

Cracking the Intercollegiate exams in Otolaryngology..!

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Abstract

The exit exam in Otolaryngology is a demanding examination requiring at least a year of systematic preparation. With recent changes in the eligibility criteria and the pattern of exams, the pass percentage has decreased to about 60%. Success in this exam is some combination of systematic preparation and hard work. The article describes a methodical approach to pass this exam.

INTRODUCTION

Intercollegiate exams are prerequisite for independent practice in UK. Recently these exams are open to those in non training posts. Individuals who have the skills and competence of a year four Registrar in the UK are eligible to take the exams. In the last two years the pass percentage in the ENT exit exams has been around 60%, however the number of individuals from the non training group passing the exams has remained around 5-10%.

Otolaryngology has been a competitive specialty in the UK. Individuals who are not able to attain the all important seamless training post may end up training in other middle grade posts (LAT/LAS/Specialty doctor). An exit exam then is one of the important achievements to demonstrate competence. It is also one of the essential exams to have for those who plan to apply for consultant posts through Article 14, to apply for fellowship overseas, and also for those who intend to return to their home country with overseas qualification and some training.

This article should help guide all those trainees and non trainees in middle grade posts to approach the exams in a systematic way and get through the exams in the first available opportunity.

PLANNING

It is imperative to approach the exams with systematic preparation. Plan the preparation at least a year in advance. The cost of the examination fee is around 1700 pound sterling however the overheads like intercollegiate exam courses, books and special courses depending on individual's area of academic limitations may increase the cost to about

5000 pounds. Study leave is another issue as individuals in non-training posts and locum positions may not have the same amount of funding and access to study leave as trainees. This means you might have to use your annual leave for the courses. It is important to identify areas of weakness well in advance and book suitable courses to improve your knowledge base. Keep an eye on free courses and CME'S as this would help keep the cost down.

MCQ STRATEGY

The first part of the exam is the multiple choice question exams. This tests your length and breadth of knowledge based on clinical scenarios and factual knowledge. The examination syllabus is generally around the prescribed topics on the ISCP website; however expect questions around other related topics like consent, statistics, basic sciences, clinical governance and research methods. The best strategy would be, to do a wide extensive study followed by some focussed reading around the related topics (Table 1).

Figure 1

Table 1: Resources for MCQ exams

Books	Web sites
Scott Brown	UTMB(Otolaryngology)
KJ Lee	ENT UK
Lalwani	GMC (consent)
Browning	MDU(Consent)
Chaurasia (Anatomy)	SIGN
Basic Sciences by Raftery	Cochrane ENT
Key topics in Research	NICE
Statistics from square one	E-medicine
Key topics in Otolaryngology	

The pass percentage of the MCQ exam is very good but it is

important to be quick in answering the questions, as the time for each question is less than a minute and you might lose out on ‘not answering questions’ because of time constrains. Practising on a few mock papers is advisable.

CLINICAL COMPONENT

The clinical component of the exam is more demanding and is best taken at the end of three to four years of middle grade training. With an overall pass percentage of around 60%, the results are significantly lower for individuals not in structured training, SAS, and overseas trainees. This exam takes longer time to prepare. Training and a working knowledge of UK health system is a must.

The exam lasts for two days with nearly 3:30 minutes of examination time (2 hr of Viva, 30 minutes of operative session, 40 minutes of clinical cases (4) and 20 minutes of communication skills). It is advisable to prepare for the clinical exam along with your preparation for MCQ exam. It is quite natural for those both in structured and non structured training to have limited expertise/exposure in certain areas. As a part of the preparation try and attend all the specialty clinics available to give you a wide overview of the current management protocols in particular areas (Head and Neck MDT, Vertigo clinics, Paediatric ORL clinics, Voice clinic, Skull base clinic). Identify areas of knowledge and experience gap early and address them with courses and attending sub-specialty clinics.

An ideal preparation for the practicals starts along with the preparation for the MCQ examination. A wide range of resources may be needed for the preparation (Table 2).

