

FREE THE ANAESTHESIA SCIENCE VIVA BOOK PDF



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The Anaesthesia Science Viva Book 3rd Edition Pdf - College Learners

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Javascript is not The Anaesthesia Science Viva Book in The Anaesthesia Science Viva Book browser. Enabling JavaScript in your browser will allow you to experience all the features of our site. Learn how to enable JavaScript on your browser. Read an excerpt of this book! Add to Wishlist. Sign in to Purchase Instantly. Temporarily Out of Stock Online Please check back later for updated availability. Overview This third edition of the highly successful The Anaesthesia Science Viva Book contains detailed, accessible summaries of the core questions in anatomy,

physiology, pharmacology and clinical measurement that may be asked in the oral section of the Final FRCA exam

In addition to comprehensive updating of all the topics, this edition includes new subject material in each of the four basic sciences, with almost detailed summaries of the most relevant topics in the examination. This volume once again gives candidates an insight into the way the viva works, offering general guidance on exam technique, and providing readily accessible information relating to a wide range of potential questions.

Written by a former senior examiner for the diploma of the Fellowship of the Royal College of Anaesthetists and listed as recommended reading by AnaesthesiaUK, the prime educational resource for trainee anaesthetists, it remains an essential purchase for every Final FRCA candidate.

He is a prolific and accomplished lecturer and presenter, with over thirty lectures delivered at national and international meetings. Table of Contents
1. Advice on answering clinical science viva questions; 2. Anatomy and its applications; 3. Physiology; 4. Pharmacology; 5. Physics and clinical
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The Anaesthesia Science Viva Book

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First published in print format isbn isbn eBook NetLibrary eBook NetLibrary isbn isbn paperback paperback Cambridge University Press has no responsibility for the persistence or accuracy of urls for external or third-party internet websites referred to in this publication, and does not guarantee that any content on such websites is, or will remain, accurate or appropriate. Contents Preface 1. Advice on answering clinical science viva questions 2. This book is intended to give you some insight into how the The Anaesthesia Science Viva Book science viva works, along with some general guidance as to how to improve your chances of passing.

More importantly it aims to provide you with a wide range of potential questions which contain, nonetheless, a manageable amount of information. The introduction explains the format of the viva, outlines how the questions are constructed, conducted The Anaesthesia Science Viva Book marked, and offers some advice about technique. The Anaesthesia Science Viva Book questions then which follow, which are typical of those which have appeared, are divided broadly into the four areas which the The Anaesthesia Science Viva Book is designed to cover, namely applied anatomy, physiology, pharmacology and clinical measurement.

Where this has happened I have reworked the answers both to give more detail and to focus the topic more specifically towards the The Anaesthesia Science Viva Book part of the examination, but a degree of duplication in one or two of the questions is inevitable. The answers have been constructed to provide you with enough information to pass the viva, but as I have had to be selective in the detail that has been included they cannot claim to be complete accounts of the subjects.

This means that in some areas you may notice various omissions, but none I hope so egregious that your chances of success will be ruined.

Each of the questions is prefaced by a short commentary on the relevance or otherwise of the subject that is being asked. There follows the body of the answer to the likely areas of questioning. This is presented mainly in the form of bulleted, but detailed points, which include supporting explanation.

These are written in text rather than as lists, because I The Anaesthesia Science Viva Book that this format would make the book easier to read. If some of the questions seem long, then it is either because the background information is complex, or because they contain enough material for more than one viva topic.

Although each one is intended to provide details more than sufficient to allow you to pass, in many cases they are simplified, and it is always possible that some examiners may ask part of the question in more depth than can be covered in a book of this size. There are specimen questions in this book, and on the day of the examination you will be asked only four. Odds of about 40 to 1 or less do not provide a huge incentive for study, but I should hope that some of the material would be relevant to your anaesthetic practice.

The material that you do find of little clinical relevance may at least prove of some future use as in due course you guide less experienced colleagues through the FRCA. I promised my family that I would never again succumb to the temptation of writing a book.

I lied. To my wife and three boys, therefore, my love and thanks for all their patience and support. Simon Bricker x 1 Advice on answering clinical science viva questions The clinical science viva The format of the current Final FRCA Fellow of Royal College of Anaesthetists examination has changed little since its inception inand the clinical science viva is intended still to test the understanding of basic science to the practice of anaesthesia, intensive therapy and pain management, with the proviso that it is accepted that candidates will not have acquired a detailed knowledge of every topic during the period of recognised training.

