

## EXAM PREPARATION

### Preparing For The MRCSEd (A&E)

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#### Introduction & Preparation

To become a higher professional trainee in Accident & Emergency medicine it is necessary to obtain a part two in any one of A&E, Surgery, Medicine or Anaesthetics. The MRCSEd(A&E) part two requires a part one in one of the other three disciplines along with the relevant clinical experience. The Defence Specialty Adviser in Accident & Emergency Medicine feels that MRCP part 1 with MRCSEd(A&E) part 2 is a good route into the specialty (1) and we would wholeheartedly concur with this view. However, this choice will obviously depend on one's basic professional training.

It should be noted that although the MRCP Part 1 is infamous for the irrelevance of much of its syllabus, it has recently changed to a more clinical format and now incorporates the best of five questions format with no negative marking. Its benefits as a part one examination include the following:

- Some of the (more clinically relevant) questions will appear in the MRCSEd (A&E) part 2 MCQ section. Candidates previously successful in the MRCP part 1 seem to find this paper more straightforward than others.
- A reasonable proportion of the examination is relevant to clinical A&E and having this information firmly imprinted in the memory is worthwhile.

This, considered with the fact that MCQs have been shown to be an accurate test of factual knowledge (2), will be of benefit in one's future higher professional training.

To take the MRCSEd(A&E) it is necessary to have completed 1 year A&E, 1 year Medicine and 1 year Surgery with house jobs counted towards this. Full examination regulations can be found at the RCS Edinburgh website (3).

The MRCSEd(A&E) is an inherently sensible examination, which is criterion referenced, having no fixed pass rate but a pass standard. Everything in the examination is clinically relevant to day-to-day A&E work. Having completed the above-mentioned 3 years of clinical work, along with having spent 2-3 years as a general duty medical officer, should offer a very high chance of success.

Good, knowledgeable doctors who are ready to become A&E SpRs should have no problem in passing it. Working for it should

be enjoyable in the knowledge that everything learnt is going to make one a better A&E SpR with increased work satisfaction as a result.

It is worth starting work a few months in advance and enjoying it. It is a good opportunity to take an interest in learning new things and reading about and challenging things one assumes one already knows.

#### The MRCSEd(A&E) Examination

The Royal College of Surgeons of Edinburgh (RCSEd) runs two Membership examinations in Accident and Emergency Medicine each year; in May and November.

The examination is held in 6 parts over a period of 2 weeks commencing on the published date of examination and takes the following format:

1. MCQ: 2.5 hours (60 questions, 300 stems, negative marking).
2. Viva (medicine): 20 minutes. \*
3. Viva (surgery): 20 minutes. \*
4. Clinical (surgery/medicine/A&E): 40 minutes.

(\* The two oral examinations may run concurrently with candidates moving tables on the ring of a bell).

The MCQ takes place on the first day with the oral examinations held over the next two days. Only candidates who obtain a satisfactory grade over the first three parts will be invited to attend the clinical examinations, which are held in the second week. If one fails the clinical part of the exam, it is only necessary to resit that part.

Sound preparation for the MRCSEd (A&E) examination involves a combination of thorough bookwork and examination practice. The slick examination techniques perfected in the final year of medical school will need to be polished up again and repeatedly scrutinised by peers and seniors.

#### Booklist For MRCSEd(A&E)

Choice of books is a very personal subject dependant on one's preferred style. It is useful to talk to A&E SpRs (preferably those who have passed the MRCSEd(A&E) exam), other middle graders and consultants to get their opinions on useful books.

The following is a summary of what we think are useful books which we have used ourselves, along with some comments on

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Table 1. Basic syllabus.

Title	Authors
Oxford Handbook of Accident & Emergency Medicine	Wyatt/Illingworth/Clancy/ Robertson/Munro
Advanced Trauma Life Support	American College of Surgeons
Advanced Life Support	Advanced Life Support Group
Guidelines for (Adult & Paediatric / Basic & Advanced) Life Support 2001	European Resuscitation Council
Advanced Paediatric Life Support	Advanced Life Support Group
ABC of Emergency Radiology	Nicholson/Driscoll
Accident & Emergency Radiology A survival Guide	Raby/Berman/de Lacey
Practical Fracture Management	McRae
Practical A&E Management	Greaves and Johnson

their usefulness.

### Basic Syllabus (Table 1)

A good knowledge of:

- Current Resuscitation council guidelines.
- Oxford Handbook of Accident & Emergency Medicine (the "purple book") – ATLS, ALS and APLS.
- Radiology.
- Fracture management.

