FACULTY OF PAIN MEDICINE
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
ABN 82 055 042 852

EXAMINATION HELD ON 27th October then 25th NOVEMBER 2017

at regional centres then at AMC National Test Centre, Melbourne, Victoria.

THIS REPORT IS PREPARED TO PROVIDE CANDIDATES AND SUPERVISORS OF TRAINING WITH INFORMATION ABOUT THIS EXAMINATION AND TO ASSIST WITH PREPARATION FOR FUTURE EXAMINATIONS. IT IS NOT INTENDED TO REPRESENT MODEL ANSWERS NOR IMPLY THAT ALL POINTS MENTIONED ARE NECESSARY IN ORDER TO ACHIEVE A PASS.

CANDIDATES SHOULD DISCUSS THE REPORT WITH THEIR MENTORS SO THAT THEY MAY PREPARE OPTIMALLY FOR FUTURE EXAMINATIONS. CANDIDATES WHO ARE UNSUCCESSFUL IN THE EXAMINATION ARE ENCOURAGED TO REQUEST A FEEDBACK INTERVIEW WITHIN FOUR WEEKS OF THEIR NOTIFICATION.

The Examination is an integral part of the pain medicine training program, contributing to the FPM certificate of completion of training.

Candidates should be aware that whilst some will sit the examination earlier than the chronological end of their training, the standard expected across all aspects of the examination is that of someone ready to commence independent specialist practice; it functionally is an exit examination. As all aspects of the curriculum are examinable, trainees are advised their best chance of success is to sit the examination when their clinical experience matches their theoretical knowledge.

The Examination consists of written and oral sections and covers the theory and practice of pain medicine. The 2015 Curriculum guides the range of content which may be assessed. All sections of the exam are referenced to the curriculum so candidates are advised to be familiar with this document.

It is acknowledged that standardisation of the assessment process across the candidature is imperfect, vulnerable to an array of potential confounders. The Faculty of Pain Medicine attempts to optimise the accuracy and fairness of the examination process by including multiple assessment points, ensuring that all stages are assessed by a pair of examiners. Where possible, members of the Court of Examiners are paired such that an examining duo will come from different primary specialties and geographical locations.

The 2017 FPM Examination was observed by Ms Kate Reid and Mr Daniel Urbach from Australian Council for Educational Research (ACER).

1. EXAMINATION — OVERALL PASS RATE 85%

This year, 27 candidates presented for the examination and 23 were successful.

2. **WRITTEN SECTION**

General information:

Always, candidates need to:

1. *Answer the question.*
2. Plan the answer in a logical fashion demonstrating an organised approach (e.g. social, psychological and biomedical, or disease, patient, family and environmental/clinic-related factors). Provide a relevant opening statement, not simply repeat the question.
3. Act on the key words (defined in the Guidance notes for candidates found at fpm.anzca.edu.au/documents/guidancenotesforcandidates).
4. Give succinct answers, avoiding repetition.
5. Use headings and dot points if asked to list or discuss briefly.
6. Spelling still an issue e.g. employment, engagement, effect (N) vs affect (verb) or affect (noun describing mood), Munchausen's by proxy.
7. Give definitions of specialist terms (e.g. neuropathic pain, placebo response or breakthrough analgesia). Similarly for abbreviations and acronyms, write the full term when first used followed by the abbreviation or acronym in brackets, using the abbreviation or acronym thereafter. Examiners are unable to assume understanding or meaning of a particular term without clear definition.
8. Start the answer with "I would do…" if asked to "outline your approach to…"

Candidates were required to answer ten compulsory questions of equal mark value. Where there was more than one section to the question, all sections were to be answered.

General comments:

Overall, the written paper was answered reasonably well. Better candidates read the questions carefully and followed the instructions from the key words. Some candidates wasted time providing information that was not asked for and, therefore, could not contribute to their overall mark. Providing content of past questions with a similar theme or a generic response without addressing the specific issues outlined in the question gained limited reward.

