP • Tumour • Intracranial haemorrhage • BIH Infection • Meningitis /encephalitis • Brain abscess Tension headache
Hypertension	Primary / Essential. Secondary • Renal disease • Endocrine
Jaundice	Hematological • Sickle cell disease GI • Hepatic failure • Biliary obstruction. Drugs. Infections • Viral hepatitides
Joint pain	Infection Inflammatory • Collagen vascular
Muscle weakness	Neurological • Polymyositis • Myopathies • Neuropathies Drugs • Steroids Endocrine • Thryotoxicosis • Diabetes Paraneoplastic

Numbness & tingling	Neurological • Peripheral neuropathy Endocrine • Diabetes
Palpitations	Cardiovascular • Arrhythmias Drugs Anxiety Endocrine • Thyrotoxicosis • Phaeochromocytoma
Paraparesis	Infection • HTLV 1 • HIV • Tabes dorsalis Nutritional • Vit B 12 deficiency Spinal cord compression
Polydypsia	Endocrine • Hypercalcaemia Psychogenic.
Pruritus	Endocrine • Diabetes mellitus GI • Obstructive jaundice Renal • Chronic renal failure Allergic reaction.
Dyspnoea	Cardiovascular Respiratory Haematological
Syncope	Cardiovascular Vaso vagal Neurological
Swollen feet	Cardiovascular Renal Hepatic GI
Tremor	Endocrine Neurological Drugs
Wheezing	Respiratory Cardiac
Weight loss	Endocrine • Diabetes Infection • TB • HIV Malignancy
***This is not meant to be exhaustive**	

3.3 Practical Procedures

- Completing a death certificate
- Completing a discharge summary for Medical Records
- Complete a disease notification form from Public Health
- Pass a nasogastric tube
- Perform an arterial puncture for arterial blood gas and interpret the blood gas results
- Interpret urine microscopy
- Perform a lumbar puncture and interpret the results on investigations
- Plan and appropriately administer insulin
- Plan and write up a fluid balance chart
- Report on a Chest X-Ray

3.4 Useful resources

A Clinical Guide to the Cardiovascular Examination – Charles E. Denbow
Principles & Practice of Medicine by Davidson
Macleod's Clinical Examination, 10th Edition; edited by John F. Munro and Ian W Campbell
Hutchinson's Clinical Methods, 21st Edition; edited by Michael Swash
Mackie R. *Clinical Dermatology: An illustrated textbook*; 5th ed., Oxford University press, 2003
Graham-Brown R, Burns T. *Lecture Notes in Dermatology*; 8th ed., Blackwell publishing, 2002
Marks R. *Roxburgh's Common Skin Diseases*; 17th ed., Oxford University Press, 2003

Reference material
Harrison's Principles of Internal Medicine
Journals: West Indian Medical Journal, New England Journal Medicine, Annals of Internal Medicine, Postgraduate Doctor, etc.

4.0 PAEDIATRICS

4.1 Aim and Objectives

The candidate should be able to:

1. Establish rapport with a child / parent and use logical and scientific methods of history taking and physical examination and how these are interpreted through an understanding of the natural history and treatment of disease in children,
2. Assess normal growth and developmental processes and the principles of abnormal response to disease and injury; nutrition and immunisation status in children of all ages; provide appropriate anticipatory guidance
3. Manage a wide and representational variety of paediatric conditions which are commonly encountered in practice,
4. Perform and interpret the results of common procedural skills in paediatrics
5. Communicate sensitively, timely and accurately with paediatric patients and their families, in the management of presenting problems,
6. Collaborate and communicate effectively with relevant healthcare personnel
7. Understand the principles of counselling parents and children in emotionally distressing situations e.g. life threatening illness, chronic disease, death

4.2 Approach to the study of Paediatrics (Selected Core Clinical Problems)

- **Paediatric Foundation Principles:** *Growth, Development, Nutrition and feeding practices, Immunisations, Accident Prevention, Anticipatory Guidance*
- **The child with sickle cell disease**
- **Behavioural and emotional problems in children and adolescents**
- **The dehydrated child**
- **The febrile child**
- **Malnutrition and failure to thrive**
- **The child with red urine**
- **The child with fits**
- **The short child**
- **Sepsis in the newborn & the ill newborn**
- **The child with respiratory distress**
- **The child with heart failure**
- **The child with a rash**
- **The child with developmental delay**
- **Non-accidental injury**

