

How to fail the MCEM Part A examination

WHITE PAPER
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- Wikipedia

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How to Fail the MCEM Part A Examination

Most of the doctors attempting the MCEM Part A exam in India are not from the PG exam prepared mainstream. Currently in India, 'attemptees' of Part A are not interns primed to sit for multiple PG entrance exams, but are those who are working hard in the emergency rooms & casualties, and have been outside academics for many years. These very few and rare, are in the EM specialty because they like working in this arena for the rush it gives. But, however, aren't interested or never considered getting a certification in EM.

Many others have tremendous hesitation to take this exam due to various reasons, lack of academic guidance, confusion regarding textbooks to read, eligibility criteria, etc. This is precisely why they will find it difficult to orient towards, and successfully pass this exam. This generic advisory will do a good job of giving tips and helping the EM aspirant to navigate - before, during, and after the MCEM Part A examination.

This whitepaper is not endorsed by the College of Emergency Medicine, UK.

About the Authors

Dr. Ravi Pattanshetty and **Dr. Priyadarshini Marathe** completed their medical schooling in 2009 from Jawaharlal Nehru Medical College, Belgaum, India. Their first encounter with the specialty of emergency medicine was at Apollo Hospitals, Bangalore, India and where they obtained one year Diplomas in Emergency Medicine in 2011. They subsequently joined EM residency program at Apollo Health City Hyderabad, India and gained the MCEM certification in 2012. At present they continue to work in the same department with a focus on promoting EM education and EM ultrasound.

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This is not just an entrance test; it is an integral part of an EM residency training.



PART A (BASIC SCIENCES)

True or False Questions, 120mins (as of July 2012)

The Part A examination of the College of Emergency Medicine (CEM), United Kingdom, is the first step towards gaining the Membership of the College of Emergency Medicine (MCEM). The MCEM by examination defines a standard for a doctor to safely practice emergency medicine at the level of a supervised registrar in emergency department. Adequate additional experience is needed to practice independently as a consultant.

A doctor is eligible to sit the MCEM Part A examination during his first year of practice after medical school. In India, this is during internship. There is no need to be working in a specific hospital or enrolled in a specific institute's training program to be eligible for this exam.

This 2 hour exam consists of 50 questions, each with 4 stems, to be answered as true/false. The knowledge tested in this exam includes anatomy, physiology, pharmacology, microbiology, pathology and evidence based medicine.

PART B (EMERGENCY MEDICINE)

Short Answer Questions, 120mins

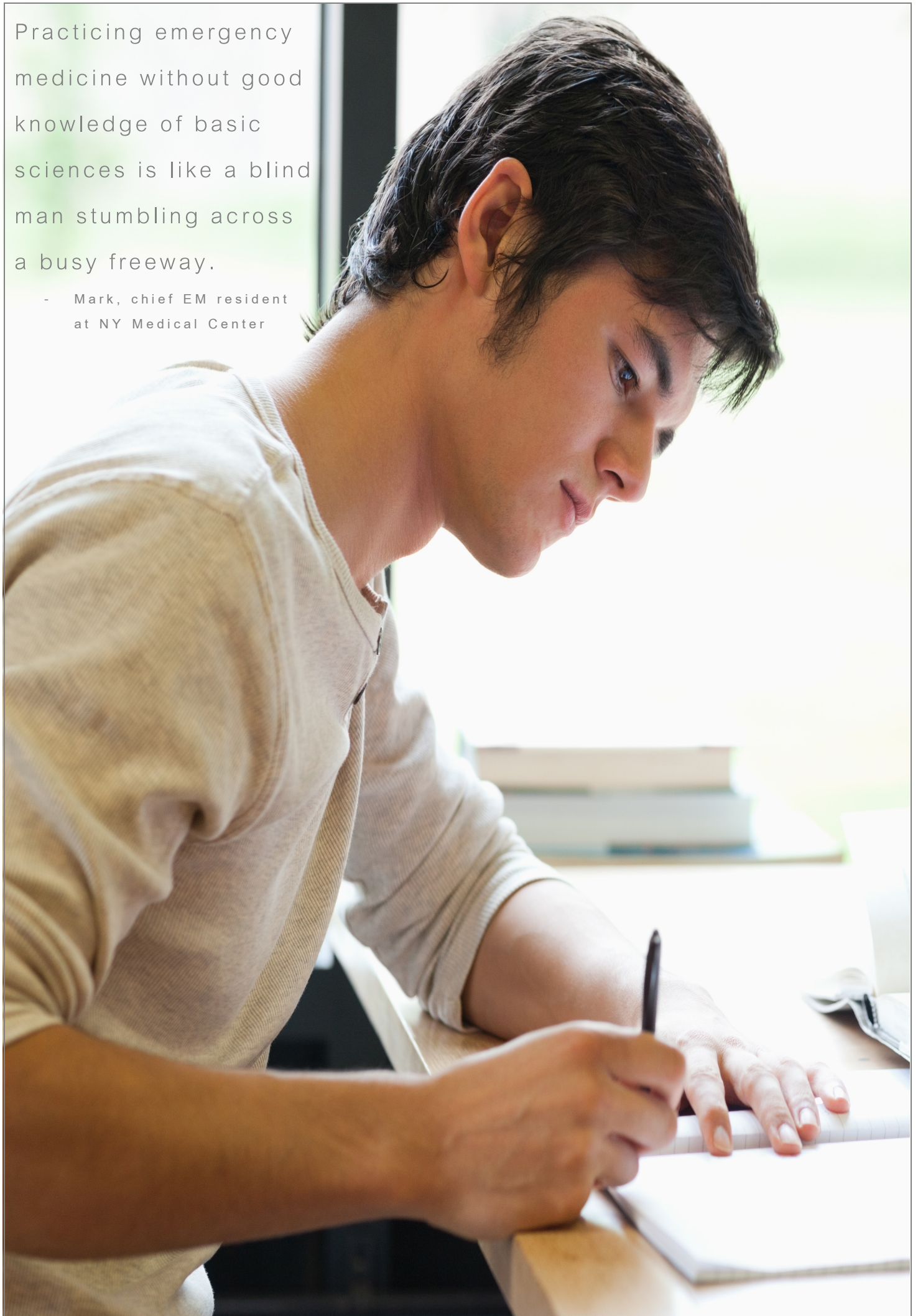
PART C (EMERGENCY MEDICINE)

