

Introduction

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Exam advice

Managing you

Exams are stressful – accepted fact

Exams are stressful, both on the day itself and also in the preparation for them. Try, if possible, to do your exams at a time when you don't also have major life events ongoing. This might not always be possible but it is a good idea to try and look ahead and judge whether now is the right time for both you and your family for you to undertake these exams and if not then try and highlight a time when you will be able to do this. Should you find that unexpected events unfold during the run up to your exam then make sure you seek support and discuss things with your educational supervisor and college tutor.

You've already done lots of exams before to get to this point in your career – ah but this exam is different!

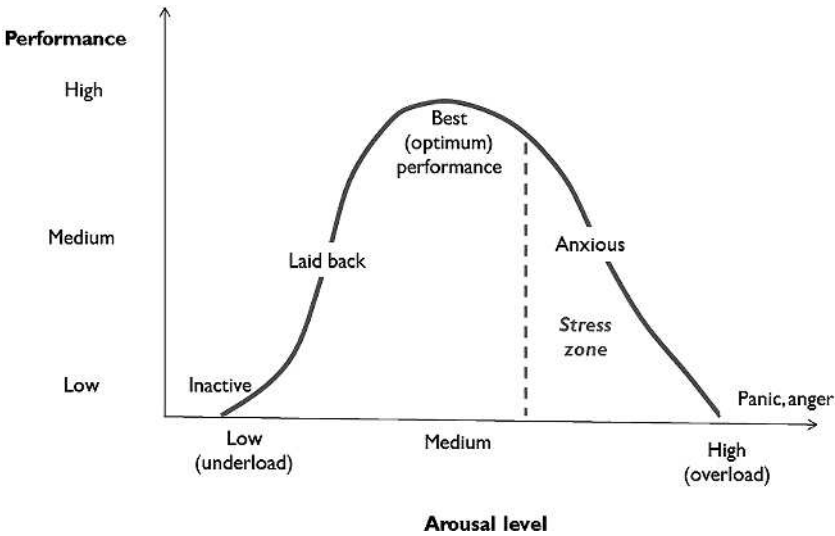
True – but the important thing to remember here is that *you* know how *you* learn. There is no substitute for knowledge in this exam. However well you can 'talk the talk' if you don't know the basic facts you will not ultimately succeed. Don't get spooked into deviating from a learning style that you know works for you. It is genuinely worth sitting down for a few minutes and considering what learning styles suit you. Are you a list maker? Do you work better alone or in groups? Do you like drawing spider diagrams to link your knowledge? You absolutely must learn the required knowledge; core areas such as cardio and respiratory physiology will cultivate little examiner sympathy if you do not know the material. Knowledge preparation is one half of the story here.

Get talking!

For this exam in addition to having the core knowledge you will be required to demonstrate your understanding and be able to put this across verbally to your examiners. This requires practice, practice and more practice. And you will require other people for this. Depending on which hospital you are working in at the time of your exam you may find there are several other people also sitting the exam at the same time as you, or you might be the sole trainee for that exam sitting. A proactive approach is needed. Try to link up with others and arrange some SOE practice sessions, ask consultants and senior registrars in your hospitals to do some exam practice with you; your deanery may have resources and can link you in with trainees in other hospitals that are also doing the exam if you find you are the only one in your hospital. There are also numerous exam preparation courses out there which you can arrange to attend. You must get talking!

Stress vs performance

The relationship between stress and performance is important and the stress vs performance graph (sometimes called the Yerkes–Dodson graph) is often referred to in its discussion.



A certain amount of stress (arousal) is important as, at low levels of stress, performance is often low too. As stress levels increase so an optimum point is reached where performance is at its peak. The issue occurs when stress levels continue to rise and exceed the point of optimal performance. At this point it is said the ‘stress zone’ has been entered and the effect of further increasing arousal leads to a fall in performance. Anxiety leading onto panic or anger then become classic features of behaviour. It is important on the day of your examination to have enough stress to rise out of the inactive/laid back zone to be at your optimum, but to manage things so that you don’t exceed this peak and slip down the right hand side of this curve into the stress/anxiety/panic/anger zone. Thorough preparation will go a long way to helping achieve this balance. It is also important (in advance of the day itself!) to consider how you recognise and respond to stress yourself and what measures/steps you can put in place to improve things.

Exam structure

The details presented below were correct at the time of writing. You should consult the RCOA website regularly and seek information from your college tutor in the run up to your exam to update yourself on any changes and the latest information. There are some very useful ‘run through’ videos accessible on the college website that will give you a lot of useful information.

Knowing what you are going to face and what is expected of you is important.