*4.3 Core Clinical Problems List (Paediatric Focus)**

Core Clinical Problems in Paediatrics	**Key Diagnoses in Children**
Abdominal Pain	Acute: Appendicitis Intestinal obstruction Gastritis/ PUD Gastroenteritis/ Mesenteric adenitis UTI Basal Pneumonia Abdominal painful crisis (SCD) Chronic: Functional Constipation Non-organic- psychosocial stress Lead poisoning Parasitic Infections Inflammatory Bowel Disease
Anaemia/ pallor * (Expanded core problem in Haematology – The child with Sickle Cell Disease)	Poor perfusion: CCF, shock Anemia: Sickle Cell Disease Nutritional Anemias- Malnutrition Iron deficiency HIV Leukemia/Lymphoma Anemia of inflammation Other haemolytic anemias
Behavioral problems* (Expanded core problem in Developmental and Behavioural paediatrics – Behavioural and Emotional Problems in Children and adolescents)	Primary Care Problems: Sleeping, feeding and toileting in infants and children Discipline Parent-Adolescent Conflict Adjustment Disorders Disruptive disorders e.g. ADHD, Conduct Pervasive Developmental Disorders PTSD, grief and loss Child Abuse Learning Disorders
Bleeding	Platelet Disorders: Quantitative: ITP, Leukaemia, DIC Qualitative: Coagulation Disorders: Haemophilia DIC
Chest Pain	Respiratory: LRTI Acute Chest Syndrome SLE Cardiac: Pericarditis Chest wall: Costochondritis Rib pain- Leukaemia Sickle Cell Bony crisis
Chronic Illness	Asthma, Cerebral Palsy, Diabetes, Developmental Delay, Rheumatic Fever/Carditis, Sickle Cell Disease
Coma	Head Injury- Accidental Non-accidental

	Metabolic- Hypoglycemia Hyponatremia Uremia Reyes syndrome Poisoning: Sedatives Hypoglycemic agents Status Epilepticus/ Post-ictal Infectious: Encephalitis/ Meningoencephalitis Space occupying lesion
Constipation	Functional Hirschprung's Hypothyroidism
Cough	Upper respiratory: URI Sinusitis LTB Lower respiratory: LRTI LTB Acute Chest Syndrome Asthma Bronchiolitis LIP (HIV) Cardiac: CCF GI: GE reflux
Cyanosis	Respiratory: Status Asthmaticus Severe LRTI Bronchiolitis LIP Cardiac: TOF TGA Truncus Arteriosus Tricuspid Atresia
Dehydration * (Expanded core problem in Gastroenterology – The Dehydrated Child)	Gastroenteritis Fever Polyuria eg. Diabetis Mellitus/ Insipidus Chronic Renal failure
Developmental problems* (Expanded core problem in General Paediatrics - Approach to Developmental Delay)	Global: Mental retardation Degenerative disorders Selective: Cerebral Palsy Pervasive Developmental Disorders
Diarrhoea	Acute: Infectious: Gastroenteritis Osmotic: increased juice intake Allergic Drug- related- penicillins Extra-intestinal Infection – UTI Chronic: Parasitic Infections IBD Irritable Bowel Syndrome
Dysuria	UTI Stones Vaginitis- Child Abuse Pinworms with pruritus
Enuresis	Neurogenic bladder

	Voiding Dysfunction Polyuria Infantile Bladder UTI Psychosocial stressors
Failure to thrive* (Expanded core problem in Nutrition – The child with Failure to Thrive)	Organic: Malnutrition Cardiac Disease UTI Chronic Renal Failure Chronic Lung Disease IBD HIV Chromosomal abnormalities Non-organic: Psychosocial stressors
Faints	
Fever* (Expanded core problem in Infectious Diseases – The febrile child)	Infectious: Respiratory, GI, Urinary tract Skin, CNS Inflammatory: Rheumatic fever collagen vascular Kawasaki Malignancy: Leukaemia/ lymphoma, Neuroblastoma Drugs
Headache	Fever and acute infection Migraine, Cluster and Tension Headaches Meningitis Sinusitis Hypertension Brain Tumors
Joint Pains	Rheumatic Fever Sickle Cell Disease Acute Leukemia Rheumatoid Arthritis
Irritability	Meningitis Otitis media UTI Intussusception
Jaundice	Haemolytic : Sickle Cell Disease G6PD Infections/sepsis Hepatic: Hepatitis Drug- Bactrim, ceftriaxone Post Hepatic: Gall stones
Neck swellings	Lymph nodes: infection, malignancy, Collagen Vascular Disorders Thyroid swelling
Oliguria	Dehydration Glomerular disease: AGN Nephrotic Syndrome Acute Renal failure
Obesity	Nutritional Endocrine- Hypothyroidism, Cushings Syndromic- Prader Willi
Pain in the limbs	Bone pain- SCD, osteomyelitis, Maliganancy