Objective Structured Clinical Examination, 180mins



Practicing emergency
medicine without good
knowledge of basic
sciences is like a blind
man stumbling across
a busy freeway.

- Mark, chief EM resident
at NY Medical Center



MEMBERSHIP OF COLLEGE OF EMERGENCY MEDICINE, UK

MCEM is one of the certifications available and recommended for doctors training in emergency medicine, within India. The curriculum developed by College of Emergency Medicine-UK for MCEM is of highest standards and also is in line with the curriculum prescribed by International Federation of Emergency Medicine for training in emergency medicine. The MCEM curriculum has evolved through time and continues to get revised to accommodate the best clinical practice and the best collective knowledge possible.

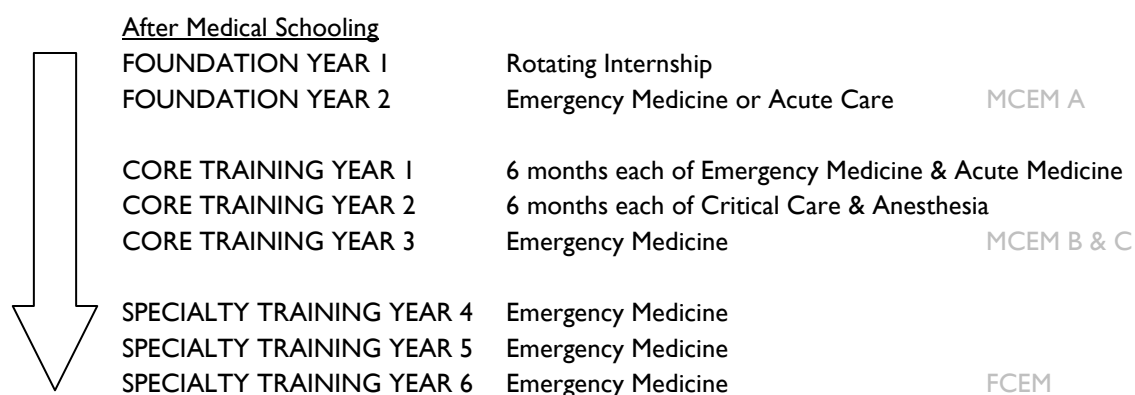
Completing MCEM enables a doctor to enter UK for higher specialist training in emergency medicine. There is no need to sit the PLAB exams. With MCEM, one will be eligible for full registration with GMC. There are plenty of opportunities for further training to obtain FCEM (Fellowship of College of Emergency Medicine) or to specialize in the field of pediatric EM, pre hospital EM, Intensive care, etc, all with certified training posts.

MCEM also opens a lot of doors locally too. The opportunities are very bright in India with the explosive growth of emergency medicine happening here currently. MCEM graduates are accepted as registrars, consultants and heads in various emergency departments of private hospitals. There is no doubt that the emergency patient care is improved in the hospitals where they work. Although some state medical councils in India have recognized MCEM as an additional postgraduate qualification, it still remains to be seen whether it will be accepted for positions in government and teaching hospitals.

