Trainee Section

Trainee Update - December 2012

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SAM Manchester

It was great to see so many of you in SAM Manchester. We hope you found the conference worthwhile and found the trainee session really useful. With the trainee session we have tried to get a balance of something for trainees of all stages and thought a summary would be useful for those who couldn't make it.

How to pass the Specialty Certificate Exam

We were lucky to have Drs Bhatia, Langford and Scriven who are on the SCE board to give tips on revision and question technique.

As an introduction we saw some figures regarding pass rates, which seem to have little correlation with year of training (suggesting perhaps that it may be wise to take the exam at a good time in your own personal circumstances to be able to prepare sufficiently rather than having a better chance of passing when you are further through your training, though we haven't yet got a large amount of data on this yet as it has only been held twice). The pass mark in 2010 was 61.73% with a 74.45% pass rate. In 2011 the pass mark was down slightly to 56.32% with a 60.53% pass rate. The 2010 sitting was the first, so this cohort may not be representative of subsequent years. The process of question setting was discussed, which is currently based around a bank of 1054 questions. These are reviewed by the exam board who decide on an acceptable standard for the paper which is set and finalised in March for the November sitting date.

We subsequently went through some example questions with some tips as to revision topics and resources.

- *Clinical scenarios* - A lot of the questions are based on acute medical scenarios. A tip was to pick a case at the end of every ward round and do some revision around this. National guidelines (for example NICE guidance or the resuscitation council algorithms) are a good place to start covering wide range of relevant and updated areas eg. COPD.
- *Curriculum awareness* - The questions are based on the curriculum so it is important to base revision around this.
- *Practice information interpretation* - Remember between 10 and 20% of the questions will be based on X-ray, CT, MRI or Ultrasound (e.g. DVT) Interpretation, ECG diagnoses (e.g. brugada syndrome), or photos (e.g. dermatology rashes)
- *Scoring systems* - The make good questions so make sure you are up to date with the most commonly used ones (e.g. CURB 65, TIMI, Wells etc…)
- *Basic Clinical Sciences* - Some questions will be based around this, for example clotting cascade, DNA replication, etc.
- *Basic Statistics* - including 2 x 2 tables
- *Practical procedures* - Look at drain, needle and cannula sizes, NIV settings and equipment - the practical aspects of care
- *Question technique* - For answering questions tips that were discussed were to keep calm, eliminate answers which are obviously wrong, then answer based on what you would actually do if the case were yours in real life, with the guiding principle of not doing any harm.

Advice for starting out as a new consultant

Dr Hannah Skene and Dr David Ward provided a useful discussion on how to prepare for a life as a new consultants. In particular we discussed:

- *Choosing the right AMU for you* - Think about how and where you would like to work - district general versus teaching hospital? Where did you enjoy as a trainee and why? Do you want an established unit to fit into or one you can develop? Will they be able to accommodate your special skill or not and what kind of work pattern will you be entering? Finally, will it fit in with other priorities (hobbies, family, etc.)
- *Understand and negotiate your job plan* - We discussed the importance of understanding the job plan including the direct clinical contact versus supportive professional activity time. Does it include enough time for your special skill and what is the on call and out of hours pattern?
- *Tips for new consultants* - Remember that confrontation is inevitable and that you need

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to develop strategies to deal with this (whilst maintaining the ability to work with colleagues - you will be spending a lot of time with them and most likely working with them for a long time!) A further facet of this is the need to be sparing and constructive when giving criticism - ensuring you fully understand the situation first. As far as obtaining funding the message was "if at first you don't succeed try, try and try again!" It is imperative to learn to say no in order to be able to get through your workload but remember to be open to new ideas and listen carefully to all points of view before giving an opinion.

We held an interview skills session for the first time which was packed full of useful tips and will hopefully be held again in future meetings.

SAM Outstanding Contribution Award

We are currently accepting applications for the SAM outstanding contribution award with a closing date of March 2013. It has been created to recognise an outstanding contribution made by an individual to the principles or practice of Acute Medicine, on a local, national or international scale. For more info see the SAM website or get in touch with us.

We hope this has given those of you unable to make it some useful food for thought. If there are any topics you would like to see covered in the trainee sessions please don't hesitate to get in touch we look forward to hearing from you and seeing you at SAM Coventry.