	Muscle: Myositis, abscess Subcutaneous tissue: cellulitis Joints: septic arthritis, collagen vascular SUFE
Polyuria	Diabetis Mellitus Diabetis Insipidus Psychogenic polydipsia Recovery phase of AGN
Recurrent Infection	Acquired Immunodeficiency Congenital Immunodeficiencies
Red Urine* (Expanded core problem in Nephrology – The child with red urine)	Haematuria- AGN, UTI, stones Discolored urine- bilirubinuria, medication, diet
Seizures* (Expanded core problem in Neurology – The child with fits)	Meningitis Febrile Seizures Seizure Disorder Metabolic Disorders
Short stature* (Expanded core problem in Endocrinology – The Child with Short Stature or Growth Failure)	Pathological- Syndromic- Russell Silver Endocrine- hypothyroidism Skeletal dysplasias Non-pathological - genetic - constitutional
Sick Child * (Expanded core problem in Neonatology – Sepsis in the Newborn)	Infectious causes (Sepsis) Metabolic causes
Skin rash	Infectious: Measles, Rubella, Roseola Infantum, Varicella, Impetigo Infective Dermatitis, Tinea Allergic: Eczema, Allergic urticaria, Papular urticaria Vasculitis: SLE
Shortness of breath * * (Expanded core problem in Pulmonology – The child with respiratory distress) (Expanded core problem in Cardiology - The child with cardiac failure)	Cardiac- Cardiac Failure Respiratory- Pneumonia Asthma Bronchiolitis Laryngotracheobronchitis
Sore throat	Tonsillitis Pharyngitis
Stridor	Laryngotracheomalacia LTB Foreign Body Aspiration Epiglottitis
Swelling of feet/face	Renal- Nephrotic Syndrome AGN Acute Renal Failure Cardiac CCF: Rheumatic Carditis Hepatic: Chronic Liver Disease- Biliary Cirrhosis
Vomiting	GI: Gastro-enteritis Gastritis Intestinal Obstruction CNS: Meningitis Space-occupying lesion

	Migraine Respiratory: Acute Otitis Media Cough-related: Asthma Pertussis GU: UTI Uraemia
Wheezing	Respiratory: Asthma Bronchiolitis Foreign Body Cardiac: CCF
***This is not meant to be exhaustive**	

4.4 Practical Procedures

Candidates are expected to demonstrate competence in the following areas:

- Correctly establish breastfeeding technique in a new mother
- Perform examination of a well newborn
- Perform neonatal resuscitation
- Practice of immunisations
- Obtain consent for a procedure
- Venepuncture for blood specimen and setting up an IV infusion
- Perform a supra pubic aspiration
- Obtain a mid-stream urine sample from a child
- Perform urethral catheterisation
- Perform a lumbar puncture
- Plot growth parameters on age and gender appropriate growth charts
- Administer salbutamol (ventolin) by nebuliser
- Demonstrate the use of an inhaler and a peak flow meter to an asthmatic patient or their parent
- Interpret an arterial blood gas, electrocardiogram
- Completion of post-mortem and death notification forms
- Completion of disease notification form for a notifiable disease
- Competence in CPR in an older child

4.5 Useful resources

Berkowitz CD: *Pediatrics: A Primary Care Approach*, Saunders
Illustrated textbook of Paediatrics – Tom Lissauer and Graham Clayden
Behrman RE, Kliegman RM: *Nelson Essential Paediatrics,* Saunders
Rudolph AM, Kamei RK (Eds.): *Rudolph's Fundamentals of Pediatrics*, Appleton & Lange
Macleod's Clinical Examination, 10th Edition; edited by John F. Munro and Ian W Campbell
Hutchinson's Clinical Methods, 21st Edition; edited by Michael Swash

Reference material

Behrman RE (Ed.): *Nelson's Textbook of Paediatrics*, Saunders
Algranati P: *The Paediatric Patient: An Approach to History and Examination*. 1992, Williams & Wilkins
Hay WW, Groothuis JR, Hayward AR, Levin MJ: *Current Pediatrics Diagnosis & Treatment*, Appleton & Lange
Siberry GK, Iannone R: *The Harriet Lane Handbook*, 15th Ed., 2000, Mosby
Paediatrics in Review Journal
Journals:
Paediatrics in Review, Paediatric Clinics of North America, Archives of Diseases in Childhood, Paediatrics, British Medical Journal, Lancet, New England Journal of Medicine

5.0 OBSTETRICS & GYNAECOLOGY

The candidate is expected to demonstrate competence in knowledge, understanding, clinical evaluation and relevant procedural competences in the following Obstetrics and Gynaecological disciplines

5.1 Core Obstetric Clinical Problem List

OBSTETRICS

General

- Clinical anatomy of the pelvis
- Pelvimetry
- Preterm labour and delivery
- Prolonged pregnancy and management

Principles of Preconception care

- Optimization of maternal health status - folic acid supplementation, correction of anaemia, control of diabetes mellitus
- Screening for comorbid conditions
- Causes and management of recurrent miscarriage
- Genetic counselling

Antenatal care

- Bleeding in early pregnancy
- First and second trimester screening for fetal anomalies
    - Serum
    - Ultrasonography
- Invasive procedures for antenatal diagnosis
- Critical evaluation of the Obstetric examination
    - Maternal and fetal parameters
    - Calculation of gestational age
- Assessment of fetal well-being
- Role of ultrasonography in obstetrics
- Management of fetal distress
- Determinants of fetal growth
    - Indirect Methods
    - Direct methods
- Fetal growth disorders
    - Causes and management of small for gestational age fetuses
    - Causes and management of large for gestational age fetuses
- Diagnosis and management of multiple pregnancies
- Management of Rhesus negative mother

- Management of Rhesus isoimmunization
- Non-immune and immune causes of fetal hydrops and management
- Amniotic Fluid
    - Causes and management of polyhydramnios and oligohydramnios
- Management of prelabour rupture of membranes
- Causation and management antepartum and postpartum haemorrhage
- Causes and management of infections in pregnancy
    - TORCH infections
    - Management of common viral infections in pregnancy: hepatitis virus infection, herpes virus infection, cytomegalovirus, human papilloma virus, adenovirus, coxsackie virus, measles, mumps, rubella, varicella and human immunodeficiency virus infection

