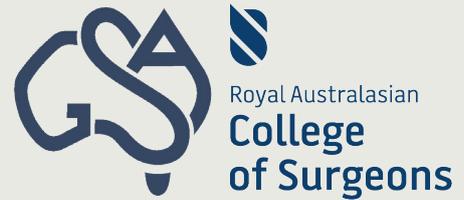


AUSTRALIAN BOARD IN GENERAL SURGERY

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS
& GENERAL SURGEONS AUSTRALIA



Preparing for the RACS Fellowship Examination

*A short guide for SIMG's preparing for
the RACS Fellowship Examination*



Contents

1. Overview of the Fellowship Examination	3
1.1 Scheduling and Overview of Examination	3 - 4
1.2 Assessment of Performance	4
1.3 Approval to Present	4
1.4 Further Information	5
2. Examinable Content	6 - 7
3. Preparing for the Fellowship Examination	8
4. Presenting for the Fellowship Examination	9
4.1 Tips for the Written Papers	9
4.2 Tips for the Clinical <i>Viva Voce</i>	9 - 10
4.3 Tips for the Non-Clinical <i>Viva Voce</i>	10

1. OVERVIEW OF THE FELLOWSHIP EXAMINATION

The General Surgery Fellowship Examination of the Royal Australasian College of Surgeons is an exit examination aligned to the General Surgery SET curriculum. Its purpose is to assess the readiness of a candidate to practice surgery safely, effectively and independently in the discipline of General Surgery. Candidates are required to demonstrate a high level of cognitive functioning, evident by a breadth and depth of knowledge and sound clinical, operative and professional reasoning, judgement and decision-making.

There are seven (7) components to the examination. Each component is considered of equal value when considering a candidate's performance.

Component	Format	Duration
Written paper 1	25 spot test questions	120 min
Written paper 2	8 short answer questions	120 min
Clinical <i>viva voce</i> 1	2 clinical cases for history, examination and discussion of assessment and management	40 min
Clinical <i>viva voce</i> 2	Usually 6 short cases to examine, discuss findings and outline management	40 min
Surgical anatomy <i>viva voce</i>	Examination of 4 clinical/ radiological images and 4 CT / MRI image series focussed on surgical anatomy evident in the images	30 min
Patho-physiology, critical care and clinical reasoning <i>viva voce</i>	Scenario based discussion of management issues, referring to clinical images and information that includes two (2) long 10 minute scenarios and four (4) short scenarios	40 min
Operative surgery <i>viva voce</i>	Clinical images and scenario based discussion of peri-operative and operative management, decision making and operative technique	30 min

1.1 SCHEDULING AND OVERVIEW OF EXAMINATION

Written papers are held, approximately 4 - 5 weeks prior to the *viva voce* components. Written papers are marked by examiners prior to the *viva voce* examinations. Marking is standardised by examiners who refer to a model answer, which outlines key aspects of an answer expected for each question. Answer sheets are identified by candidate number only and not by name. The aim of the written exams is to examine breadth of knowledge. These exams will be computer based in the future where answers will be typed.

The *viva voce* examinations are held over 3 - 4 days. Each candidate is examined by a pair of examiners for each component. On occasions, a candidate may be examined by the same pair of examiners more than once, depending on the number of candidates presenting for the Fellowship Examination. All candidates will be examined on the same content for each *viva voce*, with a set of questions to be asked of all candidates. Each examiner marks a candidate's performance independently before conferring with the co-examiner to reach a consensus mark.

1.1 SCHEDULING AND OVERVIEW OF EXAMINATION (CONT.)

The General Surgery Fellowship Examination is conducted twice yearly, in May and September with the written papers preceding the *viva voce* examinations by several weeks as referred to above. Dates and venues for the Fellowship Examination are published on the College website a year in advance.

1.2 ASSESSMENT OF PERFORMANCE

The assessment of a candidate's performance for each component of the Fellowship Examination uses an expanded close marking system (ECMS).

- This means that for each of the 7 components, there are pre-determined marking points used to assess a candidate's performance.
- For each component, marks are awarded to indicate exceptional (4), a pass (3), borderline fail (2) or a fail (1) performance.
- The pass standard is a score of 21; a score of 20 or less denotes poor performance.
- Candidates who receive scores of 19 and 20 are discussed by the court of examiners; performances for each component are reviewed to determine if a candidate should be awarded an overall pass or fail
- A failed performance will be detailed in the Senior Examiner's written feedback report to the candidate
- The report will be discussed at an interview between the Board and the candidate. Concerns relating to safety of surgical practice may be addressed at the post- Fellowship Examination interview.

1.3 APPROVAL TO PRESENT

Candidates will require formal written advice from their supervisors indicating readiness to sit the Fellowship Examination. This advice must be submitted to the Board in addition to applying to the College to sit the Fellowship Examination (i.e both applications must be made). The Board always considers the supervisor's advice in approving a Candidates application to present for the Fellowship Examination. Upon Board approval, the College will issue a letter that accepts a candidates application to present to the Fellowship Examination. It is important to read and be familiar with the information contained in the acceptance letter.