The books mentioned in Table 1 probably represent the minimum required to ensure a good chance of passing the examination. It should be noted that the two radiology texts are complementary with each having a little something that the other does not used together they are excellent. An additional text which may be useful is *Practical Emergency Medicine* (Editors Greaves and Johnson, Arnold 2002)

### Reference (Table 2)

Some candidates will prefer one large text to many smaller ones. Two of the most definitive and well-recognised texts in Accident & Emergency Medicine are Rosen,

and Tintinalli. They are superbly comprehensive, well referenced and a joy to read in small segments. However, Rosen has three volumes and Tintinalli one very large one and they are hardly background reading. As such they are probably best kept for reference!

Three other Oxford Handbooks (*Clinical Medicine, Clinical Specialities and Acute Medicine*) are also highly recommended for reference.

### Background Reading (Tables 3 &4)

One advantage of using many smaller texts for background reading is that one sees the same topics presented differently in different texts and becomes aware of the differences of opinions that exist.

The series of Oxford University Press, *Oxford Handbooks in Emergency Medicine* are excellent and the ones in Table 3 are particularly recommended. Some of these books will be merely consolidating knowledge one already has, some will challenge it and others will give a much

Table 2. Reference.

Title	Author
Emergency Medicine	Rosen/Barkin/Danzl/Hockberger/ Ling/Markovchick
Emergency Medicine	Tintinalli/Kroem/Ruiz
Oxford Handbook of Clinical Medicine	Longmore /Longmore/Wilkinson/Torok
Oxford Handbook of Clinical Specialities	Collier/Longmore/Scally
Oxford Handbook of Acute Medicine	Ramrakha/More

Table 3. Background reading.

<b>Title</b>	<b>Author</b>
Accidents and Emergencies in Children	Morton/Philips
Acute Medical Emergencies	Guly/Richardson
Environmental Medical Emergencies	Steedman
Emergency Management of Hand Injuries	Wilson/Nee/Watson
Maxillofacial and Dental Emergencies	Hawkesford/Banks
Emergencies in Obstetrics and Gynaecology	Stevens
Anaesthesia and Analgesia in Emergency Medicine	Illingworth/Simpson
The Management of Wounds and Burns	Wardrope/Smith
Muskulo-skeletal Problems in Emergency Medicine	Wardrope/English
Major Trauma	Robertson/Redmond

Table 4. Further background reading.

<b>Title</b>	<b>Author</b>
Outline of Fractures	Adams
Report of The Working Party on the Management of Patients with Head Injuries	Royal College of Surgeons of England June 1999
Key Topics in Accident & Emergency Medicine	Evans/Burke
The ECG Made Easy	Hampton
The ECG in Practice	Hampton
A Clinical Approach To Electrocardiography	Colquhoun
Accident & Emergency Data And Drug Guide	Morris/Kinder/Kelly

wider understanding of the more specialised subjects in A&E Medicine.

Further background reading is essential and other recommended texts are in Table 4. One obviously also needs to concentrate on areas where one has limited experience or feels weak, but some reading can just be for fun and confirmation that what is stored in the brain is still correct!

### **Fun Reading** (Table 5)

Table 5. Fun reading.

<b>Title</b>	<b>Author</b>
Self-Assessment in Accident & Emergency Medicine	Burke/Greaves/Hornbrey
Trauma Rules	Hodgetts/Deane/Gunning
Case Studies in Emergency Medicine	Freed
Case Presentations in Accident & Emergency Medicine	Morris/Moore

When looking for some more fun whilst working it can be a good idea to try books that contain essential information but presented in a different format to usual textbooks. This type of book provides a welcome break from the more structured work one may well have been doing, and is a good way to check one's knowledge. In addition they are also essential preparation for the non-written parts of the exam.

“Self-assessment Questions in Accident &

Table 6. Reading for clinicals.

Title	Author
An Aid to the MRCP Short Cases	Ryder/Mir/Freeman
Clinical Orthopaedic Examination	McRae
Symptoms and Signs of Surgical Disease	Browse

Emergency Medicine" gives good practice in MCQs, Case Histories, Data Interpretation and Clinical Pictures.

The "Rulebooks" and "Case Presentation books" contain essential little gems of information that for some reason do not seem to come through in normal texts. They are also obviously more reminiscent of what one sees coming through the A&E department door.

