FRCS (Glasgow) Part 3

Personal Experience

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Newdelhi 19-22/9/2015

Thanks to ALLAH, I have passed the FRCS (Glasgow) Ophthalmology Part 3 exam from the 3rd attempt in Newdelhi diet 19-22/9/2015 after 2 unsuccessful attempts, the 1st one was in Amman, 28/4 – 1/5/2014 . The 2nd one was also in Newdelhi , 22-25/9/2014. I'll speak about all these three attempts and in my opinion the failed ones will be more useful as we always learn better from our faults.

I want to thank my family and dedicate my success to them. I want to thank all my professors & colleagues who wish me the best in my career.

I want to express my sincere thanks and deepest gratitude to all persons who help me to pass this exam through their advices, constructive criticism, guidance & continuous support.

- ***Dr.Ashraf Wafaei, MD***. I cannot find enough words to say about what this great doctor did for me during my residency, I will always feel grateful to him in all my career. Allah bless his sincere efforts.
- ***Prof.Dr.Ahmed Mostafa, MD, FRCS***. His great impact on my career will never be forgotten. If all professors like you sir, Medicine in egypt will be totally different. I always appreciate what he is doing for young ophthalmologists and Allah bless all his sincere efforts.
- ***Dr.Mohammed Elhanan, FRCS***. my dear colleague who always keep guiding me in my career. We start the FRCS journey together. I wish for him all success in his life .
- ***Dr.Abdelsattar Farrag, FRCS***. Also my dear colleague who helped me a lot with his advices and support especially in sad moments . I wish for him also all the success in his life .
- ***Dr.Ayman Elghonemy, FRCS***. I benefited greatly from his FRCS notes and FRCS yahoo group. I appreciate a lot his efforts in arranging FRCS courses and maybe we can team up together with interested candidates in future courses.
- ***Dr.Hussein Swelam, FRCS***. The one who changed my mind in thinking from a vertical to horizontal approach. his workup lectures and notes put me in the correct way.
- **Everyone who write his experience in chua site** in past candidates' experience "ceaseless charity" & helped other colleagues to pass this exam.

Before I start , I want to ask a simple question ?! Is it a difficult exam ? Answer, definitely NO. it's not at all & let me tell you a surprise. This exam is not by any means a measure of your scientific and clinical level. You can pass it easily but take care , you can also fail more and more easily.HOW ? I will tell you : in my opinion , FRCS part 3 exam is like circus player who walks on the rope ; to succeed, he must walk in a steady movement from the beginning to the end of the rope, imagine he had a very good start and the audience was so happy and excited by his movement but before end , he fall down. What will happens ? no one will speak about his good performance and his experience and good part of the game will be forgotten. This is exactly the exam looks like. Think about it ?

I will summarize the keys for success in the following points :

1. Allah conciliation & will " the most important key"
2. Look at FRCS as your personal academic acheivement.this is your personal acheivement & you don't need to prove anything to others. If you fail, all you lose is money and it's your money, preparation is never a waste of time or energy.Remember, you become a better ophthalmologist than before " *Quoted* " .
3. Concentrate , concentrate , concentrate and forget everthing in the world while preparing for the exam and in the exam day.
4. Understand exactly format of exam and what examiners really want to know and elicit in the exam .
5. Be conservative & safe doctor. Don't rush to surgical management until you fulfil all other treatment options.
6. Describe what you see first and learn how to describe before going into a diagnosis.
7. Study differential diagnosis hard, you will need them to play with the examiner before shooting the goal.
8. Learn from all previous experiences, bad before good.
9. The exam not necessarily will go classical as you expect and you may not have a chance to show your knowledge or skills, you should be prepared for that and deal with it in the exam. If this happened, it could fail a good candidate if not dealt with carefully during the exam session " *Quoted* "
10. Study smartly more than hardly. Use all the available resources you have not only books, your clinic is a better resource , Train yourself on all

clinical skills needed in the exam & perform them in a systematic relaxed way in your clinic .