1.4 FURTHER INFORMATION

The College website has comprehensive information on the Fellowship Examination. Please refer to <https://www.surgeons.org/Examinations/Fellowship-Examination> for detailed information relating to:

- Eligibility to sit for the examination
- Application and examination fees
- Examination conduct
- The Senior Examiner's guide for candidates presenting for the Fellowship Examination (available on the RACS website)
- Notes on the written papers including past questions and model answers
- Notes and conditions on the viva voce examination
- Conditions as they apply to withdrawing from the examination
- Submission of exceptional circumstance to be considered by the Court of Examiners
- Feedback and review of candidate performance
- Contact details of the Examinations Department of the College

Information on the aforementioned website is regularly updated. Candidates are strongly advised to keep abreast of and be familiar with the information and related policies and documents.

2. EXAMINABLE CONTENT

The information below outlines the overall requirements of the General Surgery GSET Program. Further information on each component is detailed in the various sections of the regulations.

The content of the exams is defined by the Curriculum as developed by the Australian Board in General Surgery and New Zealand Board in General Surgery. The Non-technical and Technical Modules of the Curriculum are available on the GSA website.

The questions, scenarios or cases in each segment may refer to each of the levels of cognitive function (i.e., knowledge/comprehension, application/analysis or synthesis/evaluation) or, where appropriate, may be a global assessment.

Wherever possible, evaluation of the nine surgical competencies is taken into consideration throughout the assessment process. The relevant areas are the following:

Medical Expertise:

- Relevant basic sciences outlined
- Significance of symptoms/features identified and addressed
- Potential pathologies identified

Judgement & Clinical Decision Making:

- History taking and examination:
 - Exploration of the patient and condition
 - Description of physical examination
 - Demonstration of appropriate patient interaction
- Investigations:
 - Identification of appropriate investigations
 - Justification for selection of investigations
 - Analysis of data from investigations
- Differential diagnosis:
 - Possible alternatives identified and considered
 - Justification of possible alternatives from evidence
 - Clinical implications of the alternatives considered
- Treatment and Management:
 - Appropriate selected treatment
 - Safe and appropriate management plan that takes into account patient's needs
 - Consideration of on-going management requirements
 - Consideration of other required professional support

Technical expertise:

- Description of procedure:
 - Surgical procedure appropriate for the condition and diagnosis
 - Significant potential risk factors identified
 - Attention to safety of patient, self and others

2. EXAMINABLE CONTENT (CONT.)

Communication:

- Clear, complete, and appropriate information for the patient
- Appropriate communication of risks, advantages and alternatives of any management alternatives advocated
- Prognosis reflecting the most likely outcomes
- Management & Leadership:
 - Reasons for selection of investigations and treatment indicating consideration of patient needs and system constraints
- Professionalism & Ethics:
 - Clear understanding of medico-legal and ethical issues in relation to the patient and their management

Collaboration:

- Understanding of other healthcare professionals involvement and roles in patient management
- Demonstrated ability to initiate involvement and assess input of other healthcare workers in the patient's management

Candidates are advised to thoroughly review the curriculum and its various modules and to be familiar with the scope of the General Surgery curriculum.

Content examinable at the Fellowship Examination may be referenced to, but is not confined to,

- Recommended texts and journals
- ASSET®, EMST®, CCrISP®, CLEAR®, DSTC® skills courses
- The nine RACS competencies as outlined on the College website
- Position papers published by the College
- Regional Long Course Programs
- Publications in the ANZ Journal of Surgery
- Information pertaining to ASERNIP-S reports and guidelines
- Information presented at the RACS ASC
- Information presented at the GSA ASM
- Information published in the monthly RACS Surgical News

It is advisable to refer to a textbook to revise and guide physical examination techniques. Suitable texts include,

- Clinical Examination: A Systematic Guide to Physical Diagnosis, 6th Ed Nicholas J Talley & Simon O'Connor
- Browse's Introduction to the Symptoms & Signs of Surgical Disease, 4th Ed Norman Browse, John Black, Kevin Burnard, William Thomas

3. PREPARING FOR THE FELLOWSHIP EXAMINATION

Adequate preparation for the Fellowship Examination relies on:

- Being physically and mentally fit
- Understanding the requirements, expected performance, format and conduct of each component of the Fellowship Examination
- Appreciating the breadth and scope of surgical practice covered by General Surgery in Australia and New Zealand
- Allocating sufficient and regular time for study and examination practice
- Developing a realistic, personalised study schedule that covers every aspect of the published General Surgery syllabus; the study schedule should aid preparation for each component of the Fellowship Examination (an example of a study schedule is available on the GSA websites)
- Adhering to the study schedule
- Taking full advantage of learning opportunities in the daily work environment

Most Candidates who are unsuccessful at the Fellowship Examination have not attended to these basic steps. Furthermore, many Candidates find the demands of work, the lack of professional support and geographical isolation frequently precludes them from participating in a wide range of preparatory activities. The onus remains on the SIMG to adequately prepare for the Fellowship Examination.

