

My FRCS experience

Written: 3 months thinking about it, 3 months studying.

Having recently finished studying for my parts 1+2 USMLEs Oct before Feb exam I had a good understanding of my study habits and what I could fit into my current job and life.

It is important to consider your current job, commute and whether this will help or hinder. Although planning for the exam during a job you enjoy it is difficult as you can not commit 100% to studying or the job but equally a job you do not enjoy is more tiring and in my opinion makes you less motivated to study in an evening or on the weekend.

Register for the exam with the appropriate paperwork early as it may affect when you can do part 2. Consider asking TPD nicely to do paperwork before ST6 Sept ARCP. In my opinion don't put off the exam, just man (or lady) up and do it otherwise it unnecessarily adds to the stress of CCT, fellowships or worst case scenario of a bad day and failing it.

Plan in your family/friend commitments. If you have children or significant other half that is expecting attention every night/weekend you may need to double the amount of studying time. However up until the exam I ensured I had one evening a week off and one day of the weekend. It's up to you whether you use this for friends, family, or non-exam schoolwork. I reduced my Good Sams time as unless your colleagues are doing the exam it's tough to leave and I steadily found my beer tolerance reduced to unacceptable levels! I learnt this the hard way having had a few post Italian meal shots of Lemoncello which resulted in me sleeping on the living room floor and vomiting a lot. I lost 2 days of studying time with a life threatening hangover!

Test out how easily you can retain knowledge and what knowledge. Test out how good your short term memory is and how long you can retain the information for. Some areas I just needed to do MCQs on, some read and do MCQs, some read, take notes, do MCQs, and for topics I struggled to retain I'd read, take notes on notecards, do MCQs and repeatedly review the note cards.

For a given study session consider what you can achieve and adjust your topic to it. I've spent 4 years of training planning to start exam studying by picking up Miller, starting on page one, basic science and fallen asleep in 10 mins. Read, sleep, repeat.

On a good day doing basic science reading maybe possible but if you are tired doing a few orthobullets trauma questions maybe all you can do. Don't flog a dead horse with studying—if it isn't going in, cut your losses, do something else but come back to it after more sleep, food, caffeine.

Specifically I didn't go on any courses for part 1 or have a study group. I listened to Miller audio on my way to and from work. I looked at the Miller audio slides in an evening when I couldn't be bothered to study properly. I did orthobullets (the free bit) once and re-did any questions I got wrong. I used Kes Sri-Ram's Postgraduate Orthopaedics: Mcqs And Emqs For The FrCs (Tr & Orth), the Black Book and Seb Dawson-Bowlings' Orthopaedic Basic Science for Postgraduate Exam. I'd cover a chapter at a time. Do MCQ's—do badly first time 30-60%, read Miller chapter, then re-do MCQs. I used Miller for everything but Basic Science where I used Manoj's Basic Science Guide. I found the actual exam is a little easier than either of the above books but probably the level you should aim for.

I separated studying time into 3 hour blocks and would work for x3 55 mins with a 5 min break. On a school day i'd do x1 3 hour block on a weekend normally x2 3 hour blocks.

I took 2 weeks off prior to part 1 and was amazed at how much I could cover-I read most of Miller and all of the Stanmore Basic Science book. There were plenty of topics I had learnt for the first time, the day before the exam, that came up. Winner!

Practical-Written exam results Feb-Viva in May. 3 months.

More importantly for the viva is gaining some insight into your ability to turn your knowledge from part 1 into sensible answers. How do you perform under pressure/stress? Can you say something sensible even if you have no idea of the actual answer? How refined is your examination techniques? If you screw up a topic, how quick can you get back into the game?

The exam is all about confidence, not saying something stupid and having enough broad knowledge to get through the test.

A study group is essential and discussing the core viva scenarios, taking feedback and re-practising them will get you 75% through the viva. For me geography of the viva group was essential-where did people live and work? Consider local hospitals where resources (bosses) could be used? Identifying early a study plan of how many nights of the week/weekend you can commit. Although many people recommend a group of 2-3 often one or two people can't make it so even a group of 4-5 worked. On the odd occasion there were 5 of us-we divided up. It is nice having a group with mixed subspecialty interests as they can invariably explain tough concepts.

Initially I found my MCQ knowledge did not equip me to answer even the most basic viva question. Reading sections of Miller is not going to make you viva better. I used the Nev Davis slides, Banaszkiwicz viva and study guide as an outline to our study sessions. I was amazed to find out some books had the wrong answers and even on viva courses occasionally the faculty were wrong too. It was good experience for the exam as occasionally they are 'misinformed' but don't argue with the examiner. Talk as much as you can on a topic, look up the ideal answer and do it again. Don't be put off meeting up and talking in preference to book work. Get over your embarrassment of knowing nothing when talking within your study group, with bosses, on courses. If you become anxious/embarrassed you need to learn how to manage it so it doesn't happen in the exam. You will be asked questions you don't know, or questions you may know but asked in a different manner.

