ST3 Application/Interview Experience (2017)

From my experience, you should allow three to four months for interview preparation, which provides plenty of time to prepare without undue stress and time pressure, both at the workplace and in your personal lives.

I started my preparation with a realistic timeline and curriculum. I used a list of revision materials to prepare successfully for the interview and reviewing this material would enable you to answer most questions in the interview.

List of revision material:

1) ATLS manual: management of polytrauma patient is a common scenario after which the interviewer moves on to an orthopaedic injury.
2) Course literature: AO course, EX-FIX course. Most of these courses have manuals and materials that could be highly important and relevant for the technical skills
3) Candidate should be aware of the characteristics and surgical technique for common implants such as DHS, common plates, AO small and large fragments screw sets, drill bits, and IM nails.
4) Anatomy textbooks and common surgical exposures. Examples Netter's concise Orthopaedic anatomy 2nd edition.
5) BOAST guidelines
6) Interview course materials
7) Old interview questions will help you understand the level of answers expected for the interview.
8) Orthopaedic knowledge: Orthopaedic Trauma and Emergency fracture Management by McRae's is a useful and concise guide that I have used.
9) Key journal papers.

A study partner is essential. Preparing questions and critiquing each other's answers will highlight weakness and help improve interview technique. I also asked my consultants to do mock interview sessions, which is a great help in preparing for the real interview.

The interview day is one of the most important and stressful days in the career of a junior trainee. Nothing will enable you to perform better than good preparation and a calm approach to this hectic day.

The interview process included five stations. These were the clinical station, the portfolio station, interactive and communication station, the technical station and the presentations and handover and planning station.

My stations this year:

1) Presentation and handover station
   Presentation title: **My strategy for trauma & orthopaedic disease prevention will reduce the burden on the NHS**

Handover: You are the registrar oncall for your hospital. Its 8 pm and you are leading the handover with the daytime registrar in the theatre coffee room. Below are the messages you were given. Please number each of them with the order in which you would address the problems and explain your reasoning.

- 78-year-old lady fell at home sustaining a distal radius fracture, reduced by the ED team, has paraesthesia over the thumb, index and middles fingers.
- 25 year old man with left tibia IM nailing today with increasingly severe pain on the ward.
- SHO calls to say he is unwell and cannot do the night shift tonight.
- Young man with crush injury to thumb with avulsed nail plate and fracture of distal phalanx.
- 28 year old courier with open tib/fib fracture and ongoing bleeding from the wound who is in A&E.
- The day SHO reports a patient with a THR performed today has a wound oozing haemo-serous fluid through the dressings and normal observations.
- The patient with a bimalleolar ankle fracture admitted today, for theatre tomorrow, is on the orthoapedic ward but has not been consented and marked.

2) Clinical scenario:
   - You are the SpR oncall. A 34-year-old gentleman is in A&E as a trauma call. He fell off his motorbike at high speed and hit a lamppost. He has a dislocated knee. Please talk through your management. Applied anatomy? Describe the risk to the popliteal a, peroneal and tibial nerves? Different types of knee dislocation? Type of arterial injury could occur? Rule of imaging? Only after neurovascular damage has been ruled out, AP and LAT x ray but MRI to fully evaluate the extent of injury.
   - 10 year old boy with a limp for the last 24 hours and has spiked temperature in ED. Please talk though your approach and management. Differential diagnosis? Blood tests and imaging? Rule of USS? Timing of Antibiotics?

3) Interactive and communication
   - 34 yr old with unstable ankle fracture whom known to have HIV. Explain the injury and management plan? Reluctant to be admitted? Ask about whether he has been tested for Hep B and if he is on antiviral medication? His brother is not aware of the HIV and does not want any one of his relatives to know about his condition.
   - 2nd part talk to this patient brother explain the injury and the plan but don't breach his any confidential information (HIV status)

4) Technical station

- Lag screw insertion. Was asked to describe the technique? Principle of lag screw and how would I perform it? I was aked about situations where

lag screw is not ideal or might not work? Differences between cancellous and cortical screws? Why do we tap? Benefits of countersinking? Other methods of achieving absolute stability?

- 2nd part; suturing absorbable and non-absorbable, monofilament and multifilament. What suture would I choose to close an ankle fracture and why? How would you perform a vertical and horizontal mattress? Show me an interrupted suture? How to discard the knife blade and needle?

5) Portfolio station
   - What have you achieved in last 6/12
   - What are you most proud of
   - What is the best audit you have done? why did you do that one?
   - How many procedures have you done?
   - How are u better than others?
   - How would you improve or maintain your trauma practice as a consultant working in DGH?

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