Finals revision

You are told many times that finals are the easiest exams to pass on the course, which is probably true, but that is not very comforting as the exams loom. Below is an account of how I approached the final year at Cambridge which I hope may be useful to others in a similar position.

Senior medicine attachment

This was my first stage 3 attachment. It is important to make sure that teaching occurs. This is the attachment during which I practised examinations the most. The medics are always willing to offer bedside teaching and this is something that you should look out for. Consultant bedside teaching each week was very useful, but asking F1's and registrars on your team to watch you examine patients is something that I found very useful. You will always find people who are revising or have recently done PACES who are willing to teach examinations and are very hot on them, giving useful tips on how to impress. (For example, I was told that some examiners don't like you to have stethoscope around your neck when presenting etc.).

The way I organised myself in my private reading was to dedicate a week to each of the medical specialties [cardiology, respiratory, gastrointestinal, hepatology, renal, diabetes and endocrinology]. During the week, I read through the relevant chapter in a big text book and wrote notes on it (Medicine and Surgery – Lim et al and Kumar and Clark). It was time consuming but worth it when revising.

The other really useful thing was to find a partner and make sure you examined at least one patient formally each day

So at the end of the medicine attachment, I had written notes on all of the medical specialties, which formed the basis for my medicine revision and was well practiced on the main medical examinations.

Senior surgical attachment

I was on a hard surgical firm at Addenbrookes, which was very busy. Bedside teaching was almost absent, and it was difficult to find doctors who had time to teach because the firm was so busy (not the same for all firms though!)

During this attachment, I again wrote notes on the main surgical specialties from Essential surgery [upper GI, colorectal, HPB, vascular and urology]. Again, time consuming but worth it.

It is important to keep up with formally examining patients during these attachments, something which can easily be left behind! One thing to concentrate on during this attachment are the surgical examinations, which are least taught:

- It is vital that you attend a vascular clinic to see varicose veins and how to examine them correctly, venous/arterial ulcers, how to measure the ABPI etc. Peripheral vascular and varicose vein examinations commonly appear in finals.

- Hernias are best seen during this attachment. Get confident in examining hernias. Most teams have patients with hernias, but if not, go to the hospitals day surgery unit and ask when the hernias are, and go to see the patients on the lists. The alternative is to go to general surgical clinic, but the yield can be low depending on the specialty!
- Neck lumps, again surgical. These are found on ENT wards predominantly which is the specialty combined with surgery. In Addenbrookes there is an ENT ward. On the day of the head and neck surgeons there were often 5 or more patients with neck lumps all willing to be examined! The other place to find these patients are on the breast and endocrine surgeons lists.
- Keep up with the orthopaedic joint examinations, easily not practiced since ENRO!

Acute care

I was glad to have this attachment last as it enabled me to consolidate all that I had learnt during the previous two attachments. There is not a significant amount of A&E which comes up in finals, and I don't remember any anaesthetics or critical care coming up. As a result I spent most of my time on this attachment revising other subjects. Indeed, I never read an anaesthetics book, only skimming the critical care chapter of Kumar and Clark.

Being in A&E gives you the opportunity to practice the examinations and revise the acute management of the main conditions that come up e.g., MI, asthma, COPD,GI bleed etc, which you will be expected to know about. Read and learning the emergencies chapter of OHCM is highly advisable.

Because of the high pace of A&E with no patients being there for more than 4 hours, it was important to spend time on the wards finding patients to examine in addition to those seen in A&E. As this was the last attachment, like everyone else, I spent a significant amount of time either reading or examining patients on the wards.

Revision

Theory papers:

It is best to start early, as you will have more time to think about everything and cover everything as you would hope to. Writing notes on the medical and surgical specialties is revision of sorts, and doing this early is beneficial, as there is less to do closer to the exams.

Write a list of all of the specialties that need to be revised. You will be surprised at how long the list is, and so I would recommend doing this early so you realise what is ahead!

Think about what you want to do for each of the subjects, what you will read etc, and make sure that you have got access to all of the books that you will need.

The best way to succeed is to make sure that you cover everything in adequate detail!

I would highly recommend going through the past papers that are on ERWeb and in the library around easter time. There are a lot of questions and you will be able to get an idea from these questions as to what detail is required from you. In addition you are likely to see some of the questions in your actual papers. You will find that many of the questions are controversial and so discussing them with an appropriate consultant is a really good way to learn, and the only way you can do that is to have gone through the questions with good time, such that you can seek out the relevant consultants during your final attachment. Some people didn't even look at the questions, and were disappointed to find that plenty were repeated or slightly reworded in our MCQ paper!

Online MCQ/EMQ resources. I used On Examination which seems to be the most popular site. There is a discount for being an MDU member. This site has about 3500 questions with answers that you can attempt, selecting to have questions on particular topics that you have revised or on everything. I joined the site in April, and spent 1 hour each day during my lunch time doing these questions. You will be surprised at how much you can learn from these questions and answers, and will be able to get used to the way that the questions are worded. In addition there is also a graph showing you how well you are performing in particular subjects and also in comparison to others answering questions on the website. I found this resource to be very useful and most people sign up to one of these resources.

Ethics and Law

This paper is hard because the theory is more dry than the rest of the course. The way I approached revising these subjects was to do so over a long period rather than doing it in one chunk. During Easter I read over all of the public health notes and the blue public health handbook, and all of the ethics and law notes, over 2 days (as there is a mock question after the break). Then over the last attachment I read through Hope et al in more detail, writing notes on it, and did the same for public health with lecture notes and Steve Gillams new book. Then there was some cramming the two days before the SEQ paper!

There are plenty of example questions on the ERWeb if you search, some with answers which too are really helpful as they show you how to go about answering these questions. There are some questions to be found in the archive of ERWeb under the old course.

SCEE

Prepare for the explanation and planning stations once you have them! Look over all of the sessions that we have had over the course, especially the suicide and sexual histories etc. Anything could come up so make sure you don't neglect this part of the course. In addition one thing we did which was very useful, was to take timed histories from each other, with one pretending to be a patient with a diagnosis, and then for the person taking the history to present the findings and suggest management – exactly the format of the real exam.

I think the best message is not to neglect this part of finals.

OSCE

The OSCE is the final exam, and is not meant to be hard if you have practiced the examinations, looking at the mark schemes that are available, you should be able to do more than adequately. The only way to revise for this exam is to make sure that you are well practiced at all of the examination schemes.

In my exam I had: cardiovascular, respiratory, gastrointestinal, cranial nerves, hip, neck, hernia, hand, peripheral vascular disease, dermatology and radiology (a series of radiographs to discuss including chest radiographs, abdo films, ct slices).

How I revised for this examination was to take a day off of the attachment each week to spend the whole day performing examinations with a colleague. We found that it was best to go to Addenbrookes because of the range of patients that are in the hospital. There are many patients in Addies that you don't know about unless you ask. For example, if you know when head and neck surgery is you will be able to examine about 5 different lumps in an hour or so. Find out when the hernia lists are and again you can examine 5 hernias in short succession. In a typical day at Addenbrookes each week in the 3 months approaching finals we spent the day as a pair, as follows: neck lumps first thing, followed by an hour or two on the neuro wards, then to the general wards until lunch practicing the core cardio/resp/gi. Then early afternoon: hernia list patients, rheumatology ward examining hands and the rest of the day general patients including joints and vascular. By doing this we each got to perform most examinations each week and saw so many signs each week. More importantly, you get to see people who come to finals as patients!

Finally

The key is to be organised because there is a lot to learn. If you don't neglect any of the major subjects or exams and you will be fine.