Intrapartum Management

- Assessment of maternal and fetal well being
- Diagnosis and management of normal labour and delivery
    - Stages of labour
    - Indications, methods, management and complications of induction of labour
- Management of failure to progress
- Protraction and arrest disorders
- Management of unstable lie, malpresentations and malpositions
- Precipitate labour
- Operative deliveries
    - Assisted vaginal delivery
    - Caesarean section
- Vaginal birth after caesarean section

Post Partum

- Problems of the third stage of labour
    - Postpartum haemorrhage
    - Uterine inversion
    - Retained placenta
- Causes and management of puerperal sepsis
- Principles of breast feeding
- Resuscitation of the newborn

Medical conditions

Management of common medical disorders in pregnancy

- Haematological disorders
    - Anaemia in pregnancy
        - Haemoglobinopathies – Sickle cell disease, thalassemia
        - Nutritional – Iron deficiency, folate, B12 deficiency
- Thrombocytopenia in pregnancy
- Collagen Vascular disorders

- Cardiac disease in pregnancy
- Hypertensive disorders of pregnancy
- Respiratory disorders in pregnancy
- Endocrine disorders in pregnancy
    - Diabetes Mellitus: Pregestational, Gestational
    - Thyroid disease
    - Pituitary and adrenal disease
- Hepatic and Gastrointestinal disease
- Renal disease in Pregnancy
- Neurological disorders in pregnancy
- Malignant disease in pregnancy
- Psychiatric disorders in pregnancy
- Substance abuse in pregnancy

Identification and management of obstetric emergencies
Management of the major obstetric haemorrhage
Management of disseminated intravascular coagulation

5.2 Practical Procedures in Obstetrics

- Abdominal examination using Leopold's manoeuvres and vaginal examination of the obstetric patient
- Insertion of cervical cerclage
- Repair of episiotomy, lacerations to cervix and vagina
- Interpretation of cardiotocograph
- Interpretation of the partogram
- Resuscitation of the newborn

5.3 Core Gynaecology Clinical Problem List

GYNAECOLOGY

General Gynaecology

- Diagnosis and management of benign conditions- fibroids, endometriosis, ovarian cysts
- Management of pelvic inflammatory disease
- Management of abnormal uterine bleeding
- Management of uterovaginal prolapse
- Management of menopause
- Diagnosis and management of ectopic pregnancies
- Diagnosis and management of sexually transmitted diseases
- Common adolescent gynaecological problems
- Management of hirsuitism
- Management of deep vein thrombosis
- Principles of preoperative surgical management
- Post operative complications in common gynaecological procedures

Oncology

- Principles of management of adnexal masses
- Diagnosis and management of gynaecological malignancies: uterine, ovarian, cervical, vagina, vulval
- Management of gestational trophoblastic disease

Infertility and Reproductive Endocrinology

- Disorders of puberty
- Physiology of the normal menstrual cycle
- Management of primary and secondary amenorrhoea
- Management of endocrinopathies causing menstrual dysfunction
    - Hyperprolactinaemia
    - Polycystic ovarian syndrome
- Investigation and management of the infertile couple
- Methods of Contraception (reversible vs. permanent methods)
- Minimally invasive surgical techniques
- Causes and Management of chronic pelvic pain
- Assisted reproduction treatments
    - Ovulation induction
    - Intrauterine insemination
    - In-vitro fertilization techniques

Urogynaecology

- Classification and diagnosis of urinary incontinence
- Management of stress incontinence
- Management of urge incontinence

5.4 Practical Procedures in Gynaecology

- Cervical cytological screening
- Dilatation and curettage
- Marsupialization
- Cone biopsy
- Interpretation of hysterosalpingogram

5.5 Useful resources

Obstetrics by Ten Teachers
Gynaecology by Ten Teachers
Textbook of Obstetrics by Roopnarinesingh
Textbook of Gynaecology by Roopnarinesingh
Basic Gynaecology by Ramsewak
OB/GYN Secrets by Fredericjson WilkinsHaug
Obstetrics Illustrated
Gynaecology Illustrated

6.0 COMMUNITY HEALTH

7.1 Aim and Objectives

Aim

The candidate is expected to integrate and apply the appropriate knowledge and skills in addressing community health problems and in caring for the individual in the ambulatory care setting.

Objectives

Candidates should be able to:

1. develop and effectively communicate plans for solving problems of individuals and families in a community setting;

2. treat effectively and efficiently a range of common problems seen in an ambulatory setting;

3. demonstrate the competence to teach and counsel persons in individual and community settings using counselling skills and health promotion principles, strategies and techniques;

4. demonstrate the confidence to practice medicine in a patient-centred manner integrating preventive and curative approaches;

5. identify the personal, social and environmental conditions existing in a particular community which may contribute to ill-health.