Poor written expression skills and limited critical thinking skills to carry out analytical tasks such as appraisal, alternate argument and discussion required to answer some questions are highlighted as areas for improvement.

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Question 1

a) Define neuropathic pain.

b) Explain the grading system for nociplastic pain.

c) Describe the roles of validated tools to assess presumed neuropathic pain AND contrast two examples of these tools.

This question was excluded from the examination due to an error in section b).

Question 2 **Pass rate 85%**

A 30 year old woman presents with pain associated with breast cancer metastases to the cervical vertebrae. Outline the BIOLOGICAL mechanisms that may contribute to this woman's CANCER-INDUCED BONE PAIN.

Overall, most candidates addressed the question adequately. Better quality answers provided a clear explanation of the detail and some reference to broader pain pathophysiology, and addressed the scenario.

To achieve a pass in this question a borderline answer needed to briefly indicate that cancer-induced bone pain is common and often severe, and longer survival times are increasing the number of people facing the additional burden of chronic pain; discuss the pathophysiological (BIOLOGICAL) changes occurring in bone cancer and in the complications of bone cancer that may contribute to pain.

Question 3 **Pass rate 85%**

Discuss indications for the use of the various formulations of N-methyl-D-aspartate (NMDA) receptor antagonists in pain management.

This question was generally well covered. Better candidates had knowledge of multiple NMDA receptor antagonists (e.g. memantine, dextromethorphan and magnesium) with their different formulations and indications as well as level of evidence across acute, chronic and cancer pain domains.

A borderline answer needed to mention ketamine specifically, indications not only in acute pain but other pain states (neuropathic or cancer/palliative) and for acute pain, mention at least one indication from Schug SA, Palmer GM, Scott DA, Halliwell R, Trinca J; APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2015), Acute Pain Management: Scientific Evidence (4th edition), ANZCA & FPM, Melbourne.

Question 4 **Pass rate 66%**

a) List the DSM-5 diagnostic criteria for substance use disorders.

b) Critically appraise two screening tools to assess risk of substance abuse when prescribing opioids for chronic non-cancer pain.

Most of the candidates listed the DSM-5 criteria but discussion was limited, with very little argument in favour or against them, mostly some extra points about the historical aspects of the criteria.

To achieve a pass in this question, the answer required the diagnostic cut-off for substance use disorder in DSM-5, specify the exceptional case of medicinal use of psychoactive substances, the name of at least 2 screening tools suitable for opioid use and an appraisal about the relevance, use and utility of the named screening tools for clinical use.

Question 5 **Pass rate 100%**

a) **List the indications for spinal cord stimulation.**
b) **Discuss the efficacy AND complications of spinal cord stimulation, supported by the evidence.**

Generally, performance of this question was satisfactory; however, there were few very good and no outstanding answers. This topic would be regarded as core knowledge.

To achieve a pass, the answer required a list of the various facts regarding the key issues for spinal cord stimulation including at least three indications and four complications, and a discussion of the evidence with a minimum of at least a grouped figure for efficacy for all conditions.

Question 6 **Pass rate 85%**

Discuss factors associated with suicidal ideation in patients with chronic, non-cancer pain.

Most candidates were aware that patients with chronic, non-cancer pain have increased suicidal ideation. Social and psychological factors were generally well covered. However, very few candidates discussed pain related factors, which was surprising. Demographic and cognitive factors were also not well explored.

To achieve a pass in this question a borderline candidate was required to recognise an increased suicidal ideation in chronic non-cancer patients, and identify and discuss the possible risk factors associated with chronic, non-cancer patients that increases this risk. Additional marks were awarded for discussing the potentially modifiable factors.