Courses: Getting married in August I didn't want to spend much money so I only went on a couple of courses.

The Royal London Trauma Viva course £250: excellent value for money, good lectures, and lots of faculty from experienced examiners to trainees that had recently completed the exam. Highly recommended.

I went on the Cambridge Basic Science course-£450. Some parts very good-nice lectures from Mr Mahaluxmivala and Mr Vemulapalli. Some of the lectures were by consultants who did not seem to know the exam curriculum or their slides and was heavily based on the Stanmore Basic Science

Guide. The viva aspect was generally good with plenty of time to talk which reinforced the earlier presentations. I have no frame of reference to judge other basic science courses but gave me confidence to know that the basic science viva was achievable.

Wrightington Upper limb course £450: although its miles away it was well worth it. Lots of patients, lots of clinical signs, lots of good fair faculty. Before the course I was very concerned that I had no experience examining the upper limb- afterwards I was happy with the Rheumatoid hand, peripheral nerve lesions, Dupuytren's, Triggers, brachial plexus, rotator cuff disease.

Guy's and St Thomas' hosted a FREE post FRCS trainee led viva evening which was great with 2 hours of viva-ing (30 mins of basic science/path/hands and paed/trauma as per the real thing). Certainly something that can be adopted north of the river.

Overall courses should provide confidence than fear.

Thank you Mr Bajekal for giving up your Saturday morning to give us a crash course in spine vivas.

I wish I had gone on a clinical course as 2 weeks before the exam I had not practised any examinations in front of colleagues and this was an area I lacked confidence entering into the exam. As a study group we spent a week practising on each other which helped get a system and practise special tests. 3 days at RNOH seeing pre-op patients was priceless and probably 2 weeks of RNOH would cover everything. A high concentration of exam heavy patients. Brachial plexus, rehab ward for spinal injury levels and neuro exam. Leg length discrepancy/polio/routine THR/TKR, achondroplasia, syndromic spine deformity, Ank spon, rotator cuff, pes cavus/planus/forfoot deformity. I spent a day at Harlow with Mr Suresh Chandrashekar seeing and discussing routine foot and ankle patients and Mr Wimsey seeing hand cases (RA/trigger/Dupuytren's/OA).

I used Vumedi loads to understand how to do operations I hadn't seen or approaches I was unfamiliar with. I found lectures on the RLHOTS website very useful particularly on topics I couldn't be bothered to read about or did not understand. The bone biology and trauma lectures by Mr Peter Bates are priceless. I watched the trauma viva lectures from 2015 and 2016 a number of times.

The actual exam:

Despite advice I stayed in a Premier Inn for £60/night and it was quieter than those that stayed in fancy hotels!

Intermediates:

- middle aged female back pain and secondary lumbar scoliosis deformity with previous history of childhood scoliosis-Crashed and burned from the onset . Piss poor history, never really got hold of the symptoms, village examination and poor quality chat after! Poor start and clearly demonstrated I had not been in spine clinic for awhile!
- Young adult Perthes case. Enjoyed case. LLD and hip pain. Went well other than me excitedly talking about reconstruction options before any conservative management or shoe raises.

Short case: Lower limb

- Gout in feet
- Painful hip-secondary OA/cam deformity
- Hallux valgus with flexible flat foot.

Upper limb

- Large rotator cuff tear.
- Child with lump on shoulder-Hereditary multiple exostoses
- 5-6 year old obstretic Erbs palsy with limited internal rotation but good abduction following nerve transfers. Completely confused as partially reconstructed. Medial scapular winging. Started talking total sh*te midway through...Sprengle's, Klippel Feil... it was like I blacked out and was possessed by muppets! Oh well sneaked through

Viva

I enjoyed the viva. Nothing too crazy. Could've done better with managing subtalar/talonavicular dislocation and clearly had no idea how to set up emg/ncs test!

Topics (that I can remember):

Acetabular fracture

Terrible triad

Subtalar/talonavicular dislocation

Subaxial cervical spine fracture

Supracondylar elbow kiddie

Principles compression plating/stress strain.

Clubfoot

Supracondylar elbow (again)

Zone 2 flexor laceration

Carpal tunnel approach and median nerve variation

How to set up EMG/NCS!

Ex fix stability

Osteoporosis T and Z scores, bisphosphonates, Rank-L action

Anatomy elbow and approaches anterolateral, Kochers

Polyethylene wear-modes and mechanisms.

Chondrosarcoma prox humerus

Valgus RA knee for TKR

Diabetic foot ulcer

Osteolysis around THR in young previous DDH patient with well-fixed monoblock stem

Multiple myeloma prox humerus metastasis.

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