7.2 Core Community Health Educational Objectives

Ambulatory Care

- recognise the value of the team approach in Primary Care
- use the holistic approach in the management of the individual's problems
- recognize disease processes in their early or latent phases
- effectively manage a range of common health problems seen in an ambulatory setting
- utilize the problem-oriented approach to patient care in a manner suited to the ambulatory care setting in which doctor-patient interaction time is often limited
- appreciate the significant impact of psycho-social factors on the health of the general population
- appropriately utilize counselling and health promotion in ambulatory care medicine

Ambulatory Therapeutics

- become familiar with the pharmaceutical agents commonly used in ambulatory care and with available drug formularies (eg MIMS and The British National Formulary)
- be able to write appropriate prescriptions for use in the ambulatory care setting
- apply knowledge to the specific treatment of common ambulatory care problems while bearing costs in mind
- recognize important similarities and differences in drug utilization in the ambulatory versus the hospital setting
- explain and justify strategies for increasing patient compliance in the ambulatory setting
- recognize and use where appropriate the non-drug aspects of therapeutics to the benefit of the patient

Common Emergencies

- become familiar with the range of emergencies common to the ambulatory care setting
- apply the principles of triage, resuscitation and first aid to these common emergencies
- apply knowledge from other areas of the medical curriculum to the management of common emergencies
- recognize the need, where applicable, for referral to a secondary care unit and make an appropriate referral

Social Issues in Patient Management

- recognize the patient with social problems
- recognize the role of the Social Worker as part of the health team
- counsel patients appropriately and recommend practical solutions to common social problems
- demonstrate the use of correct referral procedures to counselling and social services
- discuss the use of social science behaviour change theories in improving patient compliance

Management of Diabetes and Hypertension

- discuss risk factors for diabetes and hypertension
- discuss early recognition, diagnosis and management of patients with diabetes and hypertension
- demonstrate the examination, investigation, management of ambulatory patients with diabetes and or hypertension
- be able to recognize end organ damage in patients with diabetes and or hypertension
- demonstrate the appropriate use of lifestyle changes and or medication in the management of patients with diabetes and or hypertension

Sexually Transmitted Infections

- accurately identify:
  - the primary external clinical manifestations of STIs which cause ulcerations, vesicular rashes or warts
  - other common skin rashes caused by STIs
- describe normal and abnormal discharges from the male and female genitalia
- discuss management plans for male and female patients with suspected STIs
- counsel appropriately:-
  - someone who is requesting an HIV antibody test,
  - someone whose HIV antibody test is confirmed to be positive
- say how you would elicit (directly or indirectly) specific information about the sexual contacts of an index case of STI
- elicit in a simulated or real situation the essential elements of a patient's sexual history
- write appropriate prescriptions for patients with common STI's

Health Promotion

- interpret framework for health promotion activities and define the role of the physician in the process
- integrate concepts and practice relevant to health, wellness and fitness in managing patients and community problems
- apply health promotion strategies to health issues stated in the Caribbean Charter for Health Promotion document

The Burden of Chronic Diseases

- describe the epidemiology of chronic diseases
- discuss the impact of chronic diseases in morbidity and mortality
- interpret the economic impact of chronic diseases
- develop and implement a rational approach to the control of chronic disease

Nutrition, Health and Obesity

- appreciate the role of nutrition and exercise in health and disease
- relate obesity as a health risk in patient care
- apply an approach to the patient who needs to lose weight

Ethical Issues

- identify and carry out duties and obligations of physician to patient
- identify the duties and obligations of physician to colleagues
- identify the duties and obligations of physicians in general and to society

Medico-legal considerations

- appreciate the significance of and application of the following in delivery of patient care: negligence, consent, record keeping/disclosure of records, confidentiality and communication.

Vital Registration

- identify the role and functions of the Registrar General Office
- develop competence in filling out forms for vital registration (Birth, death certificate etc)
- to appreciate the value of accuracy for statistical and epidemiological purposes

7.0 PSYCHIATRY

7.1 General Principles

Candidates should demonstrate the essential skills for taking a psychiatric history and performing a mental status examination. They should show competence in making common psychiatric diagnoses and in making appropriate recommendations for investigations and treatment. Candidates should utilize a holistic and multidisciplinary approach to the practice of psychiatry. To this end, they should demonstrate an understanding of Bio-Psycho-Social principles and should be able to function effectively on multi-disciplinary teams comprised of various health professionals and allied staff.

7.2 Specific Areas of Competence

Candidates should be able to demonstrate:
Knowledge in the following areas:

- Effective level of knowledge and understanding (the list is not exhaustive and is not meant to be exclusive)-
  - Psychiatric phenomenology
  - Disorders usually first diagnosed in Infancy, Childhood, or Adolescence
  - Delirium, Dementia, Amnestic and other Cognitive Disorders
  - Substance-Related Disorders
  - Schizophrenia and other Psychotic Disorders
  - Mood Disorders – Depressive Disorders & Bipolar Disorders
  - Anxiety Disorders
  - Common drugs used in Psychiatry
  - The Mental Health Referral System
  - Suicide and Para suicide
  - Child Abuse
  - Rape
- Basic knowledge and understanding (the list is not exhaustive and is not meant to be exclusive)-
  - Personality Disorders
  - Somatoform Disorders
  - Factitious Disorders
  - Dissociative Disorders
  - Sexual and Gender Identity Disorders
  - Eating Disorders
  - Sleep Disorders
  - Impulse-Control Disorders
  - Adjustment Disorders
  - Psychotherapy and Case Formulation
  - Psychological Assessment
  - Mental Health Services in the Caribbean