Question 7 **Pass rate 81%**

Mrs J a 45 year old woman with a history of fibromyalgia. She has previously seen a pain medicine specialist who tried a number of medications including antidepressants, which have not been helpful. She is seeking a second opinion, including alternative therapies to manage her pain.

a) **Define alternative therapies.**
b) **Briefly outline how you would approach her request.**
c) **Discuss the benefits and risks of alternative therapies for this woman.**

This was a challenging question because of the broad definition of alternative therapies. Better answers acknowledged this challenge, offering a broad interpretation of what are alternative and complimentary treatments for pain. A broad array of therapies was considered acceptable. Actively dissuaded the patient from choosing an alternative therapy was perceived as pejorative and likely to affect the required empathetic relationship.

The borderline answer included a definition, an outline of an empathetic approach toward a patient who had not engaged with a previous treatment regimen; negotiation of a new pain management plan incorporating the patient's therapies; discussion of the risks and benefits (best using a table); and follow up and monitoring for beneficial and adverse outcomes as an important part of the therapeutic relationship.

Question 8 **Pass rate 85%**

A 19 year old single mother of a 3 year old child presents with a 4-year history of abdominal pain. She resigned from a casual sales job two months ago due to functional impairment from sleep deprivation. Two gastroenterologists and a gynaecologist could not explain her pain by any visceral

pathology. Investigations included abdominal ultrasound, CT abdomen and pelvis and colonoscopy. She was started on paracetamol 500mg with codeine 30mg for recurrent diarrhoeal episodes, increasing over six months to two tablets four times a day.

Her GP has referred her for pain management of probable irritable bowel syndrome.

a) How would you verify the diagnosis of irritable bowel syndrome?
b) Comment on the use of codeine in this setting.
c) Discuss your treatment plan for this woman.

This question was reasonably well done. Candidates were well aware of the ROME criteria (III and IV). Better answers described diagnostic verification well. The issues of codeine use were well covered; however, probable teratogenic risk was not mentioned which was disappointing.

A borderline answer needed to include the diagnostic criteria of IBS; address the pros and cons of codeine in dysfunctional pain syndrome; and provide a multidisciplinary pain management program to address the pain and other issues, including sleep and daily function.

Question 9 — Pass rate 92%

A 56-year old woman presents with 3-month history of brief, sharp, electric pain in the left jaw. She had dental work 6 months earlier.

a) Discuss the differential diagnosis of this presentation focusing on the most common causes.
b) Outline how you would clarify the diagnosis.

Although this question was well done overall, the dental perspective was poorly covered.

To achieve a pass in this question a borderline answer required the clinical features of trigeminal neuralgia, other cranial neuralgias and burning mouth syndrome; mention the need to distinguish odontogenic pain and non-odontogenic using radiography and MRI scanning as well as renal and liver function testing before commencing any medication.

Question 10 — Pass rate 88 %

What are the sociopsychobiomedical issues you would consider when assessing a young adult patient transitioned to your chronic pain clinic from a paediatric service?

Most candidates used an appropriate framework to structure their answers; some choosing to expand the HEADSSS tool. Few defined the age group of 18-24yrs and some provided irrelevant detail about infants & toddlers.

A pass required discussion of the likely negative impact of chronic pain (or chronic medical condition); the interplay/bi-directionality of the parent-child dyad; primary/secondary/tertiary gain; psychiatric disease; 'abandonment' versus very good support by the paediatric system; the impact of frequent clinic attendance, being a cancer survivor, issues of developmental stage and the challenges of transitioning, assessment and management; and the need to liaise with the paediatric institution.

3. VIVA VOCE SECTION PASS RATE 88 %

Each candidate was required to undertake eight viva voce stations ('vivas') over one day, undertaken in two rounds consisting of four vivas (15 minutes each) and four OSCE stations (10 minutes each).

The following qualities were assessed:

- clinical judgement
- the application of principles of acceptable and safe pain medicine practice
- prioritisation
- interpretation of complex clinical situations
- an ability to make decisions based on changing clinical situations
- anticipation of clinical actions and their sequelae
- effective communication.

