

The Complete Guide to Core Surgical Training Interviews

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Preface

Welcome to *The Complete Guide to Core Surgical Training Interviews*. We applied for CST in 2022–2023 and recall how daunting and opaque the process can feel. It is a competitive and time-consuming application process that for many is completed while also working busy jobs in the NHS.

Like many candidates, we identified that the interview, heavily weighted as it is, is where you can best earn yourself a high ranking. We produced our own approaches to the clinical, ethical, and leadership stations, which we practised together repeatedly in the run-up to the interview. While revising, we felt that no individual textbook or online revision resource covered the interview in the depth and breadth we felt was necessary to ensure a candidate can stand out in what is a highly competitive field.

We were very fortunate to rank first and second nationally in 2023 and were able to obtain our top-choice jobs. We decided to put our methods down on paper and try to create a definitive text on the interview process. We hope it might be of some use to you.

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Abbreviations

ABG	arterial blood gas
Abx	antibiotics
ACF	antecubital fossa
AKI	acute kidney injury
ARDS	acute respiratory distress syndrome
AVPU	Alert, Voice, Pain, Unresponsive
AXR	abdominal X-ray
BP	blood pressure
CAP	community-acquired pneumonia
COPD	chronic obstructive pulmonary disease
CRP	c-reactive protein
CRT	capillary refill time
CTG	cardiotocography
CXR	chest X-ray
DGH	district general hospital
EDL	extensor digitorum longus
EGFR	estimated glomerular filtration rate
EHL	extensor hallucis longus
EWTD	European working time directive
FAST	focused assessment with sonography in trauma
FDL	flexor digitorum longus
FFP	fresh frozen plasma
FNA	fine needle aspirate
GCS	Glasgow coma scale
HAP	hospital-acquired pneumonia
HCG	human chorionic gonadotrophin
HR	heart rate
LDH	lactate dehydrogenase
LFT	liver function tests
LUTS	lower urinary tract symptoms
MDT	multidisciplinary team
NBM	nil by mouth
NGT	nasogastric tube
NOK	next of kin
OGD	oesophagogastrroduodenoscopy
OSA	obstructive sleep apnoea
PCC	prothrombin complex concentrate
PE	pulmonary embolism
PR	per rectum
RA	room air
RBC	red blood cells
RR	respiratory rate
SBAR	Situation, Background, Assessment, Recommendation
U&Es	urea and electrolytes
UGIB	upper gastrointestinal bleeding
UO	urine output
VBG	venous blood gas
VRII	variable rate insulin infusion