The SOEs form the second component of the primary FRCA examination. They are face-to-face examinations held at the RCOA premises in London. In order to get to this stage of the examinations you will already have passed the multiple choice question paper for the

primary. The SOEs are taken on the same day as the Objective Structured Clinical Examinations (OSCEs). You are required to take both components on your first attempt. Should you pass one (e.g. OSCE) but fail the other (i.e. SOE) then you will be able to hold the pass in the component in which you were successful for up to three years and return to the college at another examination sitting to resit the other component. The SOEs, although examined across two exams (SOE 1 and SOE 2), are passed or failed as a whole, i.e. you cannot carry forward a pass in SOE 1 and just resit SOE 2 at a later date.

Format

Both SOEs are 30 minute examinations.

- SOE 1: Pharmacology and Physiology
- SOE 2: Clinical Topics and Physics, Clinical Measurement, Equipment, Safety

You will notice that each SOE is divided into two sections. Each of these sections are examined for 15 minutes and run consecutively to make a 30 minute SOE. Within each 15 minute section there are three questions, each one being examined for 5 minutes. Therefore SOE 1 is actually composed of 6 × 5 minute questions; 3 to pharmacology, 3 relating to physiology, as shown in the table below. The relevance of understanding this breakdown becomes particularly clear when looking at how marks are awarded.

SOE components divided by section, question and time allocation

SOE	Sections	Questions
SOE 1 30 min	Pharmacology (15 min)	Question 1 (5 min) Question 2 (5 min) Question 3 (5 min)
	Physiology (15 min)	Question 1 (5 min) Question 2 (5 min) Question 3 (5 min)
SOE 2 30 min	Clinical Topics (15 min)	Question 1 (5 min) Question 2 (5 min) Question 3 (5 min)
	Physics, Clinical Measurement, Safety, Equipment (15 min)	Question 1 (5 min) Question 2 (5 min) Question 3 (5 min)

The Clinical section is also examined and marked as 3 × 5 minute questions although to the candidate the distinctions between these sections may be less clear as it may be structured more as an evolving discussion moving through pre-operative assessment and optimisation of a case, into the specifics of anaesthetizing the case and then perhaps covering the management of a critical incident.

The SOEs may be examined in either order, i.e. when you receive your examination timetable for the day you will be given a separate time for SOE 1 and a separate time for SOE 2. SOE 1 is not automatically the first of the SOEs that you will sit, SOE 2 might just as equally be before it as after it.

On arrival

There is a candidate briefing prior to each SOE. During this time the invigilator will tell you which examination cubicle you will be examined in and there should also be time for a quick drink of water, if you desire, prior to entering the examination room.

A separate note about the Clinical Topics section (SOE 2). This section of the examination is preceded by 10 minutes of preparation time. You will be given a clinical scenario by the invigilator conducting your candidate briefing. All candidates in your group will have the same scenario. On the piece of paper you are given there will be brief details of a clinical case. In addition to the description of the case there may be some supplementary data such as blood results given. You will have 10 minutes, under exam conditions, to consider this case in advance of entering the examination room and beginning the SOE. It is not necessary to try and memorise the details of the case as an identical version will be provided for you in the examination room for you to refer to.

Timing

The SOE exams are 30 minutes in duration. There will be a bell to commence the examination, a further bell at 15 minutes to alert the examiners to change topics to the second section and a final bell to end the examination. Your examiners will guide you through the timings and will move questions when appropriate, you do not need to worry about this, they lead the process.

Examiners

You will be examined individually by two examiners. You will have a different pair of examiners for SOE 1 and SOE 2. Within each exam, one examiner will ask questions about the first section whilst the second often takes notes. They will then swap roles for the second section of the SOE where the other examiner will lead the questions. Regardless of whether the examiner is leading the questions or listening/note taking they will both independently score each of your answers.

The SOE exams are conducted in a large examination room that is subdivided into a series of cubicles (often around 12), which are denoted by a letter of the alphabet. You will be given the letter of your cubicle in the exam briefing by the invigilator. It is not permitted for you to be examined (in the SOEs) by an examiner whom you know. If when you enter the exam cubicle you know/recognise either of the examiners you must disclose this. The situation is easily resolved and you will be taken to another exam cubicle within the same room and placed with different examiners. This means there is often a pause before the SOEs commence whilst it is confirmed that the placement of candidates within each cubicle is satisfactory. The exam will not commence until this has all been confirmed. You will not be moved once the exam is in progress.

Although you might not know the two examiners who you are placed with it is important to be aware that you might be moved cubicles in order to facilitate accommodating another candidate in an adjacent cubicle who does know their examiners. All marking sheets, etc., are automatically transferred and safety measures are in place to confirm that the correct marks are attributed to correct candidates if cubicles need to be changed.

