FRCS(Tr&Orth) Exam

The greatest fool may ask more than the wisest man can answer
The Current Exam
(same as ‘07 & ’08)

Section 1
Single best answer (SBA) paper 2 hrs + 15 mins to read Published Paper
First 12 questions relate to Published Paper

Extended Matching Items (EMI) paper

Answers on OMR sheet
Do’s and Don’ts

• Do be on time, in right place
• Don’t take in a mobile phone
• Don’t take in any papers
• Don’t even appear to cheat
  – Stop when told
  – don’t make notes to take out
• Do allow time to fill in OMR Answer sheet
  – Warning at 30 mins remaining
A 65 year-old man has difficulty rising from a seated position and straightening his trunk, but he has no difficulty flexing his leg. Which of the following muscles is affected?

a) Gluteus maximus  
b) Gluteus minimus  
c) Hamstrings  
d) Iliopsoas  
e) Obturator internus
Example EMI Question

NERVES
A  Anterior interosseous nerve
B  Lateral cutaneous nerve of forearm
C  Long thoracic nerve
D  Medial cutaneous nerve of forearm
E  Median nerve
F  Musculo-cutaneous nerve
G  Radial nerve
H  Ulnar nerve

Which of the options above is best described in each of the following statements? Each option may be used once, more than once or not at all.

1. It supplies the pronator teres.
2. It supplies the short head biceps.
3. It is formed from the posterior cord of the brachial plexus.
Section 2 – clinical component

• Clinical Long Case – 30 mins
  – 10 min history, 10 min exam, 10 min management

• Clinical Short cases
  – 15 min upper limb – 3 cases
  – 15 min lower limb – 3 cases
Tips

• ICS
  – It’s Clinical, Stupid

• AFQ
  – Answer the F***ing Question
Vivas
(Clinicals without patients)

• 30 minutes each session;
  – Will involve 6 topics each session (2 examiners)

• Adult Elective (including pathology)
• Trauma
• Paeds and Hands
• Applied Basic Sciences
Intercollegiate Specialty Examinations
Oral Question Card

Basic Science

Topic: Fracture Healing

Introductory/Focus Question:
How would you define a fracture?
How does it heal?

Default Question:
Tell me about the process of bone healing?

Competence Question:
What cells are involved?
How are they co-ordinated?

Default Question:
What is fracture callus?

Advanced Question:
What advances have there been in the understanding & clinical application of BMPs?

Escape Question:
Apart from cells, what else is involved in fracture healing? Any proteins?
Tips

• Discuss and explain to the examiner

• ICS
• AFQ
How to pass

Have the knowledge, attitudes and abilities of a day 1 consultant in the generality of trauma and orthopaedic surgery
What to know and do:

• Knowledge
What to know and do:

• Clinical competence

• What you do in practice, not just on a course
How to present yourself
Ladies
What’s the pass mark?

• Part 1 - Standard setting
  • ? Wrong answers/too hard/ambiguous
  • Delete or change
  • Refer back to writers

• Angoff process to set pass mark
Which of the following is NOT a feature of an ideal routine screening test?

A High sensitivity
B High specificity
C Low incidence of disease
D Test has low morbidity
E Treatment already available
Which of the following is the most likely finding in the investigation of multiple myeloma?

A. Bone scan showing diffusely increased uptake
B. Diffuse osteopaenia on plain radiographs of the spine
C. Punched-out lytic lesions in the vertebrae
D. Radial striations on the skull radiograph
E. Sclerotic and lytic areas in the diaphyseal regions of long bones
Which of the following tumours is most likely to give rise to lymph node metastases?

A  Chondrosarcoma
B  Ewing’s sarcoma
C  Malignant fibrous histiocytoma
D  Synovial sarcoma
E  Osteosarcoma
A 12 year old boy has a lytic lesion in the proximal humeral epiphysis. It is eccentric in location with a narrow zone of transition. What is it most likely to be?

A Chondroblastoma
B Chondromyxoid fibroma
C Enchondroma
D Eosinophilic granuloma
E Ewing’s sarcoma
Which factor does NOT enhance stability of ring fixators?

A Decreased ring diameter
B Increased number of rings
C Increased spacing between adjacent rings
D Use of olive wires
E Wires crossing at >60°
Pass Mark

• Decided for Part 1 after Angoff process
  – Arrive at agreed mark
  – pass is lowest mark above that

• Part 2
  – Average of 6 per section (closed marking 4-8)
  – No “trap door”
Pass Rate

• Varies for Part 1

• Part 2 trend
  – Overall 60% pass
  – Type 1 trainees 80+ % pass
  – Those not in training ~30% pass
It could be worse...