Clinical skills as follows:

- To elicit a history that is relevant, accurate and appropriate to the patient's problems
- To conduct a comprehensive mental status examination
- To formulate differential and working diagnoses for patients seen
- To use a multiaxial diagnostic system such as the one used in the Diagnostic and Statistical Manual of Mental Disorders
- To demonstrate an ability to initiate appropriate investigations of different psychiatric disorders and interpret results in the context of the specific clinical situation
- To demonstrate an ability to plan psychiatric treatment using the integrated biopsychosocial model
- To explain and discuss the diagnosis and treatment with the patient and family
- To work within a multidisciplinary health care team including psychiatric nurses, social workers, psychologists and occupational therapists
- To demonstrate a basic ability to establish appropriate psychotherapeutic relationships with patients
- To demonstrate a basic knowledge of groups of drugs commonly used in psychiatry, e.g. dosage, therapeutic effects, side effects, length of treatment and factors influencing the choice of a particular drug
- To demonstrate knowledge of psychological treatments such as supportive and insight-oriented psychodynamic psychotherapy, behavioural therapy, cognitive therapy, hypnosis and biofeedback

Appropriate attitudes as follows:

- Maintaining a professional non-judgemental attitude, and showing respect for their patients
- Respecting the confidentiality of information provided by the patient
- Identifying important ethical issues relevant to the patient and his/her family
- Valuing the importance of multidisciplinary teamwork
- Valuing constructive, non-judgmental evaluation by clinical supervisors, along with peer evaluation and self-evaluation

8.0 SURGERY

The candidate is expected to demonstrate competence in knowledge, understanding, clinical evaluation and relevant procedural competences in the following surgical disciplines.

*8.1 Core Clinical Problems List**

General Surgery Topics

- Thyroid and parathyroid abnormalities
- Peripheral arterial disease, venous disease and aneurysms
- Biliary tract disease
- Breast cancer
- Pancreatitis and pancreatic cancer
- Peptic ulcer disease and gastric cancer
- Colonic cancer, Inflammatory bowel disease and diverticulitis
- Perianal disorders (haemorroids, fistulas, fissures and abscesses)

Paediatric Surgery

- Abdominal masses (including Wilm's tumour and neuroblastoma)
- Paediatric surgical emergencies (including volvulus, intussusception, torsion of testes, appendicitis)
- Common congenital problems of surgical significance (including hernias, undescended testis and posterion urethral valves)

Orthopaedics

- Principles of management of fractures
- Principles of management of benign and malignant bone tumours
- Principles of management of degenerative joint disease
- Principles of management of bone and joint infections

Urology

- Haematuria/ Stone disease/ Urinary retention
- Genitourinary neoplasms including prostate

Cardiothoracic

- Dysphagia (including oesophageal cancer and achalasia
- Chest trauma/ Lung cancer

Neurosurgery

- Head injury/ Spinal syndromes
- Cerebral Tumours/ Cerebrovascular disease
- Congenital Neurosurgical Problems

Anaesthesia

- Management of upper airway obstruction
- Discuss & demonstrate rapid sequence intubation
- Care of the unconscious patient
- Cardio-pulmonary resuscitation and its end-points (including vital signs, urine output, CVP, ABG)
- Common anaethetic drugs (including analgesics)

ENT and Ophthalmology

- Investigations and management common problems encountered such as hearing loss, ear discharge, epistaxis, hoarseness and neoplasms of this region
- Principles of management of eye trauma
- Principles of management of sudden or gradual loss of vision
- Management of the red eye
- Management of foreign body in eyes, ear, nose

*** This list is not meant to be exhaustive**

8.2 Useful resources

N. Browse: *Browse's Introduction to Symptoms and Signs of Surgical Diseases*
Russel, Williams and Bulstrode: *Bailey and Love's Short Practice of Surgery*

9.0 APPENDIX

PRACTICE Extended Matching Questions (EMQ's)

THEME: DYSPNOEA

A. Pulmonary Embolism	D. Asthma	G. Pleural effusion
B. PCP	E. COPD	H. Pneumothorax
C. Pulmonary Fibrosis	F. Pneumonia	I. Tuberculosis.

For each options above, choose the most likely option for the problems below. Each option may be used once, more than once or not at all.

1. A 45 - year old male, a previous smoker presents with SOB and wheezing. PFT's FEV1.0 of 2.52 litres (Predicted 3.4 litres). His actual FVC was 3.8 litres. The predicted was 4.0 litres. His DLCO was Normal.

2. A 50 - year old female one week post chemotherapy in hospital presents with a high fever, cough and respiratory distress.

3. A 15 - year old male with a history of amputation a year ago for osteosarcoma, presents with SOB. Examination shows a deviated trachea. His CXRay is abnormal.