There may be a third person seated in the cubicle when you enter. They will be an observer (a college tutor or a potential future examiner perhaps) who is attending the exam for the day.

They play no role in the conduct of your exam or the marking and you should try and forget about their presence. When you are seated they are normally out of your line of sight.

Marking

Each 5 minute question is awarded marks by the examiners. Marking is done at the end of the exam after you have left the examination cubicle. Examiners may confer to discuss aspects of your performance or to clarify points you made but they will individually award marks. Whether the examiner was leading or predominantly listening to your question they both have an identical number of potential marks to be able to award you.

Each question is scored as follows (see the table below).

Mark descriptors

Score	Descriptor
2	Pass
1	Borderline
0	Fail

Questions are scored individually rather than an ‘overall impression’ mark being awarded to your whole exam. This is important to remember – you should try your very best on each question but view each question during the exam as a clean slate, do not carry forward negative feelings or worries about a previous question as it may adversely affect the rest of your performance (and hence marks), in the remaining questions for that exam.

Passing the exam is achieved by mark aggregation. If you achieve a mark of 37 or greater across the two SOEs (SOE 1 + SOE 2) then you are awarded a pass. A pass is not conditional on a precise distribution of these marks but on the arithmetic gain of a sufficient score. The maximum potential score is 48 marks, as illustrated in the table below.

Maximum potential mark allocation for SOEs

			Score per question	Examiner 1 max marks	Examiner 2 max marks	Total marks available
SOE 1	Pharmacology	3 × questions	0–2	6	6	12
	Physiology	3 × questions	0–2	6	6	12
SOE2	Clinical	3 × questions	0–2	6	6	12
	Physics and Measurement	3 × questions	0–2	6	6	12
						= 48 marks

Results

Results are posted online, listed by your candidate number and your college reference number. Your name is not used. The SOE will show as either ‘pass’ or ‘fail’. Precise scores are not given. The results are normally available from 2 p.m. the next working day after your exam. For Friday examinations the exam board will try, if possible, to display results from 8 p.m. that evening. A letter will ultimately follow from the college which will provide confirmation of the specific marks you gained in each section of the examination. You are allowed to ask for feedback on your performance from the college. This request must be in writing, after you

have received your letter confirmation. This may be particularly useful if you have not been successful and may guide you for future attempts.

'Top ten' hints and tips

Detailed below are my 'top ten' hints and tips – some thoughts to aid you in your SOE preparation.

(1) Present yourself professionally

- I'm not just referring to how you dress for the exam. The examination you are sitting is a professional qualification and a step along the way to you ultimately gaining the respected Fellowship of the Royal College of Anaesthetists. You should therefore present yourself professionally not only in terms of your external appearance but also in your verbal communication and your behaviour.
- You cannot be marked down for the way you dress for the exam but you should certainly look clean and tidy and be dressed to at least the standard that you would professionally see a patient in. Guidance on dress code for the exam is issued by the college and is available in the exam regulation publications. It stipulates that your clothing should not constrain your participation in the exam and it must not obstruct you being able to be identified for the examination. On a practical note, make sure you feel comfortable and can move around in what you are planning to wear to the exam – try it on beforehand and make sure you have spare tights/ties, etc., as applicable with you on the day. Your shoes should be clean and ladies – make sure you can walk in them – no need to make an appearance on the local trauma list with a fractured ankle!
- Ensure you plan your journey to the college and arrive in enough time so that you are not hot, flustered and panicked.
- During the examination speak clearly and loudly enough for the examiners to be able to hear you.
- Be polite and don't get angry, aggressive or get into an argument with the examiners. You might be surprised that this can happen but people deal with stress in different ways and it is important to recognise and moderate this if you might fall into this category.
- Try to smile and look enthusiastic and engaged.
- Be aware of what you are doing with your hands. Aim to keep them still/folded in your lap/hidden under the table, etc. Avoid things like biting your nails, fiddling with your hair or wildly gesticulating with your hands in the heat of the examination!

(2) Listen to the question

- This may sound very obvious, but it's a common pitfall!
- Just like you should read the question carefully in a written exam, so you should listen carefully to the question that is asked. You must answer the question that was asked, not the one you wished they had asked you! The devil is often in the detail and you don't want to waste precious minutes of your 5 minutes for that question covering material that adds nothing to the answer and doesn't score any marks. If the question asks about the measurement of temperature, then you must

answer about the *measurement* and not other aspects of temperature unless directed to do so by the examiners.

