

*How to Win*

*On*

*Your final exam*

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# Introduction

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In the following pages, you are given a lot of facts and information that should be a satisfactory review for you. I highly recommend that you read through each section, not memorizing the information, but thinking about how you would articulate this out loud to your examiner. Then, say it out loud to yourself.

The brain and mouth become disconnected when sitting down in front of two examiners attempting to test all of your surgical knowledge and training over the last five years in just 30 minutes. Be prepared. Be relaxed. It should all just flow out of your mouth when the time comes.

I hope I can help that happen.

*The exam is a lot more than just sitting down and demonstrating to the person across from you that you have all the knowledge you are supposed to have. In fact, you can be fantastically brilliant student and have enough knowledge and still fail this fixation with one modest misapprehension.*

*Essentially, they are not testing your knowledge or your ability to care for patients. In fact, they are testing your ability to think logically out loud and to be safe. For many this style of testing is not natural and will require a bit of practice. I have listed below a set of prizes. You may find these prizes useful to keep in mind as you study for your exam. Try to employ all these techniques as you practice out loud.*

## **Keep good eye contact, sit up straight, lean in forward, and keep your head straight.**

This is common sense; however, when you get nervous, you will find your eyes drifting, your posture slouching, and your hands doing things that are distracting the examiners. Work on this. Be very cautious when you go in that room and make yourself keep excellent posture, hands in your lap, feet on the ground, and maintain eye contact with the examiner. Whether they know it or not, they will feel much better about you overall as a candidate if you do this. Not keeping eye contact will signal them that you are not confident. Wiggling or sitting in awkward positions will make the examiner focus on that instead of what you are saying. Try to speak clear and loud, if they don't hear you, it counts against you.

## **Be prompt, clear, logical, and demonstrate your problem solving ability.**

You have to talk to the examiner just as you would talk to another doctor in your hospital. Use the proper language you have learned and imagine the presented problem. You should explain what you are doing, and, most importantly, put in plain words why you are doing it. Do not talk too fast, especially if you have an accent. What they don't hear counts against you. Be clear, to the point, slow, and deliberate.

## **Do NOT ask a question (not a single one!), you don't have to.**

There is no reason to ask a question on your exam. In fact, most examiners will find this quite irritating and distracting. They are asking the questions, and you are telling them what you know. For example, if you find yourself wanting to know the WBC in a patient you think has acute appendicitis, just present the case yourself and move on by saying, “*I expect the WBC to be elevated in this patient who probably has appendicitis.*” Not only does this let you assign the data you want, but it moves the scenario on without wasting time and lets the examiner know that you are thinking about what labs you want and why. You need to practice this style. It works, and in the end it will compose smoother tone.

## **Think out loud and say what you want to say.**

Do not let there be a moment of silence. If they have asked you a Question that you don't know you may need time to re-adjust yourself and move in another direction. However, you need to be thinking out loud and say, for example, “well that's different, I need to start back at the beginning and ask a different set of questions...” If the examiner hears your thought process then they can follow you through the scenario and it is less likely that the two of you will get on different pages.

## **Do not distract the examiner from what you are saying.**

People can do funny things with their mouth, eyes, eyebrows, forehead, hands, feet, legs, etc. You should practice the scenarios with other people who should be instructed just to find out what it is you are doing that could be annoying. Practice in front of a mirror or on video tape so you can see what you are doing.

## **React to the examiner's information. State out loud what that information meant to you.**

When the examiner speaks, carefully listen to them. They are instructed not to persuade you in any shape or form if the answer you have given is correct or not. So, do not cave in when they ask you if you are certain about your answer. They are not helping you, nor are they disrupting you. However, they do not waste breath when they are giving you information about the scenario. So listen to them when they are telling about the patient. Then, you should tell them what that means. This way, they understand that you heard them, interpreted the information correctly and are now acting on it.

For example, if they tell you that the patient has a blood pressure of 90/40, temperature of 38.6C, and HR of 120, then you need to tell them, "This sounds like a patient in septic shock." It is that easy, and this will win you big points. Also, when they tell you there is a 20 year old male with right lower quadrant pain and no other medical history...there is NO other medical history. They want you to get to the management of appendicitis, not test your ability to perform a history. I recommend you restate this fact in a colorful way, for example, "since he has no medical history, I assume he still has an appendix, and this is the most likely diagnosis for a person his age with these symptoms."

## **Go to the problem quickly, but do not skip steps.**

Never say, "I will do a history and physical examination, just start, and tell them what you did and what did you find. It is understood that you should do this. Also, never ask them a question. They ask the questions. You are in a race against time."