4. A 45 - year old female with SOB known to be ANA positive, anti RNP positive for about 5 years. Presents with worsening dyspnoea. SaO2 on room air was 88%. On auscultation, coarse bibasal crackles are heard.

5. A 25 - year old male with oral candidiasis and a history of weight loss of some fifteen pounds associated with fever and haemoptysis.

PRACTICE EMQ'S

THEME: CHEST PAIN

A. Angina Pectoris	D. Pericarditis	G. Aortic dissection
B. Herpes Zoster	E. Oesophagitis	H. Costochondritis
C. Pneumonia	F. Pulmonary embolism	I. Fibrocystic disease.

1. A 50 - year old housewife with no history of any chronic illnesses, complains of chest pains one week after moving to her new house. Physical examination unremarkable, other than tenderness along the sternal edge on palpation.

2. A 24 - year old female with a history of chest pain associated with SOB worse when lying flat. CXRay shows a globular heart. 12 lead ECG is low voltage with diffuse ST elevation.

3. A 46 - year old diabetic businessman with severe retrosternal chest pain at nights. Pains are severe on lying flat and worse after a heavy meal, and taking a few drinks with his friends.

4. A 60 - year old male with a low grade fever, and "band like" chest pain quite severe and burning in nature. Localized to a band just below the sternal angle. No radiation.

5. A 55 - year old male brought to A&E found collapsed in his office. Significant findings on examination - peripheral cyanosis, PaO2 of 80% on room air. ABG shows a pO2 of 50 mmHg, pCO2 of 25 mmHg, pH of 7.47, HCO3 - of 22mols/l.

PRACTICE MCQ's

All the following are major criteria to diagnose acute Rheumatic fever except:

(a) Migratory polyarthritis
(b) Sydenham's chorea
(c) Erythema nodosum
(d) Carditis
(e) Subcutaneous nodules.

All the following may be associated with aortic incompetence except:

(a) Displaced apex beat
(b) Corrigan's pulse
(c) Opening snap
(d) Austin Flint murmur
(e) Duroziez's sign.

All the following may be used to treat atrial fibrillation except:

(a) Digoxin
(b) Amiodarone
(c) Lignocaine
(d) Beta blockers
(e) Calcium channel blockers.

MULTIPLE CHOICE QUESTIONS

In these questions, candidates must select one answer only.

1) Prophylaxis against opportunistic infections is advised when the CD4 count falls below:

   a) 500 cells / mm^3
   b) 300 cells / mm^3
   c) 250 cells / mm^3
   d) 200 cells / mm^3
   e) 100 cells / mm^3

Answer: d

2) The most useful initial test for SLE is:

   a) anti-ds DNA antibody
   b) anti-nuclear antibody
   c) anti-cardiolipin antibody
   d) C_3 and C_4 levels
   e) anti-extractable nuclear antigen (ENA) antibody

Answer: b

3) The most common cause of painless frank haematuria in male patients over 50 years is:

   a) bladder squamous cell carcinoma
   b) carcinoma of the prostrate
   c) hypernephroma
   d) transitional cell carcinoma of the kidney
   e) transitional cell bladder carcinoma

Answer: e

SHORT ANSWER QUESTIONS

A forty year old obese truck driver is admitted to the medical wards. He weighs about 140Kg. On post admission ward round, he is noted to be very drowsy and difficult to rouse. An ABG is done and comes back with the following results:

pO2 = 48 mmHg, pCO2 = 120 mmHg, HCO3 = 34 mols/l, pH = 7.31

What is your diagnosis based on this ABG?

List three (3) possible causes of this problem?

What other complications may you expect in this patient?

List 4 investigations you would carry out:

SAMPLE EXAMINATION QUESTIONS

MCQ (Choose the single correct answer)

1. The following clinical finding distinguishes pleural effusion from other pathological processes which may occur in the lung or pleural space

    a. Tachypnoea
    b. Decreased breath sounds
    c. Stony dullness
    d. Absent breath sounds
    e. Bronchial breath sounds

2. Haematuria is defined as
a. the presence of > 1+ blood on dipstick analysis of urine
b. the presence of any blood on dipstick analysis of urine
c. the presence of red cell casts on microscopy
d. the presence of > 5 red cells per high power field
e. the presence of a positive Sulphur salicylic acid test on urine

3. A 10 month old infant presents with a five day history of high fever and a 2 day history of vomiting and irritability. On the morning of presentation he develops jerky movements of all 4 limbs. This child's seizures are most likely due to
a. febrile convulsions
b. meningitis
c. seizure disorder
d. sodium abnormality
e. brain abscess

Questions 4-6 relate to the following vignette:

A 10 month old infant is referred to neurology clinic because of mother's concern about his development. He is not able to sit up and is not babbling. On motor examination he is found to have involuntary jerky movements of proximal limbs and twisting of mouth with a tendency to protrude tongue. The tone is increased, with reduced power and hyperreflexia in all groups.