(3) Repeating/rephrasing

- If you didn't hear the question it is absolutely fine to ask the examiner to repeat the question.
- If, however, you heard the question but didn't understand it then you should tell the examiner that you didn't understand the question and could they please rephrase it. They will try and use different language to clarify or approach things in a different way.
- Far better to do these things promptly if required rather than waste time either sitting in silence or start answering the wrong question! You will not be marked down for asking for a question to be repeated or clarified.

(4) Use structure and classifications

- The SOE examination is by definition 'structured' – the clue is in the title!
- If the question is structured, then it is logical that your answer needs to be too.
- The examiners will want you to demonstrate your understanding rather than just show you can recall abstract facts. Using a structure or classification will help you present your answer clearly and succinctly but will also make it easier for the examiner to follow your thought processes.
- Many questions cover potentially large topic areas and being able to illustrate the breadth of your knowledge with a classification before subsequent questions then drill down into greater detail on a more specific area will let you showcase the knowledge you have. It comes across much better than a scatter-gunning of isolated facts which may all be factually correct in isolation but do not link together to form a cohesive answer.
- In certain areas, especially Pharmacology questions, it is common for the format of the question to be 'compare and contrast A with B'. In this case drawing up a table to illustrate the facts is a simple and quick way to convey information, shows you can think logically and gives you a structure to work from as the question evolves. You should practise this as part of your preparation.

(5) Pauses

- You should aim to keep talking throughout the SOE time so that you maximise the marks you can be awarded. However, it is important to interject some brief pauses into your answers and not embark on a steam train delivery of a monologue.
- The examiners will likely need to interrupt you frequently during the SOE; this usually happens for one of two main reasons.
 - Clarification – in addition to testing depth of knowledge and understanding of mechanisms the SOE tests *relevance* of your knowledge. The examiners will need to be certain that they are clear on the points you make and your underlying understanding so may need to clarify things you say by asking you to expand or explain a bit more about 'x'. This allows them to differentiate between fail, borderline and pass on the marks they award.
 - Direction – the examiners may wish to redirect the area the question is covering and move you onto something else. This is often done because you

have satisfied the examiner with your answer to 'A' and they now need to ask you about 'B'; spending longer on 'A' wouldn't necessarily gain you any more marks but covering 'B' will. Or it may be a method of narrowing down an initially broad opening where you have framed the breadth of your knowledge with your excellent classification into a more detailed discussion of one principle.

- If you put in some brief pauses this allows this flow between you and the examiners to occur. Should the examiner not fill the brief gap then you should continue with your answer.

(6) Give the examiners more than silence as substrate!

- One of the worst things you can do during your SOE is to sit there in silence. A few seconds to collect your thoughts and structure your answer is absolutely fine but extended periods of silence are (a) uncomfortable for both you and the examiners and (b) mean you are not scoring any marks whilst you are silent.
- If you get stuck on something then try and reason it out loud so the examiners can see what you are thinking (it's a bit like showing your working out in the Maths exams you did at school). If you keep talking the examiners may be able to seize on something you say to redirect/rephrase the question that enables you to get on the right track. If it's a basic science based question then go back to first principles, e.g. *'I can't quite remember the shape of this graph but I know that as temperature increases then so resistance falls. I don't think it's a linear relationship but more of an exponential one'*. If you find yourself stuck on a more clinically based question then think back to what you would do about that if you were back in your hospital, e.g. *'I can't remember the side effects/dose of that drug – I would look it up in the BNF' or 'I would discuss that with my consultant'*. This is all much better than saying nothing at all!
- Equally though if you know you have absolutely no idea and can think of nothing constructive to say then own up to this promptly and say *'I'm sorry but I really don't know'*. This will allow things to move on and at least the time can be spent either approaching things in a different way or moving onto another area rather than just watching the minutes tick by.
- See note in point (10) regarding diagrams too.

(7) Practise, practise, practise – out loud though!

- Benjamin Franklin said *'Fail to prepare, prepare to fail'*. This is unfortunately true for many things in life and certainly applies to the SOE.
- Practice is very important, but it must be realistic practice and absolutely must be out loud – you simply running through the answer in your head is not an acceptable substitute.
- It is possible that the SOE will be a completely new experience for you in terms of examination format. You will certainly have had lots of prior exposure to written examinations and very likely to OSCE style examinations too, but an SOE could be completely new. Knowing what the format is, what is expected of you, etc., will clearly be helpful but lots of practice will also be essential. Some people find it very

difficult to coherently verbalise their knowledge, if you fall into this category then extra practice will be even more vital.

