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Tips for Exam-Going Candidate

TO THE EXAM-GOING CANDIDATE

1. Before facing any examination, be it theory or clinical or viva, it is desirable to plan for the answers you are going to give. Your answers should attract the examiner in a unique way and that will make him sit up and notice you.
2. A theory answer should have a plan in the first page, which tells the examiner what he is going to read in the next few pages. The plan should consist of the broad side headings and classification.
3. Confine the short note to two pages. Diagrams and flow charts tell the examiner what you want to convey much more effectively than volumes of written pages.
4. During clinical examination, see that you are the speaker and the examiner is the listener. Do not allow it to be the other way round.
5. Lead the examiner to the points you want to tell him rather than the points, which he/she wants to ask you.
6. Act as the consultant discussing the case with a colleague rather than the student facing a barrage of questions.
7. During viva voce, radiology interpretation is given weightage. Always start with the most obvious abnormality in the radiology film and then proceed to describe the rest of the film.

TIPS ON WRITING THEORY ANSWERS

1. Do not write what is not asked. For example, when etiopathology is asked, writing about management is unnecessary.
2. When you are asked to write about clinical features, always start with history and clinical examination.
3. When you are asked to write about management, write investigations and treatment.
   a. In investigations, include history and clinical examination, as this is the first investigation done by the clinician.
   b. In treatment, in addition to treatment of the condition, enumerate the complications and mention the treatment of complications.
4. When you are asked to write about epidemiology, include incidence and prevention, as well as spread in case of malignancy.
5. Always start your answers with introduction and end with conclusion.

BROAD PLAN FOR THEORY ANSWERS

Incidence

- Geographical area
- Age
- Sex
- Pattern of disease
- Areas affected.

Etiology

- Congenital
- Traumatic
- Inflammatory
- Infective:
  - Bacterial
  - Viral
  - Fungal.
- Autoimmune
- Degenerative.

Pathology

- Macroscopic appearance
- Microscopic appearance
- Spread:
  - Direct:
    - Along bowel wall:
      - Horizontal
      - Vertical
    - Adjacent organs
  - Intraluminal
  - Intracavitary
  - Lymphatic
  - Bloodstream:
    - Distant metastases
    - Miliary spread
    - By invasion or embolic spread.

History

- Name, age, sex, geographical area
- Complaints, duration of each
- Sequence of events

- Past history is medical/surgical
- Family history
- Personal history—smoking, alcohol, diet, occupation
- Menstrual history in female.

Clinical Examination

- General examination:
  - Build
  - Nourishment
  - Pallor
  - Icterus
  - Cyanosis
  - Clubbing
  - Lymphadenopathy
  - Pedal edema
  - Anasarca
  - Cachexia
  - Hydration
  - Gait.
- Local site:
  - Inspection
  - Palpation
  - Percussion
  - Auscultation
  - Measurement
  - Movement.

Investigations

- Blood:
  - Hematology
  - Coagulation
  - Biochemistry
  - Smears.
- Microbiology—cultures
- Radiology:
  - X-ray
  - Contrast X-ray
  - Ultrasound] guided
  - CT/MRI] biopsies
  - Nuclear scan.
- Pathology
  - FNAC/Trucut
  - Histopathology.

Treatment

- Change of lifestyle by counselling
- Medical treatment:
  - Preoperative
  - Postoperative
- Surgical treatment.

Complications

- Course of the disease (if untreated)
- Postoperative complications
- Treatment of complications
  - Medical
  - Surgical.

Prognosis

- Percentage survival
- Prognostic factors:
  - Patient factors
  - Disease factors
- Prognostic index.