Figure 2

Table 2: Books and Web Resources for the clinical Component (B) =Book

General	Otology/Audiology	Rhinology/FPS	Head and Neck
-Scott	-Browning(must) (B)	-Rhinology and FPS	-Stell and Maran (B)
Brown(must) (B)	-Lalwani (must) (B)	-Scott brown(Must) (B)	-ENT UK(W) document(JAW) (B)
-Lalwani (B)	-Scott brown(B)	-Hade Vuyk-Louis(B)	-SIGN guidelines
-Browning(B)	-UTMB	-EPOS document (B) (Must)	-Key papers
-Norman	-Audiology(BSA Guidelines)	-Wormald FESS(B)	-Main trials
Browse(B)	-British Tinnitus Association	-Stamberger FESS (B)	Jatin shah) (B)
-Hutchinson(B)	-Acoustic neuroma society	-Key papers	-UTMB
-Stell and Maran (B)	-ENT UK	-ARIA	-Visit planning room
-KeyTopics in ORL(B)	-Meniers society	-RTF Guidelines	-Attend
-UTMB	-Nice	-Cochrane	MDT(Must)
-Sign	-Cochrane	-British Snoring Association	-Attend clinics(to get the buzz words)
-Cochrane	-Key papers	-ENT UK(Info leaflet)	
-MDU		-Key papers	
-GMC			
-Nice			
-E medicine			
-Calgery			
Cambridge			
Paediatric ENT	Operative skills	Communication Skills	FRCS Courses
-Paediatric ENT Graham and Bull(Must) (B)	-Temporal bone course	-Communication skills in medicine (Margret lloyd) (B)	-Newcastle
-Scott Brown(B)	-House Manuel(B)	-Calgery cambridge	-Birmingham
-BPA Course	-FESS course	-Macy model	-Bradford
-Brighton course	-Head and neck anatomy course	-Kalamazoo model	-Glasgow anatomy course
-Children	-Mc Minns Atlas(B)	-Breaking bad news websites	-?Communicati-on skills course
Audiometry sessions	-Snell’s Anatomy(B)	-ENT UK leaflets	
-UTMB	-Chaurasia(B)	-BTS	
-Universal newborn screening(web site)		-BSA and Sleep apnea	
-Downs society		-Menier’s Society	
-Syndromes societies		-Consent(GMC and MDU)	
-ENT UK		-BANA	
-Nice(glue ear, implants)			
-Key papers			

Book your 1st Inter-collegiate course before you attempt the MCQ examination. This helps you to understand the format and requirements of the exam early and helps you to focus preparation in a systematic way. Further it enables you to concentrate on areas of poor performance (from the course) and the 4 months period between the MCQ and clinical component provides sufficient time to rectify mistakes. The second course should be planned a month before the exam as a ‘dry run’. This enables you develop the examination mind set and helps iron out any minor flaws. Alternatively arranging viva sessions with Consultants or Registrars /SAS who have recently passed the exams would be helpful. This can be arranged in the region you work in but there are pros and cons to it (Table3).

Figure 3

Table 3: Paid courses vs Free Training

Paid Courses	Free Viva Practice
Structured	It's Free!
Good Honest Feed Back	Registrars/ Consultants (Examiners or Young Consultants)
Experienced Examiners	Time constraints
Value for Money	?Biased Feed Back
Contemporary	
?Cost	
?Leave issues	

It is extremely important to examine as many cases as possible during this period and ask colleagues or consultants to critique your technique (Video/Audio recordings of consultation is a useful technique however patient consent is needed). The subspecialty vivas last for 30 minutes testing the candidate's depth of knowledge, judgement and lastly whether the candidate is 'emergency safe'. You will encounter common clinical scenarios of everyday practices and you are expected to identify the clinical condition, able to comment on appropriate clinical examination, describe relevant investigation and also discuss the broad outline of management. Speak as much as possible quoting recent evidence and also you should be able to be in position to explain why's and how's of your decisions. It is important to score as much as possible in each vivas as this would help you to compensate for any poor performance in any other vivas /or clinical scenarios.

The clinical cases are usually four in number. They are usually from different subspecialties of ENT. Most of the cases are chronic cases (HHT, septal perforation, neck swelling, Syndromal child). As the time duration is just 10 minutes per case you would be asked to examine the case directly and come to the possible diagnosis and management plan. Again demonstrate that you are a competent, confident, professional doctor. You should be able to formulate a management plan and be able to explain why's and How's of your decisions.

Communication skills station is very important station. It lasts for 20 minutes with 10 minutes devoted to history taking and another 10 minutes to explain the diagnosis and management to the patient. It is important to have a consultation model (Calgary- Cambridge model, Macy model, MISCE). Remember to take a good history and explore patient's ideas, concerns and expectations (ICE). At the end of consultation you should be able to discuss this further and emphasize any important issues. Use common language (Cartilage=Grisel, vestibule-cochlear nerve=balance and hearing nerve) to explain to the patient rather than medical terms. It is important to go through the common websites which give the patient information and quote figures from reliable websites (ENT UK, Cochrane) especially incidence of a clinical condition, complications of an operative procedure, do mention about self help groups (BTA) etc. For overseas candidates Get English Diction, and Clarity Right.

Operative session includes temporal bone dissection, nasoendoscopy, prosections and bones. A recent ENT anatomy course or a temporal bone dissection course would be helpful. Alternatively consider temporal bone dissection in your hospital, to be familiar with cadaveric tissue. For bones and prosections; visit to anatomy lab in the nearest medical school or alternatively revision with an anatomy atlas is useful.

Last but not the least it is important to have determination and confidence in your abilities. A good combination of careful planning, hard work and methodical approach should help you pass the exams without difficulty.

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