

FRCS Experience PART (1) :

Assalam Allekom,

I can't Tell you Why did I Pass Exactly but I might tell You why I failed in the first attempt

I entered Muscat 11/2014 and I passed Glasgow 2015 الحمد لله

According to my Experience in Muscat I felt the exam is **not** well organized regarding the **Clinical cases** .

I will start with my Muscat experience according to the feedback I received after the exam I passed all the exam except **1 surgical** station and the **2 clinical(Same room)** Orbit and oculoplasty stations.

I will start with the stations I failed in:

First with the Oral : **A-Surgery** Two Indian male examiners.

- 1- A photo of Rheg. RD (looked fresh and high retina)
Diagnosis, Surgical options, Types of tamponade & complications of each technique.
- 2- Refractive Surprise after Cataract Extraction ...Causes (faulty Biometry , post refractive.....**(he needed to hear the possibility of wrong IOL power from the manufacturer !? BUT I advise you not to mention that unless the examiner push you to it & after you finish all the other logic causes!!)**...TTT....LASIK , Replacementbut he was happy when I told him according to other eye status and presbyopiaMonovision options also .
- 3- Avellino Corneal DystrophyInheritance(AD...so he asked me If she is a female and pregnant what will you tell her about her offspring getting the same dystrophy?....50%...75%...100% they will have the Dystrophy....**it is around 50%..**you can check Oxford Genetics part for this).
- 4- Malignant Glaucoma (**I guess I failed in this station because of this case**)
A blurred photo he told me it showed a lost AC after Glaucoma surgery with high IOP....Diagnosis...D.D....TTT options I went through the TTT options from medical & YAG ...to the Surgery .
When I was finishing the bell rang ! and he told me Will you remove the lens during PPV?
I answered that the main pathology is the entrapped Fluid in the Vitreous so I will focus on the PPV and according to the lens condition I will proceed(he was not happy! I guess because of the Lost AC he needed the Crystalline lens removed)

P.S The bell had rang already so I was on my way out and I threw the answer without details **..my advice: If this happened to you ask him again what do you mean and don't answer anything while you are leaving! Because you will give short unsatisfactory answer as I did !)**

B-Occuloplasty & orbit cases: Female English and Indian male examiner.

1- Unilateral Proptosis male adult ,They seated the patient near the wall so I demanded to move the patient away from the wall to be at the same level of the patient and to complete my measurement but the female English Examiner was very angry from this request and asked me if this is the practice I do in my real clinic!? & I responded that we usually use rotatory chairs in the clinic but she did not seem to be understanding and was very upset but I insisted to continue the examination in a correct way to compare both eyes!
After that this female English examiner was very aggressive with me and although I tried to move stepwise with the case as I went through the D.D she was already upset from me & was provoking the Indian male Examiner .

P.S :My advice is to examine correctly but try to be diplomatic ! .

2- Second case was an atrophic eye:

He was an old man and I examined him and told them that he had signs of Post Enucleation Socket Syndrome with symblepharonand when I asked for Gloves to complete my exam because of the dried secretions on the eye lids the female examiner was also very unhappy again (!!)

She asked me If there is a prosthesis or not I told her I need to examine the patient with slit lamp but she refused (!) and she told me you will get the same opportunity your colleagues had and no body examined the patient under slit lamp(!!)so I knew later I could simply could have palpated the eye to know so.....

My advice if you faced an aggressive examiner like this because no exam is free from them is:

- a- Be calm and try to get the other examiner to the conservation to buffer the situation.
- b- Do not be Aggressive.
- c- Try not to take the mood with you to the next room .
- d- Write you feedback to the FRCS exam officials to let them know about the examiner attitude in the exam and reevaluate him/her and do it even If you pass .

Now I will go through the rest of the exam starting by the VIVA:

The Ophthalmic medicine (English male and another Indian male examiner):

- 1- Conjunctival follicles...causes...definition....clinical appearance...VS papillae.....
- 2- Vernal Keratoconjunctivitis.....what do you in your practice?.....sudden pain and dec V/A.....Shield ulcer (in details).....Tx of shield ulcer in details also .
- 3- Retinitis Pigmentosa fundus photo....C/OTX...

The General medicine and Neurology :

- 1- A photo of CRAO with patent cilio retinal arteryof course we passed by the **GCA** the only thing he needed to her in specific was If I would like to ask the patient about morning joints pain (Polymyalgia Rheumatica).
- 2- Obese lady with headacheD.D. Benign increase intracranial tension....Txweight loss advicesame case If old lady and not obese.
- 3- While you are doing FFA the patient collapsed....what will you do in details ...(Anaphylactic shock From A to Z) .

The Next day was the Clinical day ...**take your needed equipment especially your 90D lens .**

The first section was the strabismus and neuro: An English male and an Egyptian male examiners:

- 1- Bilateral Duane in a femalecauses of upshot in this patient(the LR Bridle Phenomenon).
- 2- Neuro case was **not well prepared !**
The examiner asked me to do Cover and uncover test I asked for a distant target but he did not have the remote control for the projector available to check if the patient can see or not ! and when the remote control was provided The patient could not see the target and the Examiner was surprised !!

So he told me ok Just do Horizontal motility and at that time most of the time was already gone so when I did the motility the patient had limitation in almost all of the Right eye movement and full mobility with the other eye and by the time we started the discussion TIME WAS OUT !.

Second Room was the Anterior Segment: English and Indian Both male Examiner:

- 1- A young adult with Bilateral pseudophakia and Glaucoma Valve OD but the tip of the tube was behind the Iris not the opposite....Type of Glaucoma which needs Valves(The Indian examiner needed to hear Congenital Glaucoma).
- 2- A female around 50 yrs old patient with OS angry eye ,bullous keratopathy and Rubeosis....causes ...TX

The Last room was the Post segment Room: Indian and another Arabic examiner both male:

- 1- Slit lamp with 78D lens which was unclean with many finger prints on it (**take your clean and 90D lens better**) Fundus was Regressed DR after laser.....normal discussion.
- 2 -A patient on a wheel chair (poliomyelitis I guess) examination by indirect ...he had inverted hypopyon of Si oil and cat with Traction detachmenthe asked me what do I think the cause of TRD in this wheel chaired patient?!...and I had no clue because Polio and TRD did **not add** up but later I knew he meant this because of DM and its Foot problems!?

At the End I ask ALLAH to grant you all success and my advices are :

- 1- Do Not stop all your life plans waiting to pass FRCSas you will ISA but do not ADD stress on yourself.
- 2- Make a good intention نية صالحه as to get promoted by the Success in this life and the life after .
- 3- Study group or at least study partner is better than studying alone.
- 4- If you did not apply what you have learnt in your daily practice...that means that you have wasted your time, money and effort passing this exam.

*Dr.Haytham Rezaq
Magrabi Eye Hospital
drhaythamrezq@hotmail.com*

TO BE CONTINUED

