



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Key Feature Problems Practice Paper

Please mark your answers by filling in the responses as shown:

Use black/blue pen.
Do NOT use a red or felt-tip pen.
Completely fill in the oval.
Make no stray marks.

Example ○ ● ○ ○

Please **DO NOT** use ticks or crosses
anywhere in the paper.

CASE 1

MARK LIKE THIS



Sonya Turner, a 16 year old girl, presented for the fourth time in six weeks with recurrent bouts of high fever, abdominal discomfort, nausea and sore throat. She has generalised fatigue, is off her food and is losing weight. Mum said, "Looks like she has tonsillitis again!"

Question 1

What are the most likely differential diagnoses?

Fill in **up to three (3)** ovals from the following list.

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| <input type="radio"/> Acute HIV seroconversion illness | <input type="radio"/> Hepatitis D |
| <input type="radio"/> Acute type 1 diabetes | <input type="radio"/> Hypochondriasis |
| <input type="radio"/> Bulimia nervosa | <input type="radio"/> Leishmaniasis |
| <input type="radio"/> Congenital hypogammaglobulinaemia | <input checked="" type="radio"/> Leukaemia |
| <input checked="" type="radio"/> Cytomegalovirus ✓ | <input type="radio"/> Liver fluke infestation |
| <input checked="" type="radio"/> Epstein Barr Virus (Infectious mononucleosis) ✓ | <input type="radio"/> Reflux oesophagitis |
| <input type="radio"/> Giardiasis | <input type="radio"/> School refusal |
| <input type="radio"/> Hepatitis A | <input type="radio"/> Substance abuse (glue sniffing, snorting etc.) |
| <input type="radio"/> Hepatitis B | <input checked="" type="radio"/> Toxoplasmosis |
| <input type="radio"/> Hepatitis C | |

Question 2

What blood tests would you do immediately?

Fill in **up to two (2)** ovals from the following list.

- | | |
|--|--|
| <input type="radio"/> Anti-nuclear antibodies | <input type="radio"/> Hepatitis C serology |
| <input type="radio"/> Blood cultures | <input type="radio"/> HIV antibodies |
| <input type="radio"/> Blood sugar level, fasting | <input type="radio"/> Liver function tests |
| <input type="radio"/> Blood sugar level, random | <input type="radio"/> Protein and immunoglobulin EPG |
| <input type="radio"/> CMV serology | <input type="radio"/> Schilling test |
| <input checked="" type="radio"/> Epstein Barr Virus serology ✓ | <input type="radio"/> Serum cholesterol |
| <input type="radio"/> ESR | <input type="radio"/> Serum gastrin level |
| <input checked="" type="radio"/> Full Blood Count (FBC) ✓ | <input type="radio"/> Stool cultures |
| <input type="radio"/> Hepatitis A serology | <input type="radio"/> Toxoplasmosis serology |
| <input type="radio"/> Hepatitis B serology | <input type="radio"/> Urea and electrolytes |

Venue:

RACGP No.:

Name:

CASE 2

MARK LIKE THIS



Paul Young, a 56 year old man, consults you in your surgery because of pain in his left leg which began two days ago and has been getting progressively worse. He states his leg is tender below the knee and swollen around the ankle. He has never had similar problems. His other leg is fine.

Question 1

What diagnoses would you consider at this time?

List, in note form only, up to two (2) diagnoses.

1. DVT
2. periph. vascular disease.

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Question 2

With respect to your diagnoses, what elements of his history would you particularly want to elicit?

Fill in up to seven (7) ovals from the following list.

- | | |
|--|--|
| <input checked="" type="radio"/> Activity at onset of symptoms ✓ | <input type="radio"/> Palpitations |
| <input type="radio"/> Alcohol intake | <input type="radio"/> Paraesthesia |
| <input type="radio"/> Allergies | <input type="radio"/> Paroxysmal nocturnal dyspnoea |
| <input type="radio"/> Angina pectoris | <input type="radio"/> Polydipsia |
| <input type="radio"/> Anti-inflammatory therapy | <input type="radio"/> Previous back problems |
| <input checked="" type="radio"/> Cigarette smoking ✓ | <input checked="" type="radio"/> Previous knee problems ✓ |
| <input type="radio"/> Colour of stools | <input checked="" type="radio"/> Previous neoplasia ✓ |
| <input type="radio"/> Cough | <input type="radio"/> Previous urinary tract infection |
| <input type="radio"/> Headache | <input type="radio"/> Recent dental procedure |
| <input type="radio"/> Haematemesis | <input checked="" type="radio"/> Recent immobilisation ✓ |
| <input type="radio"/> Hormone therapy | <input type="radio"/> Recent sore throat |
| <input type="radio"/> Impotence | <input checked="" type="radio"/> Recent surgery ✓ |
| <input checked="" type="radio"/> Intermittent claudication ✓ | <input checked="" type="radio"/> Recent work environment ✓ |
| <input type="radio"/> Low back pain | <input checked="" type="radio"/> Wounds on foot ✓ |
| <input type="radio"/> Nocturia | <input type="radio"/> Wounds on hand |

Name:

RACGP No.:

CASE 3

MARK LIKE THIS
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Samuel Ritchie, a 59 year old man, comes to your office for evaluation of occasional dyspepsia partially relieved by antacids, vague lower abdominal discomfort, chronic constipation, and blood-stained toilet paper after defaecating.