4. The most important aspect of the history required to determine the likely cause of this problem is
a. family history of mental retardation
b. birth history of asphyxia
c. past medical history of meningitis
d. neonatal history of blood group incompatibility
e. antenatal history of maternal infections

5. The likely site of the lesion is
a. The anterior horn

b. The posterior horn
c. The thalamus
d. The basal ganglia
e. The cerebellum

6. From the information given, this child demonstrates
a. features of mental retardation
b. selective regression
c. global delay
d. global regression
e. selective delay

ANSWERS
1.c, 2d, 3b, 4d, 5d, 6e

8. SAMPLE TEST QUESTIONS

A. SHORT ANSWER QUESTIONS

1. A 22 year old female presents at your clinic with a history of a white vaginal discharge that is itching and occurring soon after her menses.

What would you prescribe for her for this condition?

_____

2. A 35 year old female presents for a check up. She is found to have pale mucous membranes.

List one aspect of her history other than diet that you would probe initially based on this finding.

_____

3. The following lab results are obtained for a 72 year old slim female who you are seeing for the first time at your health centre:
FBS 11.2 mmol/L and 2Hr pp blood glucose 14.3 mmol/L

List one drug that you would be your first choice for treating this patient.

_____

State one other lab investigation (blood tests) that you would like to order for this patient and give a short rationale for doing so.

_____
_____

B. MULTIPLE CHOICE QUESTIONS

1. The physician's task of writing a death certificate involves listing all of the following EXCEPT:

a. disease or condition directly leading to death
b. significant condition(s) contributing to death
c. the date on which the patient passed away
d. the occupational status of the deceased
e. the registered qualifications of the physician

2. Choose from the options below what would be your best empathetic response to a patient who says:

"Doctor, I don't know what to do again but this pain in my back has stopped me from working for more than a week now."

a. "I see what you mean."
b. "Where exactly is the pain?"
c. "That must be difficult for you!"
d. "So it means all your work is piling up!"
e. "Well I could give you a stronger pain medication"

3. The epidemiological transition in the Caribbean refers to:

a. The fact that there are now more chronic diseases than infectious diseases
b. The fact that there are more epidemics now than ever before
c. A substantial change in the pattern of disease over time
d. The fact that the populations is ageing rapidly
e. The fact that there has been a large reduction in the burden of disease overall

C. EXTENDED MATCHING QUESTIONS

The following conditions are skin problems that can be seen in a primary care setting:
1. scabies
2. chickenpox
3. atopic eczema
4. impetigo
5. herpes simplex
6. herpes zoster
7. pityriasis rosea

Match one of the above conditions with one of the following scenarios by entering the relevant number at the end of the scenario. A condition can only be used once.

a. 20 yr old female does not feel well and has a low grade fever and headaches. She notes a few tiny blisters on different parts of her chest. ____

b. 17 yr old female with a 2 week history of rash all over her body which almost looks in parts like ring worm but has not responded to known effective ringworm treatment. _____

c. 12 yr old male with itchy "bumps" in the groin and buttocks area. Itching is worse at nights. ____

Answers to sample questions:

A. SHORT ANSWER
1. Clotrimazole pessaries and cream or Fluconazole 150 mg stat or any other appropriate antifungal regime used in the treatment of vaginal candidiasis.

2. Menstrual history is the most obvious aspect to history for initial probing.

3. A sulfonylurea such as glibenclamide. Metformin will also be an option.

Lipid profile – this can be impaired in diabetics and also poses an additional risk for unwanted outcomes.
or assessment of renal function (BUN, creatinine, electrolytes) as this assesses status of one of the end organs for damage from diabetes mellitus.
B. MULTIPLE CHOICE
1. d
2. c
3. c
C. EXTENDED MATCHING
a. 2
b. 7
c. 1

SAMPLE MULTIPLE CHOICE QUESTIONS

1. An otherwise well 12-year old boy presents with a 2-week history of onset of a mildly pruritic rash involving his trunk and proximal limbs. The lesions are oval shaped or annular papules or plaques with peripheral scales.

The most likely diagnosis is:
A. Acute tinea corporis
B. Seborrhoeic dermatitis
C. Pityriasis rosea
D. Atopic dermatitis

Correct answer: C
The age of the boy makes pityriasis rosea likely. The relatively rapid onset and the distribution and types of lesion are all in keeping with pityriasis rosea. Generalized tinea corporis is quite uncommon and with such rapid onset would suggest an underlying illness. The distribution is not in keeping with seborrhoeic dermatitis or atopic dermatitis.

2. The following statement is true regarding blistering disorders:

A. Pemphigus vulgaris responds promptly to moderate doses of oral corticosteroids.
B. Pemphigus foliaceus rarely presents with tense intact blisters.
C. Bullous pemphigoid has a predilection for the face and trunk.
D. Bullous pemphigoid affects the oral cavity in over 50% of cases.

Correct answer: B
Pemphigus vulgaris usually requires high doses of corticosteroids for control and even then usually responds slowly. Bullous pemphigoid has a predilection for the limbs and in severe cases involves the trunk. Involvement of the face is rare. Involvement of the oral cavity is also uncommon in bullous pemphigoid and may indicate an underlying malignancy. Pemphigus foliaceus rarely presents with intact blisters as the split in the skin occurs superficially in the granular layer. Blisters, therefore, are flaccid and rupture easily.