To which some past candidates might respond testily that you could have fooled them, sometimes given their bitter perception that they had been examined almost to destruction on scientific minutiae. This perception has been acknowledged recently by the college, which as a result is encouraging its examiners to emphasise the clinical application of the underlying science, rather than concentrating on those details which were meant to have been tested in the Primary FRCA examination.

The basic science bias does, nonetheless, persist, if for no other reason than that many examiners are reluctant to dilute the rigour of what for most candidates will be the last examination in anaesthesia that they will ever take.

This recognition on the part of the college, however, does mean that many of the clinical science questions will have two parts, namely the

underlying science and its application. A question on anatomy, for example, may be completed by a discussion of relevant nerve blocks; and a discussion of magnetic resonance imaging MRI or lasers is likely to be followed by questions related to safety.

If there is doubt about your performance, the examiners are more likely to refer back to your knowledge of the facts of the underlying science, rather than to what may just be your clinical opinion.

The viva lasts 30 minutes, during which time you will be asked questions on four different and unrelated subjects. The time spent on each question should be similar, between 7 and 8 minutes.

One of the reasons for the close-marking system is to force examiners to make the definite choice between a pass and a fail, which a numerical marking system might otherwise allow them to avoid. The material on which candidates are to be tested is now made available to the examiners in the week prior to the examination, but in random order. Previously they had access to the questions only on the day. At the examination itself the questions are allocated to sessions, Monday 1, and the sheet will include the four topics on which the candidates are to be examined during the first session of the vivas.

The questions are changed after each session to avoid any possibility of later candidates obtaining unfair advantage. Each pair of examiners will decide between themselves which two questions of the four they are going to ask. That broadly is the extent of the choice that they are able to make, because the scope of each question is limited both by the guidance answer and by the relatively short time available for each topic.

The first examiner will spend 7 or 8 minutes on the first subject before changing to the second. At the first bell, the examiner will repeat the process. The examiner who is not asking questions will usually be making detailed notes, which will help to inform the marking process. At the end of the viva each examiner records an independent mark before conferring.

It is usual for each question to be marked using the close-marking system, and it is from these marks that the final mark is agreed. The decision to pass or fail will rest mainly on how well you have conveyed the scientific knowledge that was asked of you. But if you really are a borderline case then it is probable that clinical aspects of your performance will decide your fate.

Should you have been weak on some of the basic topics but have been reassuringly confident about clinical management then it may just tip the balance in your favour. The examiners try to look at each of the four topics separately before marking the viva as a whole. Do not, therefore, lose all heart if you feel that you have answered a question particularly badly. Try and leave it behind you, because your other answers may be able to redeem it, and you should not forget that all four questions are totally unrelated.

Appearance and affect 2 You cannot fail the Final FRCA because of your appearance or poor dress sense, and most examiners will be able to recollect candidates whose personal presentation could at the least be described as unconventional.

At worst, an unkempt or casual appearance may convey the subliminal impression that you are unprofessional, and at best it is likely to be a distraction. It is sensible to wear something neutral and reasonably smart, which above all is comfortable and which you have worn before. The examination areas can be hot, particularly in summer, and there is no need to increase your already high stress levels by forcing yourself into a three-piece suit or other outfit that sees the light of day only at weddings and funerals.

You also cannot fail the FRCA because of inappropriate behaviour alone. Examiners are well aware of the stress that candidates are enduring, and many will make every attempt to put you at your ease.

They are also likely to assume that aggressive or facile responses are a manifestation of that stress and will make allowances accordingly. Other candidates, in contrast, can be very facile. Examiners up to a point will be indulgent, but the overall impression that you are creating will not be reassuring, and if an inappropriate manner is accompanied by a weak performance then you will stand a chance of being given the benefit of the doubt.

Take issue with examiners, by all means: it is stimulating for both you and them to develop a considered opinion of a topic, but avoid getting into an argument, because the odds are not stacked in your favour.

There are rare occasions, perhaps not surprisingly given that a viva is a human interaction, when a candidate or examiner may take an immediate dislike to the other. If as a candidate, you find an examiner thoroughly disagreeable, then you will have to accept this philosophically and not let it show. The rules of this particular enterprise are not written to your advantage, and if you are angered or irritated by your questioner then you are very unlikely to perform at your best.

What if it is the other way round, and the examiner, for whatever reason, takes an instant dislike to you? You need not worry. The examiner will be aware of the potential loss of objectivity and will therefore try hard not to let any hostility influence the marking process. In practice they are likely to overcompensate and mark more leniently than otherwise they might.

