PART TWO:

GENERAL CLINICAL PRACTICE EXAMINATION - sample

This written assessment will comprise of approximately 50 multiple choice questions on the day of the examination. These are all standalone questions. During this part of the assessment, candidates will be able to return to any question whether it be answered or unanswered.

The format is single best answer; therefore, a question will pose multiple alternative answers and the candidate must choose the best one, i.e. only 1 out of the possible answers is correct!

1. What is the attenuation of a 0.5 mm lead equivalent apron?

   A 50-70% of the incident radiation

   B 70-90% of the incident radiation

   C 90-95% of the incident radiation

   D 95-99% of the incident radiation

2. Regarding the popliteal artery entrapment syndrome, if at angiography the initial images are normal, which of the following manoeuvres should be performed to further test for presence of this condition?

   A Extreme inversion of the foot

   B Plantar flexion of the foot

   C Flex the knee

   D Inflate a blood pressure cuff on the calf

3. After percutaneous balloon angioplasty (PTA) of the superficial femoral artery (SFA), you diagnose a flow limiting dissection. What is the most appropriate next step?

   A Stent the dissection

   B Atherectomy of the dissection membrane

   C Prolonged balloon dilation

   D Repeat imaging after one week

4. A 23-year-old cystic fibrosis patient's general practitioner calls you and states the patient's portacath is no longer working. The patient has also mentioned intermittent palpitations. You are asked to perform a portogram and on initial screening you realise that the tube is disconnected and has migrated into the pulmonary artery. What would be the most appropriate next step in the management of this patient?

   A CT angiography (CTA) of the chest

   B Electrocardiogram (ECG) monitoring for 24 hours

   C Endovascular retrieval

   D New portacath placement

5. A 70-year-old man presents with right upper quadrant pain, fever at 39.5°C and tachycardia at 130 bpm. CT of the abdomen shows a 6 cm rim enhancing fluid density collection in the inferior aspect of segment 3 of the liver. What is the most appropriate therapeutic management of this patient?

   A Intravenous antibiotics

   B Percutaneous drainage

   C Percutaneous aspiration

   D Open surgical drainage

6. A 35-year-old man with a low-flow vascular malformation in the lower leg being treated with percutaneous absolute alcohol injection presents for biopsy of an unclear bone lesion with a permeative destruction pattern in the supracondylar portion of the femur on the same side. What is the correct course of action?

   A Use of a high-speed drill with a coaxial needle to allow multiple core biopsies

   B Further evaluation with MR imaging before biopsy

   C Refuse the biopsy because of the risk of tumour seeding along the biopsy track

   D Perform an aspiration biopsy to reduce the risk of fracture

7. A 57-year-old man is an active smoker and has a medical history of hypertension and diabetes. He presents to the emergency department with right-sided limb weakness and abnormal speech and dizziness on waking. His family says that he was normal before he went to bed. His NIH Stroke Scale (NIHSS) score is 10 and his Alberta Stroke Programme Early CT Score (ASPECTS) is 6. Blood pressure is 170/100 mmHg and his blood glucose level is 18 mmol/L (normal range: 3.5-6 mmol/L). Which of the following is a contraindication to perform an endovascular reperfusion therapy in this patient?

   A Stroke onset time >6 hours

   B Age

   C Blood pressure and blood sugar

   D ASPECTS

CORRECT ANSWERS

1. D
2. B
3. C
4. C
5. B
6. B
7. A