Physical examination shows an anal fissure and external haemorrhoids. Examination of the interior of the stool bolus for occult blood is positive. Blood count shows haemoglobin of 10.8 g/dl (normal range 13.0-17.5 g/dl) and mean corpuscular volume (MCV) of 76 fl (normal range 80-98 fl). Prothrombin time, partial thromboplastin time, serum calcium, creatinine, bilirubin, alkaline phosphatase, and aspartate aminotransferase are normal.

Question 1

What is the differential diagnosis of this patient's problem?

List, in note form only, up to five (5) answers.

1. peptic ulcer disease ✓
2. ca colon ✓
3. diverticulitis
4. gastric ca ✓
5. vascular malformations

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Question 2

Which investigations should be included in an initial diagnostic work-up of this patient?

Fill in as many ovals as are appropriate from the following list.

- Carcinoembryonic antigen
- CAT scan of the abdomen
- Coeliac arteriography
- Colonoscopy ✓
- Gastric acid studies
- Radionucleotide liver scan
- Rigid sigmoidoscopy
- Single-contrast barium enema
- Upper gastrointestinal endoscopy ✓
- Upper gastrointestinal series

Venue:

RACGP No.:

Name:

CASE 4

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Martha Thompson, a 74 year old widow, presents to your surgery complaining of sudden onset of severe mid-thoracic back pain which occurred after a fall in the garden. Her general health has been good apart from a left mastectomy for carcinoma five years ago. She has had intermittent backache for several years but has not required regular medication for this. Physical examination shows her to be in severe pain and she has a noticeable thoracic kyphosis. Her back is tender to percussion in the mid-thoracic region with associated muscle spasm.

Question 1

Which differential diagnoses would you consider?

List, in note form only, up to three (3) diagnoses.

1. vertebral crush fracture ✓
2. metastatic bone disease ✓
3. _____

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You admit the patient to your local hospital for pain relief and investigation.

Question 2

Assuming they are available, which investigations would you order on admission?

Fill in up to three (3) ovals from the following list.

- Bone densitometry
- Bone scan ✓
- CAT scan spine
- Electrolytes
- FSH level
- Full Blood Count (FBC)
- Liver function tests ✓
- Liver scan
- Mammogram of the right breast
- MRI spine
- Plain X-ray spine ✓
- Serum calcium
- Ultrasound of the right breast

Name:
RACGP No.:
Venue:

Serum creatinine

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CASE 5

MARK LIKE THIS



Monica Landers, a 9 year old girl, presents with a three day history of fever, increasing lethargy and vague left upper quadrant abdominal pain.

On examination her temperature is 38°C. Her respiratory rate is forty breaths per minute. Her abdomen is soft and non-tender. The chest is clear to auscultation.

Question 1

What are your most likely differential diagnoses?

List, in note form only, up to three (3) diagnoses.

1. pneumonia
2. ~~EBV~~ + UTI
3. leishmaniasis

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Question 2

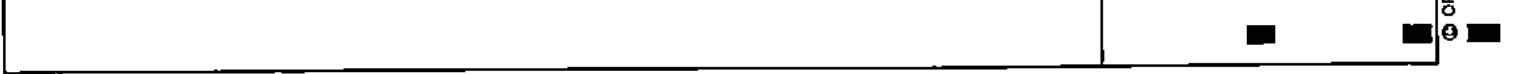
What are the most appropriate investigations?

List, in note form only, up to two (2) investigations.

1. FBE x MSU
2. CXR ✓

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Name:
RACGP No.:
Venue:



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CASE 6

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Susanna La Bella, a 23 year old mother of one, presents for confirmation of her second pregnancy. The first day of her last normal period was eleven weeks ago and she ceased taking Diane four months ago. Her first pregnancy resulted in a healthy boy weighing 4.2kg, now aged eighteen months, who was born in Geelong prior to the family's transfer. During the pregnancy, Susanna had problems with her blood pressure and required an injection after the birth because of the baby's blood group. She thinks that her blood group is A negative. Her last Pap smear was two and a half years ago.

