Deb Lees Exam Experience Feb 2017 – Preston

A massive thank you to all the trainees and consultants who kept me motivated, encouraged me, gave me viva practice and not forgetting the supportive emails and texts keeping my flagging spirits up.

My recommendation in a nutshell: Find what works for you and be consistent. Try do something every day, even if its just something small. Practice for part 2 is essential. Working in a group really helped me. Seeing patients and talking it through is key. Have a script structure. Be able to draw EVERYTHING. Think about the applications, not just the book facts. Constantly ask WHY.

Special thanks to:

My hubby Greg – ensuring I stayed grounded and sane and keeping my caffeine levels well topped up whilst he looked after kids and house stuff as well as doing his work.

The **Northumbria team** – Mr Carluke, Mr Cloke, Mr Townshend, Mr Venkatachalam, Mr Kakwani, Mr Jensen, Mr Kasis and Mr Jones for Viva and clinical examination practice

The **Sunderland team** – Miss Klenka, Mr Talkhani, Mr Michla, Mr Dalal, Mr Dowen and Mr Stirrat for viva practice

The **RVI Team** – Mr Henman for intensive paeds teaching, Mr Bowey, Mr Irwin, Mr Sanderson and the spinal consultants as a group for viva practice, discussions at the MDT and specific teaching sessions.

The **QEH team** – Mr Banazkiewitz, Mr Chakravarthy, Mr Singsetti, Mr Devalia and Mr Elson for anatomy, general tips, aides de memoire and exam technique.

Books

- The New Miller – bits and pieces. Diagrams are good. New version much improved and easier reading
- AAOS – managed to get cheap second hand copy off eBay. Easier to read in digestible sections. My first choice of “go to” easy reading text.
- Ramachandran and I are not friends. I would recommend it as a cure for insomnia, possibly a doorstop. Oswestry Basic Science book far easier to understand and work through.
- AO website and Hoppenfeld for approaches
- Google and Snells for anatomy
- Orthobullets and past UKITE exams
- Variety of FRCS exam question books – actually quite good reading the model answers for learning some facts too. Great resource for getting answers succinct as part of exam prep for part 2.

Courses:

- Miller Course Oxford: I did this as a way to run through the syllabus quickly and fill in some gaps. Honestly – not very impressed. Big groups for viva practice 6-7 candidates per station, med students and actors for some of the clinicals. Would most probs save my cash.

- Post Grad Ortho course Gateshead. On the whole a good course – very intensive and designed to recap and clarify rather than teach holistically. Does what it says on the tin. Clinical and viva components (both full days) immensely useful due to great variety of cases (lots of them) with specific consultant feedback and exam style marking. No actors and consultants doing assessment and feedback. Very well organised. Def worth the investment if you feel you need that bit extra. Also option to just do clinical and or viva days if you don't want to do lectures – need to book ealy for these as very popular with overseas students. Local venue means you save on commute and accommodation. Excellent option.

- Northern Deanery Exam Course: - Excellent. You need to be prepared or you don't maximise the opportunity. Focus is on exam technique rather than teaching, although there is a small teaching component. Good option for part 2 prep.

Part 1 FRCS

Hit the books. No escape. Some of the questions you cant actually prepare for and some are just pure fact ie you know it or you don't. Questions can be short and quite vague at times. Quite a strange experience. Be confident and don't second guess yourself. Know your anatomy!

Take a warm jumper. You have to leave coats outside and it gets a bit chilly.

I had plenty of time and didn't feel rushed – even tho I usually struggle with time with the UKITE.

Part 2 FRCS

Book a nice hotel. Comfy and quiet is key

Dress code is different for each day. Clinicals – dress for work. Smart but comfy, bare below elbows, tuck ties in. Vivas – Sunday best suit.

Day 1 Clinicals:

I took some props to clinicals – tape measure, pen, key, coin, paper clip, small goniometer and pen torch – actually used them too. Many people don't bother, but it came in handy.

