
The Exam

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First Premise about the Exam

The examiners are trying to pass you !

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Second Premise about the Exam

The examiners cannot pass a candidate
who is unsafe to practice

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Examiner's Perspective

Could I sign out my practice to this candidate next week ?

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Examiner's Perspective

Would I let a member of my family be treated by this candidate without supervision ?

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Public Health Hazard

If this happened in the exam, would the same happen with the next patient ?

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Taking the Examination

- Exam structure
- Approaches to preparing and taking the exam
- Common mistakes and “traps” to avoid

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Exam structure

- Written Exam (50%)
 - » Basic Science of Radiation Oncology
 - » General Oncology
 - » Clinical Practice

- Oral Exam (50%)
 - » Multiple scenarios
 - » Treatment Planning

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Principles used in Examination

- Marks are averaged among components
- Multiple evaluation points
- Two examiners for each candidate
- A deficient mark must be defended with evidence to examining peers
- Consistent questioning among candidates
- Criterion based planning skills evaluation
- Borderline performance: FITER and revisiting (double edged)

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Examination axioms

- Do not neglect “written” or “oral” preparation at expense of the other
- Strong “written” provides a great cushion
- Oral: you are being examined as a staff doctor so do not present as a resident

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Most important advice for the oral ?

You must convince the examiners that you
are in control of the case

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Presenting at the Oral

Focus immediately on the problem

- » Start with a clear statement of the problem
- » Immediate challenges
- » Issues about the case guiding decisions (e.g. options, expected outcomes)
- » What you are going to do about it
- » Information needed to execute plan
- » Forget the “canned talk”

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Focus on the Relevant

Don't talk about the dentist before you deal with the spinal cord !!

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Major “pitfalls”

- Do not use recipes !
 - » Do not throw a standard plan at it
 - » Careful when using clinical trials
 - » CTV / PTV concept used properly
 - » Treat the way you are familiar with
- Do not undertreat
 - » you are obliged to give the patient a reasonable chance of cure

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Constructive use of GTV CTV PTV

- Convenient shorthand based on accepted premises for anatomic definitions of disease extent
- Never use them without describing their elements for the case
- Do not use them as substitutes for why you want to treat an area

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Basic Necessity

Make sure you and the examiners both understand where the tumour is and how it relates to anatomy

If vague, state clearly how you are appreciating the tumour

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Required Elements

Alternative Plans

Alternative Treatments

Principles of other treatments

Principles of oncology support

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Absolute Necessity

Be prepared to improvise a new plan if you discover you were incorrect in understanding the “problem”

Take the lead from examiners if they revisit areas of concern

Show flexibility and control

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Another Absolute Necessity

Wrong decision or don't know answer ?

- » Be constructive
- » Go back to basic principles
- » Remember, we all look up things
- » Avoid guessing

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Preparing

- Remember averaging of marks
- Challenge yourself and each other
 - » Why radiotherapy ?
 - » Why that CTV ?
 - Why those nodes and not others ?
 - Why that margin ?
 - » How best implemented ?

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Good Luck !

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