Question 1

What is/are the most important test(s) to arrange at this time?

List, in note form only, up to three (3) tests.

1. ABO ^{rhesis} + antibody screen
2. antibody screen
3. ~~preg. test~~ / PAP

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Name:
RACGP No.:
Venue:

Question 2

What is the most important management strategy at this time?

Write, in note form only, your single (1) answer.

1. DISCUSS OPTIONS *contract Geelong for details*

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CASE 7

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Mrs Betty Oliver, aged 76, is known to have carcinoma of the submandibular gland with secondaries in cervical nodes and both lungs. She was initially treated with chemotherapy three years ago, and has just completed a course of radiotherapy to the known metastases, but without obvious reduction in size of deposits.

She lives alone, is widowed and her two children live interstate.

A neighbour rang to inform you that Mrs Oliver appeared to be hallucinating, walking around the back garden shouting at non-existent people. You attend, to find Mrs Oliver sitting in bed and apparently quite lucid. She complains of no symptoms, but on specific questioning she admits to seeing men climb through her window and sit on the end of her bed talking. It is clear that these are hallucinations. Mrs Oliver appears to be febrile but otherwise has no physical signs.

Question 1

What are your most likely differential diagnoses?

List, in note form only, up to three (3) diagnoses.

1. brainy metastases ✓
2. acute confusion 2° infection eg UTI ✓
3. hypoxia

EXAMINER
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Question 2

What would your immediate management include?

Fill in up to five (5) ovals from the following list.

- Admission to general hospital
- Admission to psychiatric hospital
- Arrange social worker review
- Bed rest at home
- Blood cultures
- Blood gases/oximetry
- Chest X-ray
- CT brain
- Echocardiogram
- Intramuscular phenothiazine
- Lithium carbonate
- Prescription of benzodiazepine at night
- Skull X-ray
- Syphilis serology
- Urine culture

Name:
RACGP No.:
Venue:

CASE 8

MARK LIKE THIS



Jessie Munipindi, a 48 year old Aboriginal woman, attends for a regular three monthly blood pressure check-up. She is a cleaner at a nearby primary school and her medication is Atenolol 50 mg BD. Since the last visit, Jessie has been feeling very tired, although she blames this on recent family responsibilities. Her fifth and youngest child recently became married and another daughter produced her seventh grandchild. Her husband recently retired because of frequent angina. She has also noticed some vulval itch which is controlled by Hydrocortisone 0.5% cream obtained from a pharmacy. Her periods are regular. On examination, her blood pressure is 160/95 and her weight has increased to 93kg.

Question 1

What are the most likely causes of her tiredness?

List, in note form only, up to five (5) causes.

1. β blockade - (2)
2. social situation / stress / depression (+)
3. ~~depression~~ . diabetes (2)
4. anaemia (1)
5. hypothyroidism (1)

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Question 2

What initial investigations, if any, would be most likely to help you establish the cause of Jessie's tiredness?

Fill in up to five (5) ovals from the following list.

- | | |
|---|--|
| <input type="radio"/> 24 hour ambulatory monitoring | <input type="radio"/> Liver function tests |
| <input type="radio"/> B ₁₂ and folate | <input type="radio"/> Pap smear |
| <input checked="" type="radio"/> Blood sugar ✓ | <input type="radio"/> Paul Bunnell |
| <input type="radio"/> Chest X-ray | <input type="radio"/> Plasma cortisol |
| <input type="radio"/> ECG | <input type="radio"/> Plasma oestrogen |
| <input type="radio"/> ESR | <input type="radio"/> Renal ultrasound |
| <input checked="" type="radio"/> Full blood count (FBC) ✓ | <input type="radio"/> Serum calcium, phosphate |
| <input type="radio"/> HbA1C | <input type="radio"/> Stool microscopy and cultures |
| <input type="radio"/> Hepatitis B serology | <input checked="" type="radio"/> T.S.H. ✓ |
| <input type="radio"/> HIV serology | <input checked="" type="radio"/> Urea, creatinine and electrolytes |
| <input type="radio"/> HSV serology | <input checked="" type="radio"/> Urinalysis |
| <input type="radio"/> Iron studies | <input type="radio"/> Vulval/vaginal swab |

Name:
RACGP No.:
Venue:

Serum creatinine

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CASE 9

MARK LIKE THIS
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Tanya Adams, a previously well 3 year old, is carried in to your surgery. She is refusing to walk. There is no history of trauma. She was unable to get out of bed this morning. Her temperature is 37.3°C (oral).

On examination you note pain and limitation of left hip flexion and internal rotation.

Question 1

What initial investigations, if any, would you now perform?

Fill in up to two (2) ovals from the following list.