- The answers you give must show you are safe, your knowledge is relevant and that you can make prioritised management decisions so you must practise saying the most important factors first in your clinical answers. Likewise, extrapolating this to the science based questions, if there is a list of several options/several side effects, etc., then you should state the most common/important/relevant answer first and leave the small print minutiae to the end of your answer.
- Another key aspect is to try and make the practice you do as realistic as possible. Your 'examiner' should ensure you spend no longer than 5 minutes on each area and then move you on so that you get used to transitioning topics and succinctly giving answers. They should also be prepared to interrupt you to clarify aspects of your answer and redirect the question so that you are familiar with this. Although often well meant, a 30 minute in-depth scrutiny of one specific area may be useful for your knowledge but it will not be as useful as a practice SOE session than 6×5 minute questions exposing you to a range of material would have been. Linking up with others doing their exams and asking people who have recently completed their exam or consultants who actively participate in examination preparation training to ask you some SOE questions will pay dividends when your exam day comes. Take every opportunity. Consider attending a dedicated SOE practice course.

(8) Empty your bucket

- This phrase is often used in human factors training but it is eminently applicable to the context of your examinations. It involves the concept of recognising and removing other influences which may adversely affect your performance and interactions, the idea being that you have a bucket into which those extra factors such as worries about family, financial concerns, previous bad experiences at exams, etc., get placed. You need to then schematically empty your bucket, allowing you to free yourself from the influences these factors may cast on you and be able to function at your optimum.
- This concept applies when going into the exam and also after each question within the exam. Don't carry anything forward. If you are dwelling on what you think you might have said incorrectly in an earlier question you almost certainly won't be able to give it your all and achieve your best performance in the question you are currently doing.
- Your examiners are trained to remain neutral during the examination. You will not therefore be able to read from them how well or poorly you have performed and you should not waste any time trying to analyse this or worrying about it. You yourself will be a poor judge of how well you might have performed and the important thing is to keep calm and keep going until the bell goes at the end of the exam. You will essentially sit three examinations on exam day 'SOE 1', 'SOE 2' and 'OSCE' and you should approach each examination with an 'empty bucket'.
- Another thing to remember is that it is often far more intimidating being examined as practice examinations in your own hospitals by the consultants you work with every day rather than being examined by people you don't know. In

reality you will probably never see your primary examiners again so don't worry about it!

(9) Don't neglect your clinical preparation

- I would hazard a guess that to date this has probably been the most neglected area in your preparation for the SOEs? This is a common pitfall and easily catches out many candidates. You are probably all familiar with the abbreviation 'DEFG' (don't ever forget the glucose) in paediatric resuscitation training. For the weeks in the run up to your SOEs I would like you to adopt a new mantra 'DEFC' – don't ever forget the clinical.
- You should maximise the opportunities at work to practise this aspect. Utilise each case that you see on teaching lists or when you are on call as a scenario to practise presenting and discussing clinical material, 'exam style', with your consultants and registrars. Ask them to question you further, justify your anaesthetic management decisions, hone your critical incident management strategies and generally improve your abilities in answering questions on this topic.
- A key piece of advice for the clinical is to take the case logically, keep things real and say what you would genuinely do.
- Often what you would genuinely do is to ask for help, discuss the case with your consultant, look up drug X in the BNF, telephone the on-call haematologist for advice, etc. These things are all absolutely correct and should clearly be mentioned in your clinical answer.
- Examiners are looking for you to be safe and to be able to demonstrate, especially in critical incidents, logical thought processes underpinned by sound knowledge, that you can prioritise decision making and are able to deliver prompt safe care.
- Candidates sometimes get spooked by the exam and try to concoct the most weird and wonderful anaesthetic techniques and end up digging themselves a hole trying to justify an anaesthetic plan or technique with which they are actually totally unfamiliar.
- You must though be prepared to actually commit yourself to an anaesthetic plan/course of action. There is little more frustrating for an examiner than a candidate giving a banal answer full of a 'shopping list' of anaesthetic options without ever really committing to what action they will take.
- A word of caution – if you state you are going to do technique 'A' then you actually must be capable of doing that. For example, do not categorically state you are going to perform an awake fibre-optic intubation if you do not have that skill. Instead you should say *'I feel that the best management plan for this patient would be an awake fibre-optic. I have observed the technique and can describe the principles but am not yet capable and competent to independently perform this technique. I would therefore discuss this case with my consultant and ask for them to join me to manage this case'*.

(10) Diagrams

- A well constructed diagram can be very useful as part of your answer but any diagram you draw should directly relate to the question being asked.
- It is good practice, and good manners, to ask before drawing a diagram – a simple *'May I illustrate my answer with a diagram?'* is all that is needed to be said. There is