11. Trust yourself & don't get panic when you face a difficult case or asked a difficult question . it's not only difficult for you . it's difficult to all other candidates. Try to recall your knowledge , describe and your last weapon is "I don't remember" sometimes it's the best answer in certain situations to tell examiner to shift to another case or question and don't lose your time. TIME IS CRUCIAL in this exam. Take care not to say something you didn't see just for guessing, or out of panic. if you said nothing, sometimes is better than saying something wrong. Saying nothing will take from your marks, but saying something wrong or not there will probably fail you.
12. If you did bad in certain station. Keep coherent and forget all about it & concentrate on the next one. we are not perfect in all ophthalmology and examiner know this.
13. Be flexible in your answers and don't insist on certain answer or way of thinking .
14. SPEED is required in the clinical exam to allow time for discussion and to see more patients. The more patients you see, the more is the opportunity to pass.
15. Don't rely much on examiners' impressions as a way of evaluation. Trust yourself and say what you think it's right unless examiner stopped you , then try to modify as they are not playing with you.
16. In my opionion the triad of failure in this exam is : missing important clinical signs , not knowing at least a differential diagnosis of the patient and saying or doing a fatal mistake. Prove to the examiner that you are a good ophthalmologist that can perform all his clinical skills in a good way to detect signs and have a differential or provisional diagnosis of the patient.
17. In case of unsuccessful attempt : you must know exaclty why you failed? and please be honest with yourself before others. know your weakness points from feeback letter and work on them for improvement in coming attempt. Although I have some objections on system of exam & evaluation, but I can say it honestly and loudly , examiners try to help you to pass but you must help yourself also.

Sources of study :

1. **Kanski clinical ophthalmology** : **5th edition** ??!! ya 5th edition. I know it's too old edition but this is my best book friend 10 years ago but ofcourse I updated it from newer editions .

2. **Chua site " http://www.mrcophth.com/chua1.html"** : I can claim that it's too difficult to pass without this great website. Most important sections include : ocular pathology , clinical multi-station exam & past candidates' experience.

3. **Ophthalmology Examinations Review " WONG"** : a great summarized book with a lot of important viva & clinical tips.

4. **Important surgery topics** from various books and notes.

5. **My personal notes** including **my notes in general medicine & emergencies** : I will upload it all on my facebook group " FRCS GO " .

6. **Dr.Ayman Elghoneimy notes in clinical examination techniques** : the best for clinical part .

*In an attempt to help ophthalmologists to pass this exam, I have the pleasure to announce about my Facebook group **"FRCS GO"** concerned with exams of The Royal College of Phyisians and Surgeons of Glasgow in Ophthalmology (especially part3) as well as training and work in UK . I hope that this group will be a useful tool for helping ophthalmologists from all over the world for success & guiding them on how to obtain training and employment opportunities in UK ,Allah willing, by sharing experiences,notes and advices with eachothers, Making study partner groups, as well as arranging preparation courses or conferences to achieve this goal.*

Important stuff about exam :

1. **Marking scheme** " *official guidelines* "
    a. High pass marks in CLINICAL part can compensate for any shortfall in VIVA marks.
    b. High pass marks in VIVA part cannot compensate for poor performance in CLINICAL part .
    c. In both VIVA & CLINICAL part : Candidates may compensate for no more than 3 fail marks by achieving additional marks elsewhere in this part to achieve the overall pass mark.
    d. MORE than 1 "clear fail" mark in any part "VIVA or CLINICAL" means failed exam.
2. **Dress** :
    a. CLINICAL part : Half sleeve shirt with NO tie.
    b. VIVA part : formal suit is preferable.
3. **Exam tools** : all needed exam tools will be available at the exam venue, however you can take with you : Torch, Fixation target, occluder, ruler, +90D lens " take care you are examining with a clean lens".
4. **Vacation** : 2-3 weeks vacation before exam is more than enough. You need to practice more than to study .
5. **Visa** :
    a. Jordon visa is obtained easily in the airport.
    b. Obtaining indian visa is easy with validity & duration 3 months. Apply for it 1 month before your travel.
6. **Flight** : try to have a direct flight with no transit to keep yourself not exhausted from long flight . it's better to travel 2 days before exam to eliminate stress.
7. **Hotel** : choose best budget hotels near to exam place .
    a. In Jordon : Ya Halla hotel .
    b. In Newdelhi : Metroheights hotel . **NB.** Nearby hotel, there's a good restaurant called "KARIM" with HALAL food.
8. **Food** : in india, take with you a lot of canned food as food is a big problem in india especially for arabs..
9. **Tourism** : one useful website to help is www.viator.com
    a. In Jordon : city tour inside Amman, Dead sea & Petra.
    b. In india : bus tour inside Newdelhi, Taj Mahal in Agra , about 3 hours by car from Newdelhi .

