

Australasian Board Of Cardiovascular Perfusion

CONDUCT OF THE ORAL EXAMINATIONS

INTRODUCTION:

Candidates will see two teams of Oral Examiners in one hour. The examination will take place over two 25-minute sessions. 5 minutes will be required to change from one team of examiners to the next and to allow the examiners time to make assessment. So, in essence, the candidates will actually be examined in 50 minutes.

COMPOSITION:

With each team of Oral Examiners, the candidate will be presented with two clinical scenarios from which there will be elicited responses to questions asked. In many instances the candidate will find the opportunity to expound without prompting from the examiner in the way of questions or comment.

CONDUCT:

Candidates are to meet in the waiting area 15 minutes prior to their allotted session. Candidates will be invited into the examination room where they are to present their examination number to the examiners who will enter this on the score sheets. Once settled, the candidate will be presented a clinical scenario on a card to read. It may or may not have a "lead-in" to elicit response. One of the examiners may very well lead the candidate into the scenario with a question. The time will be divided equally for each of the two scenarios (approx. 12 and a half minutes).

The candidate will exit the room at the end of the session and remain in the waiting area until invited into the next room.

The candidate leaves the waiting area after departing from the 2nd room. Candidates are instructed not to discuss the scenarios with other candidates who have yet to present for examination.



ORAL EXAMINATION

Question: Your patient is a 67 year-old male weighing 102 kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Biochemistry results from the referring hospital indicate urea and creatinine are elevated above normal.

What considerations are made when managing bypass for this patient?

General categories	Topics	PASS	FAIL
Clinical assessment	Problem definition		
	Review of history		
	Anatomy and pathology		
Equipment selection	Setup		
	Materials		
	Monitoring		
Conduct of Perfusion	Haemodynamics		
	Initiation and termination		
	Assessment of perfusion adequacy		
Pharmacology	Coagulation management		
	Blood pressure management		
	Anaesthesia		
Complications	Undiagnosed conditions		
	Equipment failure		
	Morbidity		

FINAL RESULT

PASS

FAIL



ORAL EXAMINATION

Question: You are unable to wean your patient from CPB. Adrenaline and dopamine are running. The surgeon inserts an intra-aortic balloon pump catheter.

Describe the setup and initiation of IABP.

General categories	Topics	PASS	FAIL
Equipment	Types of IABP catheters		
	Set up and insertion sites		
	Initiation and running		
Management	Arrhythmias		
	Interference from diathermy		
Helium/CO ₂	Advantages/disadvantages		
Transport	Batteries		
	Accidental disconnection		
Complications	Loss of gas		
	Inflation/deflation may alter		
	Run of ectopics		
	Balloon rupture		
	Renal/leg impairment		

FINAL RESULT

PASS

FAIL