- Aspiration (L) hip
- Blood cultures
- Bone scan
- CRP
- CT scan (L) hip
- ESR
- Full blood count/Full blood examination/Blood count ✓
- MRI (L) hip
- MSU
- None
- Rheumatoid factor
- Ultrasound of hip
- Urinalysis
- X-ray (L) knee
- X-ray (L) lower limb/pelvis
- X-ray (L) hip

Later in the afternoon, the test(s) are returned normal.

Question 2

What is now the most appropriate management?

Fill in as many ovals as are appropriate from the following list.

- Arrange for joint aspirations
- Arrange to review child the following morning
- Commence a five day course or low dose steroids (1 mg Prednisolone/kg/day)
- Initiate a course of antibiotics
- Repeat tests in 24 hours
- Request MRI scan left hip

Name:
RACGP No.:
Venue:

Withhold further investigation and review in 48 hours



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CASE 10

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Mrs Elizabeth Baxter is a nurse at the local public hospital. She is aged 36 years, married with no children and has sustained a needlestick injury at work which resulted in Hepatitis C infection. She visits you for information and advice, having just received the results from the Occupational Health Officer.

Question 1

In advising Mrs Baxter about the characteristics of Hepatitis C infection, which of the following would you wish to discuss?

Fill in up to seven (7) ovals from the following list.

- Carrier state does not occur after primary infection
- Incubation period is usually less than fifteen days
- Jaundice is common
- Maternal transmission may occur
- May be associated with cardiomyopathy
- May be treated with Interferon alpha ✓
- PCR testing ✓
- Rarely results in chronic liver disease
- Results in chronic liver disease in up to 50% of cases ✓
- Serial liver function tests of infected individuals are recommended ✓
- Signs of infection are often subclinical
- Some immunity to Hepatitis C may be conferred by Hepatitis B vaccine
- Spreads readily by sexual contact
- Vaccination is not available

Question 2

What advice should be given to Mrs Baxter about preventing the specific transmission of her Hepatitis C to others?

List, in note form only, up to six (6) features of advice you would give to Mrs Baxter.

1. no blood to blood contact 2
2. don't share razors 2 2 2
3. don't share toothbrushes 2
4. no contact sport
5. safe sex 2
6. universal precautions 2

Name:
RACGP No.::
Venue:

→ don't donate blood/organs
- Advise health care workers
- safe sex
- don't share needles
- universal precautions
- Inform husband
- correct handling blood loss ✓

EXAMINER
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OP

CASE 11

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Mrs Cheryl Kay, a 35 year old woman, who works in a sandwich bar, presents with sudden onset of continuous watery diarrhoea and vomiting with abdominal cramps. This has been going on for eighteen hours. She was previously well. She is not sure whether there has been any blood in the stools.

On examination, she is mildly dehydrated (5%), pulse 96 regular, BP 130/82, abdomen soft, no masses, temperature 37.2°.

Question 1

What are the most likely pathogens?

List, in note form only, up to seven (7) pathogens.

1. *Shig:* *Salmonella typhi* 2
2. *Shigella* sp. 2
3. *Campylobacter* 2
4. *E. coli* 2
5. viral 2
6. *giardiasis* 1
7. *Staph.* 2

Name:
RACGP No.:
Venue:

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Question 2

What is the most important investigation?

Write, in note form only, your single (1) answer.

1. stool culture ✓ (for m,c,s)

EXAMINER USE ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

Question 3

While waiting for the results of your investigation, what are the important features of your management?

List, in note form only, up to two (2) features.

1. off work (food handler)
2. rehydrate (eg. gastrolyte)

EXAMINER USE ONLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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CASE 12

MARK LIKE THIS

○ ● ○ ○

Shirley Evans, aged 52, accompanies her mother Elsie, age 77, for a consultation about Elsie's forgetfulness and behaviour. Elsie has lived alone since her husband died a year ago. She forgets simple things like turning off the stove, having a bath and putting out the rubbish, and has become frail. Shirley has responded by helping out with cooking and cleaning, but her mother is very independent and, at times, difficult to handle. Elsie looks slightly dishevelled.

Question 1

What diagnoses would you consider most likely to explain Elsie's problems?

List, in note form only, up to five (5) diagnoses.

1. Alzheimer's ✓ 2
2. Depression ✓ 1
3. Hypothyroidism ✓ 1
4. nutritional anaemia 1
5. organic brain path. 1

Venue:

RACGP No.:

Name:

EXAMINER
USE ONLY

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21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

Question 2

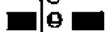
What investigations are most likely to elucidate the cause of Elsie's problems?

List, in note form only, up to six (6) investigations.

1. CT head
2. TFT
3. FBC
4. folate/B12
5. U&E
6. MSU

EXAMINER
USE ONLY

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