There are two philosophies when it comes to the exam. One is to take it slow so they can't burden you (trust me they can), and the other is to move through as fast as you can so you finish the case with time to spare.

Make an opening statement, identify the problem, move toward the end and keep going. Try not to let them stop you. Talk, talk, and talk for seven minutes. The examiner should say very little.

Use the entire 30 minutes. No time to spare, just enough. While you are moving through, don't skip the essentials (like a focused history and physical examination).

## **Convey information effectively.**

There are many ways to say the same thing. You want to prepare for this exam by knowing all the possible scenarios they can ask you and be prepared to give them the answer that you have practiced. Practicing how you will answer them will make you very effective and efficient at the answering process. It will make you look like a smooth operator under enormous stress. That is what they want to see.

## **There is only, me, myself, and I, there is no "we" or "you."**

You are the only one taking care of the patient in the exam. Remember this, please, and do not say we should check this or that. There are only you. Be in the first person, all the time. "I will get an x-ray....I will request CBC...I will take him to the operating room." This is very important to practice as you are going through scenarios because you will have a tendency to say, "We should get this test or that test." It may be annoying to the examiner and they have been known to point it out by saying, "I am not going to do that, you are the doctor, what YOU are going to do?"

## **Be candid, not a candidate.**

When you sit in that chair, you will be nervous no matter how well prepared you are. So be honest and think about things the way you would really do it. If you handle the situation like you would in real life, then you are less likely to say something stupid. Be candid with them. Let them see your sincerity.

## **Don't guess, instead, make a disclaimer, and then give it your best shot.**

“I have never seen patient with acute diverticulitis, but my understanding is that this patient presented with sudden onset lower abdominal pain mainly at LIF, associated nausea and vomiting, also pyrexial and tachycardiac. I will get WBC and abdominal CT, to rule in and out the diagnosis. If you don't know, please don't guess. Tell them. If they know you have never seen a diverticulitis before, and they make you describe it, then you have warned them it could get bad. The bottom line is that you give them a different expectation when you tell them upfront you

## **Make a headline statement and stay on the same page as the examiner.**

When they present the scenario, and you know what it is, tell them? “Sounds like this patient has perforated peptic ulcer.” You may still go on to give them a few more on the differential diagnosis, but this way you told them what you are about to talk about, and everyone knows what is going on in the scenario.

## **Do not make an action list.**

Giving the examiner a list of thing you are going to do makes it impossible for you or him to keep track of what you are doing. Furthermore, you don't get the chance to explain why you are doing it. So, do not tell them, "I will get a CBC, amylase and lipase, LFTs, chest x-ray, ECG, and abdominal U/S." Instead, be slow, deliberate, and methodical, explaining what you are doing. "This could be an acute cholecystitis so I want to get a CBC to look for leukocytosis , amylase and lipase to rule in or out pancreatitis, LFTs to rule in or out liver and gallbladder aetiology of the pain, ECG, and cardiac enzymes to rule in or out a myocardial infarction, and chest and abdominal films to look at the bowel gas pattern that may show an air bubble above the diaphragm and rule in or out a bowel obstruction." See how well you can give this list with your differential diagnosis. This lets the examiner know that you are a doctor who is thinking through the problem and ordering the appropriate test.

## **Move toward a conclusion.**

Always have the end point in your mind. Most of the time, they will give you a straight forward problem, and you will know the diagnosis right away. What you have to do is decide on how you want that to play it out.

For example, you decide if the patient has metastatic disease when you assign data to the CT scan you ordered. If they don't like the path you choose, then they will interrupt you and change the scenario. Otherwise, keep on talking, assigning data, and working toward what you think the end point should be.

## **Be adaptive and go with the flow.**

The examiners will come to a point where they realize you have this scenarios nailed and they have 3 or 4 more minute to test you. This is when they can start to throw in a curveball here and there. Again, they are not tricking you. At this point you have probably passed the question and they just want to test your depth of knowledge a little more.

Be ready to stop, re-focus, think out loud and move down another algorithm. Do not get angry or frustrated. Remember it is a test, and part of what they are testing is your ability to switch gears in high speed.

## **Finally**

The exam goes by incredibly quick. Just try to relax and answer the questions without editorials or explanations (unless they ask you for it). The examiners want to cover a certain number of topics on their agenda and there is not much time to do it.

Answer the questions the way you were trained, not the way you read about in books and if you never took care of the problem in your training, then make sure they know that bit of information.

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