### Reading For Clinicals (Table 6)

Reading is an essential part of preparation for the clinical components of the examination. There is a certain "game" that needs to be played with the examiner and this is particularly so in the physician's MRCP part 2 exam. Hence the book by Ryder; written specifically for physicians details this very well. There is certainly too much information in this book for the A&E candidate but it gives one something to aspire to.

Again, although over-detailed in places for the A&E candidate Browse and McRae are excellent help in preparation for the surgical side of the clinicals.

### Tips For Passing The Exam

#### MCQs

The key is to practise as many questions as possible. These can be found in a multitude of books, in papers from A&E courses attended by oneself or colleagues, by selective use of some part 1 MRCP questions or on the worldwide web – a search engine like Google is helpful.

#### Oral Viva

This involves two 20 minute sessions; each with an A&E consultant and with a consultant from General or Orthopaedic Surgery in one viva, and from Medicine in the other viva. The vivas will involve case scenarios, slides and data interpretation. It can be a little daunting but picturing oneself in the clinical scenario and talking sensible, straightforward Accident & Emergency medicine is all that is required. It is vital to practice for this by arranging mock vivas with seniors and peers. During the examination it is important not to become sidelined into thinking the surgery viva will only include surgical questions and medical viva likewise. There is an A&E consultant

who takes half the time in each viva and they can ask anything!

#### Clinicals

There is a 40-minute clinical examination which involves short cases only. These cases are designed to examine the disciplines of Medicine, Surgery (General and Orthopaedics) and Accident & Emergency Medicine. The format will be very similar to the MRCP and MRCS (General Surgery) short cases. To pass, it is necessary to demonstrate the ability to:

- Be polite to the patient and not hurt him/her whilst demonstrating an exemplary bedside manner.
- Take an appropriate history if required.
- Perform a thorough, accurate but if necessary focused examination.
- Pick up the major clinical signs.
- Discuss the findings with the examiners.
- Formulate a diagnosis or differential diagnosis.

#### Surgery/Medicine - aspects of the clinical

Although the standard is high, and the approach to the patient, history taking and examination will need to be to the same standard as MRCP and MRCS (General Surgery) the discussion will not be to the same level of knowledge/standard as it is in the individual specialty exam. It will also be more focused towards clinical scenarios in Accident & Emergency Medicine. Ryder, Browse and McRae (Table 6) are excellent books for preparing for this part of the examination as is joining in MRCP & MRCS (General Surgery) short case teaching or even going on their courses.

It is absolutely vital to be able to perform slick examinations of all organ systems and joints without missing any signs. The key is in showing that one has done this hundreds of times before – but without cutting some of the corners we all occasionally do in the A&E Department. Inability to perform an adequate clinical examination is an all too common reason for failing the examination. Candidates *must* ensure that they are familiar with one of the basic undergraduate books on clinical examination.

### ***Accident & Emergency Medicine – aspects of clinical***

Formal preparation for this clinical is more difficult than the others but it generally involves things that one is doing every day in A&E. Cases are likely to be “minors” but it is also possible that one might be shown resuscitation equipment, slides and photographs of any possible clinical scenario.

It is important that one is familiar with all the equipment in one’s department. Regular teaching with seniors on management of patients, slides/X-rays/data/equipment and patients is very useful. It is also worth discussing in theory the management of less common cases, mass casualty situations, and possibly some of the contentious/political issues in A&E medicine at present (although this may be more relevant to the viva or even SpR interview).

### **MFAEM**

It may be that the MFAEM exam introduced in 2003 will become the preferred route of entry into higher specialist training with its parts A and B representing the present parts one and two respectively. The entry

requirements for the part B are similar to the MRCSEd(A&E) but rather than the traditional clinical it consists of a Data interpretation question paper and an Objective Structured Clinical Examination (OSCE). Although the examination format is different, the preparation required is likely to be similar to the MRCS. Full syllabus and regulations are at the faculty website (4).

### **Courses**

Having done the ATLS/APLS/ALS courses will be a great help in passing the examination, as will any other relevant A&E courses. The main one we are aware of is the “Accident & Emergency Medicine and Surgery” two week course held every Spring in Edinburgh, although there are others.

Good luck and – enjoy it!

### **References**

1. Hodgetts TJ, Accident and Emergency Medicine. *J R Army Med Corps* 2000; **146**: 47-49.
2. Joorabchi B *et al.* Multiple choice questions. The debate goes on. *British Journal of Medical Education*. 1975 Dec; **9**(4):275-80.
3. <http://www.rcsed.ac.uk/content/>
4. <http://www.faem.org.uk/mfaem.htm>