And now to my exam experiences :

A. 1st attempt : Amman, 28/4 – 1/5/2014

VIVA part :

i. General medicine & Neurology

- Diabetic ketoacidosis.
- Effect of smoking on the eye.
- Effect of T.B on the eye.
- Normotensive glaucoma.
- CHRPE with associations.
- Acromegaly " ⇧ weight with ⇧ shoes size " .

ii. Ophthalmic medicine

- A photo of BRAO, with discussion about workup.
- A photo of Avellino dystrophy, with discussion about types & management of corneal dystrophies .
- Rheumatology drugs with S/E on the eye.
- Superior oblique palsy.

iii. Ophthalmic surgery

- A photo of traumatic cataract, with discussion on surgery details.
- A photo of acute dacryocystitis , with discussion on management.
- A photo of conjunctival lesion encroaching on the cornea nasally. Discussion about differential diagnosis and management ?
- Superior oblique palsy ….Again !!!!

Clinical part :

i. Neuro-ophthalmology & ocular motility *" I failed this station"*

- A case of duanne syndrome type 3. Examiner asked to examine ocular motility. Discussion about types, signs and management of duanne syndrome .
- A case of left RAPD. Examiner asked to examine pupil. Discussion about differential diagnosis.

- A case of jerk nystagmus with wide-based gait ??!! Examiner instructed the patient to walk infront of me and asked me to examine ocular motility then comment. Discussion about localization of the lesion and possible aetiology.

ii. Oculoplasty

- A case of eccentric proptosis , examiner asked to examine proptosis in details with discussion on differential diagnosis.
- A case of congenital ptosis, examiner asked to examine ptosis with measurements then discussion about management.

iii. Anterior segment

- A case of severe band keratopathy, lost AC with iridocorneal touch and seculosio-pupillae due to complicated surgery for myopic retinal detachment. Examiner asked about causes of band keratopathy with special concern about silicone oil in the AC then discussion about prognosis and management of this patient.
- A case of corneal graft in both eyes with failed one in one eye due to macular dystrophy. Examiner asked about types of corneal dystrophies, management and warning symptoms of graft rejection.
- A case of dilated fixed pupil with posterior synechia in one eye of 10 years child. Examiner asked about differential diagnosis? Then a question about the most common cause of uveitis in children? Traumatic

iv. Posterior segment *" I failed this station"*

- A case of proliferative diabetic retinopathy with PRP laser marks & macular edema : examiner asked to examine with +90D lens. Discussion about classification of diabetic retinopathy & recent management of diabetic macular edema.
- A case of right Retinal tear in the upper temporal quadrant : examiner asked to examine with indirect ophthalmoscope. I didn't detect the tear. Indirect ophthalmoscope was very bad. I think i had a "clear fail" in this case.

B. 2nd attempt : Newdelhi , 22-25 September 2014

VIVA part : "I don't remember all questions"

i. General medicine & Neurology

- Anisocoria with special concern on Horner syndrome and its pharmacological tests.
- Status epileticus.

ii. Ophthalmic medicine

- Classification of uveitis with special concern on masquerade syndrome.
- Myasthenia gravis and edrophonium test in full details.
- Orbital cellulitis in full details and how to differentiate from preseptal cellulitis.

iii. Ophthalmic surgery

- Cicatricial lowerlid entropion , with discussion about differential diagnosis and management of trachoma .
- Orbital floor fracture .