Intermediate upper limb:

- 27 year old man with cerebral palsy affecting right upper limb. Wanting to explore options for gaining more use out of hand so it will be more functional for work. Wasted right arm, wrist drop, clenched fingers.
- History in 5 mins. Upper limb general exam – sensation and movements. Quickly moved onto functional capacity and assessing what exact functions he needed to achieve his goals. Examiner looked impressed when I emptied my pockets and used props (key, pen, coin) to assess function. Discussion around degrees of cerebral palsy, upper vs lower motor neuron conditions, options for restoring upper limb function, tendon and muscle transfers around shoulder, elbow and wrist, heirachy of upper limb function preference, principles of tendon transfer, options of wrist and thumb fusion, operative technique, approaches, positions of fusion. Examiner hardly interrupted and when I stopped just told me to carry on.

Intermediate lower limb:

- 76 year old lady with scoliosis presenting with back pain and significant radiculopathy. Full history – sounds like idiopathic scoliosis from history. Scoliosis examination, including full neurological and leg length measurement. I notice a foot drop on gait assessment. XR – curve looks neuromuscular. Spina bifida occulta with hemi lumbarisation of sacrum. Discussion around cutaneous manifestations of spinal dysraphism, surgical options for pain and curve instrumentation – anterior vs posterior surgery, anterior approach to lumbar spine. Role of interbody fusion procedures. Management of foot drop, surgical options including ankle fusion, positions of ankle fusion.

Lower Limb Shorts

1. Man with musculoskeletal dysplasia, short stature, syndromic face – painful hip, significant FF deformity and LLD - OA requesting THR, discuss concerns
2. 50 year old lady with significant varus knee deformity – examination, concerns, is she a candidate for HTO / uni – justify, approach, options, layers of knee, levels of constraint
3. 25 year old lady with scoliosis - Subtle neurofibromatosis – axillary freckling, Lisch nodules, café-au lait spots (had to look as on abdomen and on legs – covered with gown. Long posterior instrumentation – loosening of lower pedicle screws – discuss options.

Upper Limb Shorts

1. Middle age lady with bilateral upper limb paraesthesia and history of radiculopathy - Long tract signs on examination – cervical stenosis
2. 11 year old girl with history of dislocation right 5th MCP managed non-operatively - No FDS function (bilateral), mild clinodactyly (bilateral) – subluxing extensor tendon
3. 30ish lady with thumb pain following trauma – SNAC wrist – surgical options, surgical approach for scaphoid fixation, blood supply of scaphoid

Day 2 Vivas:

Adult pathology

1. Lytic lesion proximal humerus
2. Rheumatoid elbow
3. Ankle fracture dislocation with charcot progression
4. Pagets
5. Medial OA knee – HTO theory and planning, describe indications, contra-indications, axes, cuts. HTO vs Uni
6. Osteoid osteoma – imaging, management, describe principles of SPECT

Trauma

1. AP pelvis fracture – major trauma protocols, haemorrhage classes
2. Cervical unifacet dislocation – pathology, diagnosis & management, reduction technique
3. Proximal humerus fracture with posterior dislocation
4. Knee dislocation with associated vascular injury
5. Open ankle fracture dislocation – BOAST guidelines
6. Complex intra-articular distal humeral fracture dislocation with radial head fracture.

Paeds and Hands

1. Limping child –all investigations normal – management
2. Limping child – septic –spondylodisciitis - management
3. Lytic lesion in child proximal femur and proximal humerus
4. Fight bite
5. Wrist extensor compartments – surgical approaches
6. Finger congenital deformity classifications, surgical management

Basic science

1. Stainless steel – material, stress strain curve, Youngs modulus, calculating toughness, necking in SS vs PMMA
2. Clotting cascade and thromboprophylaxis options – NICE Guidelines
3. Trabecular vs cortical bone structure – draw
4. Blood supply pathways to bones, pressure systems, physeal blood supply
5. Screening programs, NNTT, PPV, NPV, Power calcs
6. Deltopectoral approach in detail
7. Suture anchors – mechanisms, suture options, diff techniques – cuff repair vs biceps tendon repair.