Examiners in-training were observers in some stations.

3.1 OBSERVED STRUCTURED CLINICAL EXAMINATION (OSCE) PASS RATE 89 %

This section consisted of four highly structured stations which were carefully scripted to assess specific educational objectives with a focus on clinical skills. An introductory case scenario was used to introduce the topic area and to enable the candidate to orientate to the particular task. Simulated patients were utilised in some stations.

OSCE 1 Pass rate 89 %

This patient twisted the right knee 3 months ago. She continues to experience significant pain.

Please examine the right knee and talk out loud as if you are demonstrating the examination to a trainee.

Candidates generally did well. A pass required demonstration of physical examination of knee including pain oriented sensory testing, interpretation of exam findings, and an ability to communicate clearly to a trainee.

OSCE 2 Pass rate 89 %

Alexa is a 55 year old woman who suffered a Grade 3 ankle sprain (complete tear of talofibular ligaments) 5 years ago and has been unable to weight bear on it since. This is despite prompt and correctly applied RICE treatment at the time and persistent efforts with her sports physiotherapist. She reports a severe burning sensation over the dorsum and lateral aspect of her foot and numbness in the same distribution. The pain rapidly worsens with attempts at weight bearing but is also spontaneously painful throughout the day and night.

Please consider the possible differential diagnosis.

This OSCE was reasonably well done. A pass required identification of the observable features on the photographs and a detailed account of the diagnostic criteria and suspected pathophysiology of complex regional pain syndrome.

OSCE 3 Pass rate 78 %

A 61 year old female with a 5 year history of intermittent low back pain experienced increasing back

pain after slipping over while walking.

During her two days of bedrest her left buttock felt particularly painful. Other symptoms included

- **Shooting pain down her left leg on rising**
- **Unable to walk without a stick**
- **Unable to sleep at night**
- **Worrying about being able to attend her daughter's wedding the next week.**

She consulted her General Practitioner and filled out a DASS 21. Findings included:

- **Pain rated as 8/10 on a numerical rating scale**
- **Pain on palpation over her lower lumbar spine especially on the left**
- **Difficulty standing on her left foot**
- **Straight leg raise of 30 degrees and**
- **Positive sciatic compression test on the left.**

Her General Practitioner administered intramuscular morphine 10mg and arranged for you to see her in your pain clinic that afternoon.

What is your clinical diagnosis?

The OSCE reflected a common scenario seen in an everyday pain clinic. It was based on the NICE guidelines, and the Guidelines of the American Pain Society and the American College of Physicians

A borderline answer required the diagnosis, indications for investigations of the lumbar spine, interpretation of a lumbar spine MRI scan and the DASS score, and indications for various treatments.

OSCE 4 **Pass rate 78 %**

Your hospital administration (the Director of Patient Access) has received a complaint. She/He wishes to meet with you as one of the hospital's pain specialists to discuss this and other aspects of the pain service troubling the administration.

This OSCE focused on communication related to topical issues in medicine and pain medicine practice in particular. A pass required demonstration of an ability to express and justify opinions when confronted by new information and make some judgement, introducing statistics, results of studies and alternatives to whatever argument is offered.

3.2 STRUCTURED ORAL VIVAS PASS RATE 89 %

This section consisted of four stations which were carefully scripted to assess specific educational objectives with a focus on clinical reasoning and dilemmas in pain medicine. An introductory case scenario was used to introduce the topic area and to enable the candidate to orientate to the situation.

VIVA 1 **Pass rate 85 %**

A 42-year-old woman reports '10/10' pain in the recovery room following an open total colectomy with ileostomy for ulcerative colitis.

She is repeatedly pressing her fentanyl PCA button without any effect. She refused epidural analgesia and has a history of nausea and vomiting with morphine.

You are asked to see her in recovery and manage her post-operative pain.

What are the key elements of her history that you would like to know in the recovery room?