Clinical part :

i. Neuro-ophthalmology & ocular motility *" I failed this station"*

- A case of left RAPD with glaucomatous optic atrophy. Examiner asked to examine pupil and also optic disc with +90D. this case was so tricky.WHY? because by exam, I find the left eye pupil dilated fixed one, so How to detect RAPD in a dilated fixed pupil. THINK ABOUT IT ??!!
- A case of Left surgical partial 3rd nerve plasy with dilated pupil. Examiner asked me to examine ocular motility. Discussion about Aetiology and workup ?
- A case of esotropia : Bell rang before any discussion .

ii. Oculoplasty

- A case of traumatic ptosis in 10 years old boy. Examiner asked to examine with measurments. Discussion about management ?
- A case of right lowelid medial ectropion with epiphora. Examiner asked me to examine for lid laxity. Discussion about pathogenesis and management .

iii. Anterior segment

- A case of bilateral pseudophakia with anteriorly dislocated PCIOL in the AC.discussion about possible aetiology and management.
- A case of NS & PSC in one eye and complicated cataract surgery with posterior synechia in other eye. General discussion about complications of phacoemulsification .

iv. Posterior segment *" I failed this station"*

- A case of old BRVO in both eyes!!! . Examiner asked me to examine both fundi by +90D. I think i had a "clear fail" in this case although examiners was so friendly and tried hardly to help me but I didn't help myself !!!!!
- A case of proliferative diabetic retinopathy. Examiner asked me to examine both fundi by +90D.
- A case of macular hole most probably lamellar . Examiner asked me to examine by +90D. discussion about differential diagnosis and management.

C. 3rd & last attempt : Newdelhi diet Sept. 19-22 September

VIVA part :

i. General medicine & Neurology

- D.D & investigations of cavitating lung lesion.
- Giant cell arteritis.
- A photo of bilateral disc swelling , with discussion about workup.
- A photo of NPDR. With discussion about classification and management.
- Headache with special concern on trigeminal neuralagia.

ii. Ophthalmic medicine

- A photo for phlycten. Discussion about hypersenitivity reactions in full details with examples in ophthalmology !!!
- A photo for fungal keratitis with hypopyon. Discussion about workup and anti-fungal drugs. He asked about rapid test to do to detect fungi ?!!! I didn't know . he means KOH.
- Ophthalmia neonatorum : discussion about causative organisms and management .

iii. Ophthalmic surgery

- Nasolacrimal duct obstruction in children. Discussion about management in full details.
- Orbital floor fracture. Discussion about clinical signs, investigations and management.
- A photo for acute congestive glaucoma. Discussion about differential diagnosis and management.
- Postoperative endophthalmitis. Discussion about management in full details.
- A patient with high IOP 2 months after cataract surgery? What do you think. Answer is missed glaucoma before cataract surgery or steroid induced glaucoma.

Clinical part :

i. Neuro-ophthalmology & ocular motility

- A case of right sensory exotropia : examiner asked to examine motility and think about diagnosis. This case was deceiving as she has limited Right adduction on versions but disappear on ductions. I didn't did good in this case and was afraid from the nightmare of failure again until results appeared but I think my good performance in other cases compensate.

- A case of left RAPD with optic atrophy in 65 years old patient. Examiner asked to examine pupil. Discussion about differential diagnosis & workup. examiner asked about what is the most important test in this patient and although I nearly told him everything , he was not satisfied and still want something which I don't know till now ??!!

ii. Oculoplasty

- A case of bilateral apnoeurotic ptosis : examiner asked to examine ptosis with measurements in full details, then discussion about differential diagnosis and management ?

- A case of right microphthalmos with nystagmus & left artificial eye in nearly 10 years old boy : examiner asked about differential diagnosis ? What is the difference between microphthalmos and nano-ophthalmos?. Discussion was bad with unsatisfaction from the examiner ??!!

iii. Anterior segment

- A case of neovascular glaucoma ? discussion about signs and management in full details .

- A case of anterior staphyloma ? spot diagnosis .

- A case of trauma with corneal graft, aphakia and aniridia .

iv. Posterior segment

- A case of bilateral Best disease in 20 years old male : examiner asked to examine patient with + 90D lens then discussion about differential diagnosis ? investigations ? inheritance ? how to differentiate from Stargardt disease ?

- A case of left resolving CRVO : examiner asked to examine again both fundi by +90D starting by Right eye . Right eye was almost normal which put me in stress then when shifting to other eye, I elicit the dignosis. Discussion about differential diagnosis ? and why you think it's CRVO not diabetic retinopathy

With my best wishes for all

Dr.Waleed Badr, FRCS

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20-10-2015