Recommended preparation includes:

- Developing a personalised study plan that comprehensively covers the General Surgery Syllabus
- Allocating 2 hours per day on average towards preparation
- Using personal study to revise knowledge
- Joining a study group and convening regularly
- Regularly practicing written answers, marked by and discussed with a consultant surgeon
- Regularly practicing viva voce (operative surgery, surgical anatomy and pathophysiology/critical care/clinical reasoning) with consultant surgeons
- Regularly practicing clinical viva voce with real patients and with consultant surgeon observation to provide feedback
- Using clinics, on-call, ward rounds, operating lists and clinical meetings to practice history taking, physical examination skills, discussing management and answering questions by consultant surgeons relating to real patients
- Applying mock examination conditions when practicing written questions and viva voce
- Seeking frequent feedback from consultants; asking for honest, objective and specific information
- Obtaining feedback from consultants who you are less familiar with because they may be more objective in their feedback.

4. PRESENTING FOR THE FELLOWSHIP EXAMINATION

When presenting at the Fellowship Examination:

- Be familiar with the venues where each exam component is being held
- It is advisable to visit each venue a day or two beforehand and work out transportation to arrive well before the start times
- Be well groomed, dress professionally, wear comfortable clothes and bring whatever equipment is needed

4.1 TIPS FOR THE WRITTEN PAPERS

- Read each question carefully
- Check exactly what a question is asking and make sure your response actually answers the question
- Write legibly and structure your answer; a well-structured written answer reflects order and clarity in thought processes
- It is common to underline key terms or points.
- It is appropriate to use dot points, lists, algorithms, tables, diagrams, charts etc. as long as the answer makes sense, is orderly and addresses the specific question.
- Allocate an appropriate amount of time to each question and avoid spending too much time on one question; providing extensive information on an aspect of the answer may not necessarily gain more points for a question
- The examiners mark photocopies of written answers, so there is no benefit in using coloured pens or pencils; choose to write in black or blue ink.

4.2 TIPS FOR THE CLINICAL VIVA VOCE

- The clinical *viva voce* remains a common component of the Fellowship Examination that failing candidates perform poorly in; this is often because physical examination techniques are superficial and interpretation of findings and discussion of management is deficient
- What is being examined is accurate and adequate physical examination technique, eliciting and correct interpretation of signs or symptoms and an accurate discourse of appropriate management
- The long cases (Clinical 1 component) also examine history taking skills, interpretation of data and discusses management of complex surgical problems
- Adopt an orderly approach and do not take short cuts; it is also important to be efficient and not waste time
- Describe your findings as you examine the patient (this requires practice) - avoid listing what you are looking for but rather, state what you have found or any important negative findings
- Focus on the physical examination particularly in the short cases

4.2 TIPS FOR THE CLINICAL VIVA VOCE (CONT)

- Be mindful to allocate sufficient time for history taking and physical examination in the long cases
- Keep progressing through the short cases - candidates can typically expect to examine 6 patients in the allocated time
- Try not to dwell on or become distracted by a case that you feel you have not performed well in

4.3 TIPS FOR THE NON-CLINICAL VIVA VOCE

- Present yourself as being in control, comfortable and confident; guard against appearing arrogant
- Consider the *viva voce* as a professional discussion, conversation and interaction with a senior colleague
- Listen carefully to the question and answer the question directly - do not provide an answer to what you would like to have been asked or what you 'second guess' an examiner is asking
- Responses should be structured, succinct, clear and orderly; this reflects order and clarity of thought
- Avoid hesitancy and fidgeting and do not rush responses or jump to conclusions
- Do not argue with the examiner or contradict or ignore requests. Requests or guidance from the examiners is for the sole purpose of helping you pass.
- Do not be inflexible in your approach
- When asked how you would manage or respond to a situation, state what you would actually do - avoid deferring to what others might do or the options that could be considered as described in a text book; do not, as your primary response, state that you would refer the problem to someone else
- Avoid mentioning something you know little or nothing about
- Acknowledge if an issue or opinion is generally regarded as controversial or with uncertain evidence-base
- State up front if you do not know an answer - under such circumstances you may still be asked to make an educated comment but do not make a random guess or make up information
- If the question appears to be redirecting your response, consider whether the examiner wants to explore a different aspect of the topic, whether they are probing for a deeper response or whether they are seeking a different answer to that given
- Always seek clarification of a question if you are uncertain of what is being asked
- Correct yourself if you need to - it is unacceptable not to acknowledge an overt error or omission
- Be mindful to keep moving on from question to question
- Try not to dwell on or become distracted by a question that you feel you have not performed well in - focus on progressing with the examination