Overall the questions were well answered. A borderline answer required an outline of possible mechanisms of an acute postoperative pain crisis, the management of acute pain in the opioid tolerant surgical patient and detailed knowledge of relevant medications including intravenous lignocaine infusion and opioid rotation.

VIVA 2 **Pass rate 100 %**

A 52 year old vegan presents to you 6 months after mastectomy with axillary lymph node clearance and adjuvant radiotherapy for breast cancer. She complains of ipsilateral burning pain of the chest wall and arm and bilateral hand paraesthesia. Her medication includes oxycodone CR 10mg bd and gabapentin 100mg tds.

What are the possible causes of her pain?

This viva was very well done. A pass could be achieved by demonstrating knowledge of causes of pain related to cancer treatments, diagnosis and management of the pain and possible complications.

VIVA 3 **Pass rate 74 %**

You have been called by the Emergency Department physician about an 80 year old woman admitted from home with a chest infection. She is wearing a 100mcg/hour fentanyl patch. The ED physician is not sure what to do with the patch.

What are your main concerns?

This viva highlighted the very important areas of substance misuse and the safe use of opioid medication, especially in the elderly. It was disappointing, therefore, that a significant number of candidates did not manage it well. A pass required recognition and management of opioid-induced ventilator impairment, interpretation of blood gases, impact of co-morbidities in the elderly and management of conflict with a medical colleague.

VIVA 4 **Pass rate 78 %**

You are asked to review Joan who is 40 year old woman with chronic left shoulder, left hip and low back pain. Different medications and interventions have been tried with no significant benefit. She has not engaged in any other treatments. The Director has concluded in a multidisciplinary case conference previously that medication and interventional options are exhausted. There are no surgical options.

Joan is on an acceptable level of analgesics with no obvious side effects although they are not effective. She is not at risk of adverse effects from her medications at this stage.

Joan has no significant anxiety or mood issues.

In view of the above information, what would be your strategy during the consultation?

The scenario of this station is based on a very common situation in day-to-day outpatient clinical practice. While most of the candidates achieve a pass mark, many candidates did not demonstrate a level of sophistication and maturity that reflected preparedness for independent clinical practice in Pain Medicine. To pass, a sound knowledge of the cycle of change and principles of motivational interviewing was required.

4. OVERALL EXAMINATION COMMENTS:

It was pleasing to see a much higher pass rate this year despite the upset of an error in the written paper. In general, the broad sociopsychobiomedical paradigm was well applied to questions; however, some answers lacked the sophistication expected of specialist pain medicine physicians about to commence independent clinical practice. Lack of knowledge and application of clinical skills in some key and basic areas by some candidates was notable again this year.

Candidates are reminded that time management, reading the questions carefully, and writing legibly are essential examination skills and that there is no substitute for sound knowledge of the subject matter. Attention is drawn to the on-line resources provided by the Faculty, including the curriculum and training handbook and the eLearning modules, as well as the content of recent journals, especially on topical and controversial issues in pain medicine.

This was the second year that the Australian Medical Council National Test Centre, Melbourne, was the venue for the oral section of the examination and, again, it provided seamless management of candidate and examiner movement throughout the day, culminating with the reception for candidates, their families and examiners.

Special thanks must be given to FPM staff members who have worked tirelessly to ensure the smooth functioning of the examination processes.

Finally, the unfailing dedication and diligence of the Examiners is acknowledged as each year the assessment processes are refined and enhanced to ensure fairness and broad testing across the curriculum.

5. THE BARBARA WALKER PRIZE / CERTIFICATES OF MERIT

The Barbara Walker prize was awarded to Dr Alix Dumitrescu (NSW).

Certificates of Merit were awarded to Drs Hima Venugopal (SA) and Ilonka Meyer (Vic).

MEREDITH CRAIGIE
Chairman

ERIC VISSER
Deputy Chair

December 2017