It would probably be unwise, however, deliberately to be obnoxious in the hope of achieving this effect. Oral questions On average you will have about 7 minutes on the topic. Should a question have somewhat limited scope, or if your knowledge is thin, you may spend only 5 or 6 minutes or so discussing it before moving on for the final 9 or 10 minutes to a more substantial subject.

As explained above, these vivas are structured and the examiners have no choice of question. Although it would be logical, given the avowed purpose of the clinical science viva, to subdivide the questions into anaesthesia, intensive therapy and pain management, in practice they do not fit

readily into these categories. In the past, the four questions could be somewhat random: more recently it has become usual to have one question which relates to applied anatomy, one to physiology, one to pharmacology and one to physics, clinical measurement, equipment and statistics.

This classification is not absolute: topics such as jaundice or latex allergy do not fit strictly into any one of these groups, but it does indicate the broad division of the available questions. The structured nature of the examination minimises the likelihood of an examiner being able to question you in excessive depth on a subject which happens to be their area of special interest or expertise.

It also increases the chance of an examiner having to ask questions about a subject which they do not even have a current generalist interest.

Thus a paediatric cardiac anaesthetist may find himself asking questions about adult ophthalmic applied anatomy, a neuroanaesthetist questions about neonatal fluid requirements, or an obstetric anaesthetist questions relating to intensive therapy ventilatory strategies. These examiners will not necessarily be ignorant of these topics, but it is certainly possible that your own clinical experience will be more recent and better informed than theirs.

This should give you confidence, and you should not let the stress of the examination situation override it. Many candidates will have had direct experience, for example, of the technique of percutaneous tracheostomy in intensive care. Unless your examiner is an intensivist, it is possible, if not probable, that he or she has performed not even one, and so your own clinical experience in this area is already much wider than theirs.

Draw confidence from this, and do not be intimidated. The examiner may well say, for instance, that the approach should be through the first and second tracheal rings, whereas you may be well aware of the increasing tendency to site the tracheostomy lower.

If you do get the sense that the examiner is unhappy with your answer mainly because it does not accord with what is written on the sheet, then have the confidence to explain the current thinking. Do not be argumentative, but simply offer your considered reasoning of the issue. This is likely to increase your own credibility while somewhat denting theirs. So if you have recently seen an innovative technique used in the operating theatre, in the chronic pain clinic or in the intensive care unit then cite it in discussion.

The other consequence of the format of the structured viva is that it may lack fluency. It is partly a reflection of the examining technique. Some examiners simply introduce the question before initiating a discussion with only occasional reference to their paperwork. This is usually because they are familiar with the book, and can allow the viva to run a more spontaneous course because they have confidence enough in their own ability to assess the answers.

An examiner who is less comfortable with the topic and who is less certain of the criteria against which the answers are to be judged, is likely to spend much more time referring to the answer sheet. Alternatively, of course, they might just be particularly pedantic in their interpretation of how a structured viva should be conducted. You may get a clue as to which of these you are facing by the way that they introduce the topic. One type of examiner may do so by saying something like, I imagine that you spend some of your time on call covering intensive care?

This kind of examiner is trying to put you more at ease by framing the question in a clinical context with which you will be familiar, while also emphasising the clinical application of the subject under discussion. The second type of examiner may simply look down at the sheet and intone: What is an inotrope?

This second examiner is likely to want facts, and ideally the facts that are listed on the book answer paper.

The Anaesthesia Science Viva Book -

Well-researched, relevant and carefully constructed scenarios and book advice on preparation for the clinical vivas. Volume one of this two-volume series covered the physiology, pharmacology and statistics as appropriate to the basic science part of the FRCA Primary examination.

Volume two covers the remaining parts of the syllabus: physics, measurement, safety, and clinical anaesthesia. The book provides the examination candidate with a comprehensive collection of over commonly asked viva questions in these key areas as well as model short answers, supported with clear line diagrams where necessary. A concise book that conveys the essential physics concepts required to pass the FRCA viva examinations, with relevant applied questions.

Advanced Training in Anaesthesia is authored by both trainees and specialists in order to create an authoritative yet accessible text.

Containing everything candidates need to know to pass this final major hurdle in anaesthetic training, this book is ideal for exam revision. Suggestions for further reading are included for candidates wishing to read around the subjects.

Topics in applied basic science are presented in a systems-based format, as laid out in the syllabus set by the Royal College of Anaesthetists, to allow for easy navigation and structured learning and revision. This book follows the latest FRCA syllabus using clear illustrations and practical examples throughout.

The style of exam questions has changed over the years and this book matches the most recent changes in this updated exam. It consists of ten sets of chapters of complete SOE papers. Each SOE set chapter includes one long case, three short cases and four different applied basic science topics: anatomy, physiology, pharmacology and clinical measurement.

