FRCS (Orth) Exam Experience **Mark Webb**

MCQs Nov 2015 and Clinicals/Vivas (Liverpool Feb 2016)

Thank yous
There are many trainers and senior trainees that are happy to help. Use them. Special thanks to Mr Lakshmanan, Mr Middleton, Mr Jeavons, Mr Kakwani, Mr Wright, Mr Auyeung, Mr Henman, Steve Borland, Milton Ghosh for your help. Thank you to the Durham team for the weekly trauma vivas on Fridays, and Mr Jennings for coping in my absence.

Big thank you to my wife for understanding that weekends aren't much fun and willing to create a list of 'to dos' that could wait until it was all over.

Advice
Timing: Do it as soon as you can. Sign up early. You may not be able to sit the next clinical due to too many candidates and not enough examiners.

How to revise: Everyone has an opinion, but no one can actually tell you how much work you need to do. You will have sat exams for 20 or so years so we all have a rough idea on how we learn best.

I did the following:
Started reading in June an hour or so a day. 2 hours a day from August. Started MCQs in August. Sometimes I did a bit more, but I also made sure to have at least one day off a week and an hour of downtime each night. In September, my wife and I went to Thailand for a family reunion. I was the life an soul of the party and revised about 4 hours a day.

Books:
I went off piste.

1. AAOS Comprehensive Orthopaedic Review — Read them once cover to cover. As the title suggests, they are comprehensive which is why the rest of the list became ornamental.

2. Ramachandran – Basic Science — Bought it, tried to read the first chapter, never opened it again.

3. Hoppenfeld — This sat as a nice ornament on my desk. I think I opened it twice. I used AO for approaches.

4. Postgraduate Orthopaedics: MCQs and EMQs for the FRCS (Kesevan Sri Ram)

5. Orthopaedic Basic Science for the Postgraduate Examination (Dawson-Bowling, Macnamara)

6. FRCS Trauma and Orthopaedics Viva (Nev Davies)

Internet resources:

1. Orthobullets (all the MCQs) and quick reference

2. AO for approaches

3. Youtube – Approaches and drawings

4. Google images

5. ORTHNORTH – Exam experience, but don't let them put you off. My impression was that even if you had the same topic as someone else, the line of questioning was very different.

6. UKITE – Get Mr Malviya to unlock past papers in the last couple of weeks.

Courses
I hadn't done a paeds job so I did the Aldehey course and would recommend it.
I did the local FRCS course which was excellent.
Otherwise I saved my money.

Mock Exams
The closest experience to the real thing is the ITCA. I would argue however that the viva stations are slightly more spoon fed in the ITCA, but this may just be down to preparation.

MCQs Newcastle (November 2015)
I have no worthwhile advice for these, other than read AAOS, do Orthobullets, UKITEs. I would say the UKITES are harder than the real exam, however this past year was very close (the fact I had done some work helped….)
I had plenty of time finishing early but chose not to resit my driving theory and went for refreshments instead.

Clinicals: Liverpool (February 2016)
I purposefully left this a couple weeks to write up without a play by play commentary as the minute detail will be different for everyone.

Day 1 – Clinicals — Be prepared to wait around.

Short Case Upper Limb
1. Old lady with shoulder pain - RTC tear / ACJ OA
2. Congenital radial head dislocation
3. Dupuytren's

Short Case Lower Limb
1. Hallus Valgus
2. Rotational Profile
3. CMT

Intermediate Upper Limb
- Cervical +/- lumbar myelopathy

Intermediate Lower Limb

- AVN Hip. LLD

The examiners in each station were very friendly and encouraging. Just say what you see. Be polite. Be safe. Be confident. Show them that you know what this is or what it might be and what you are going to do about it.

Day 2 — Vivas
Paeds/Hands
1. LLD and scoliosis
2. Supracondylar Fracture
3. ???
4. Flexor tendon laceration
5. Base of thumb OA
6. Distal radius fracture

This station felt like my worse despite the bread and butter nature of cases. Paeds was fine, but the examiner for hands questioned everything I said to the point that I was wondering if I had really missed the point. I tried to remain calm and polite.

Basic Science
1. Extensor compartments / tendon transfers
2. Nerve injuries
3. Locking plates
4. CRPS
5. Pagets
6. ???

Trauma
1. Lumbar fracture
2. Native hip dislocation
3. ???
4. Periprosthetic distal femur fracture
5. Distal femur fracture failed fixation
6. ???

Adult Pathology
1. Ankle osteochondral defect
2. Fibrous Dysplasia
3. Knee oa post ACL recon failure
4. Pathological fracture humerus
5. ???
6. Fibula Hemimelia

There is no way to predict where the vivas or even the clinical will go. Reflecting on my experience and that of my colleagues who have sat the exam recently, I would suggest being able to speak for a minute about most topics. If in doubt be able to go to first principles if stuck or challenged. Try and demonstrate that you know something about the topic, can make a safe assessment and management plan. Verbalise your thought process and concerns. They will redirect you if needed, otherwise they just let you talk.

The examiners on a whole seem to make up whether you are 5/6 or 6/7 borderline very quickly. First impression is key. Practise.

In terms of examination skills, your clinical will be focused. So it is great to have a system to follow, but I was never allowed to use one. Be focused. Be confident. Show the signs that are there to see.

I am happy to elaborate on any of the above, happy to help in anyway I can. Good luck and try to remember to keep a small part of normality to life.

Tip of the Day: When assessing a cavus foot and the examiner asks, ‘is there anything else you would like to do’ as he unveils a BNF from under his clipboard on the table, try to engage brain before mouth and not answer ‘aha, I would like to check his medications…(blank looks all around)…after I perform a Coleman Block test obviously’. This was greeted by smiles, laughter, rapturous applause and high fives already (in my head at least).

Best wishes
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