As this book is presented in the format of complete examination papers, it will enable candidates to assess The Anaesthesia Science Viva Book knowledge and skills.

The Anaesthesia Science Viva Book also assist trainers in setting up mock exams. With thorough revision of this book, trainees can The Anaesthesia Science Viva Book sit their exams. The authors have been organising final FRCA viva courses for the past five years, running four exam preparation courses a year, attended by about trainees each year. This book includes updated knowledge based on the syllabus and more recent questions asked in the FRCA examination.

It is, therefore, essential study material for The Anaesthesia Science Viva Book and a great educational tool for trainers. This book will also help candidates all over the world to pass highly competitive postgraduate examinations in anaesthesia. It is an invaluable educational resource for all anaesthetists. Including 14 mock exams, it provides model answers, exam technique, and provides an insight into the way the exam works for trainees and trainers alike.

The Viva Voce is a particularly difficult element of the MRCS exam since candidates will be tested across a broad range of topics in surgery, pathology, critical care and basic science, and also as candidates are unsure what to expect, or how to prepare for such an exam. Each subject area offers questions, which follow a conversational pattern where new questions follow logically from previous answers - exactly as one would expect in the exam itself. Written by recently qualified surgeons who are now actively involved in The Anaesthesia Science Viva Book teaching and support of new trainees, this book is the closest a candidate will get to being a fly on the wall in a Viva Voce examination.

The improved QBase software allows analysis of results by individual subject area, and will automatically update any previous version of QBase on installation. Use your knowledge of pharmacology to enhance oral care! It explores the basic fundamentals of pharmacology, special topics such as pain control, fear and anxiety, and oral complications of cancer therapy, and most importantly, the actions of specific drug groups on the human body.

An emphasis on the dental applications of pharmacology relates drugs to dental considerations in clinical practice. Dental aspects of many drug classes are expanded to include antibiotics, analgesics, and anesthetics. The Alternative Medicine in Dentistry chapter discusses chemicals used as alternative medicines and assesses their potential benefits and risks.

The Nonopioid Analgesics chapter groups together non-opioid analgesics, nonsteroidal anti-inflammatory drugs, and antirheumatic and antigout drugs, making these easier to locate and study.

Coverage of the endocrine system includes four separate chapters for the most comprehensive coverage. Drug Interactions in Clinical Dentistry appendix lists potential interactions between drugs a patient is taking for nondental conditions and drugs that may be used or prescribed during dental treatment, including effects and recommendations. Glossary of Abbreviations appendix includes the most common abbreviations used for drugs or conditions. New Pharmacogenetics and Pharmacogenomics chapter covers the effects of genetic traits of patients on their responses The Anaesthesia Science Viva Book drugs.

A NEW introductory section offers tips for the study of dental pharmacology and relates pharmacology to dental considerations. An updated discussion of drug-drug interactions covers the harmful effects of mixing medications. Coverage of adverse effects and mechanisms of COX-2 inhibitors, antibiotic prophylaxis, and antiplaque agents explains the dental risks relating to common drug treatments.

Reflecting the revised Primary FRCA exam, this book is structured according to the three specific areas covered in the curriculum: physics and clinical measurement, physiology, and pharmacology. Each section includes a brief introduction, a selection of MCQs, and answers including a brief explanation. Now fully revised and updated, Textbook of Adult Emergency Medicine provides clear and consistent coverage of this rapidly evolving specialty.

Building on the success of previous editions, it covers all the major topics that present to the trainee doctor in the emergency department.

It will also prove invaluable to the range of other professionals working in this The Anaesthesia Science Viva Book - including nurse specialists and paramedics - who require concise, highly practical guidance, incorporating latest best practices and current guidelines. For the first time, this edition now comes with access to additional ancillary material, including practical procedure videos and self-assessment material.

Written by neurosurgeons, this book is a hands-on guide that translates basic science and theories of neurosurgery into clinical practice. This comprehensive resource takes a The Anaesthesia Science Viva Book and logical approach to the clinical neurosurgical examination.

Scenario- and patient-based, the book covers history-taking, clinical examination, differential diagnosis, investigations, management, treatment options and potential complications.

In addition to serving as a reliable preparation resource for the neurosurgical examination, it will also The Anaesthesia Science Viva Book invaluable in your future surgical practice. It examines all aspects of endodontic care, from preparing the clinician and patient for endodontic treatment to the role the endodontist can play in the treatment of traumatic injuries and to the procedures used in the treatment of pediatric and older patients.

For evidence-based endodontics research and treatment, this is your one-stop resource!