In India, three year MCEM residency training was first started at Apollo Health City Hyderabad in 2005. It was then started at Apollo Hospitals at Chennai, Bangalore, Ahmedabad and Delhi, followed by Sundaram Medical Foundation Chennai, Apollo Kolkota, Kokilaben Dhirubai Ambani Hospital at Mumbai, and others. There are three overseas examination centers for the MCEM exams; Cairo, Singapore and Hyderabad. Apollo Hyderabad and Apollo Chennai are the examination centers for MCEM Part A exam in India. The Indian examination center for Part B and C exams is only at Apollo Hyderabad.

Official website of the College of Emergency Medicine, United Kingdom
www.collemergencymed.ac.uk

RECOMMENDED TRAINING PATHWAY



* Actual eligibility criteria for exams may differ from above recommendations. Check CEM website for details.

BEFORE YOU DECIDE TO WRITE THE MCEM PART A

☐ Staying ignorant about the MCEM Postgraduate Examination and Certification

MCEM stands for Membership of College of Emergency Medicine. The College of Emergency Medicine, United Kingdom (CEM) is responsible for conferring the MCEM and the FCEM (Fellowship of College of Emergency Medicine). The College of Emergency Medicine became a College by Royal Charter on 29th February 2008. MCEM was previously known as Membership of Faculty of Accident and Emergency Medicine (MFAEM).

The MCEM examination is set at a standard appropriate with the level of expertise necessary for entry into higher specialist training in Emergency Medicine as well as that for practice at an intermediate level for those not wishing to enter higher training. The exam assesses the knowledge, skills and behaviors necessary for the clinical practice of Emergency Medicine in the UK and Ireland, at the level of the senior decision maker ¹.

¹ www.collemergencymed.ac.uk

☐ Avoid looking at the official website of the CEM

Type **www.collemergencymed.ac.uk** and spend a few hours going through this extensive official website. Don't create silly excuses like "the website did not open" or "couldn't find the information".



☐ Ignore the requirements & structure of the MCEM exam

In order to join any EM residency program in India, a doctor must have completed his MBBS examinations, internship and gained a permanent registration with the State Medical Council or the Medical Council of India (MCI). A doctor who wishes to sit the MCEM examinations must have completed his medical schooling.

The first year of internship (mandatory after passing the MBBS exams in India, in order to gain permanent registration) is designated as Foundation Year 1 (FY1). The second year of experience (which should ideally be in acute care specialties and in any hospital) is designated as Foundation Year 2 (FY2). One is eligible to sit for the MCEM Part A exam at any time during FY1. Although it is better to take it during FY2, when one has confirmed his/her career path to be in emergency medicine.

After the completion of FY2, one has to gain two years of core training as per the Acute Common Care Stem (ACCS) Pathway, in order to gain experience necessary to pass the MCEM Part B and Part C examinations. The two years of ACCS are designated CT1 and CT2. These two years of ACCS include 6 months emergency medicine, 6 months anaesthesia, 6 months critical care and 6 months acute medicine². Some hospitals in India which run 3yr EM residency training towards MCEM, train their residents in emergency medicine from the

start of FY2, in order to maximize exposure to EM. Such residencies end with the completion of CT2. Many doctors continue their residency for an additional year to complete CT3.

Although residents may be eligible to sit the MCEM Part B & C exam at the end of CT1, it is highly recommended to sit the exam after completion of CT 2 or even CT3, in order to attain superior experience prior to the exam.

Check the CEM website for eligibility criteria for the MCEM exams.

☐ Pay close attention to the suggestions given by people who have never attempted the MCEM exam

Emergency Medicine is a relatively new branch of medicine. Very few know what it is about. And even less know about the College of Emergency Medicine and MCEM. Even though the exam is gaining popularity, very few have attempted and fewer still have passed it. Avoid taking suggestions about the subject, college or MCEM from anyone who has not already passed it. Look into the website yourself or talk to people who have passed the exam! Accept only generic statements like “Do well”, etc, from inexperienced advisors. MCEM is one of the acceptable qualifications for emergency physicians in India.

*Unreliable information will lead you away
from the exciting field of emergency medicine!*

☐ Don't pay attention to the specialty of emergency medicine

As the branch is new most people tend to think that emergency medicine is the same as anesthesia or internal medicine or critical care medicine, or just sitting as the duty doctor in the casualty room. The plain fact is that, it isn't! Do not take the word of people who are not certified in this branch. Do not think that you already know what it is. Emergency medicine has been recognized as the 31st postgraduate specialty (post MBBS), by the Medical Council of India in 2009. It is at par with other MD/MS specialties.

According to the CEM, emergency medicine is a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of the acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioral disorders. It is a specialty in which time is critical.

☐ Don't give importance to the CEM, United Kingdom

The CEM is a reputed College, under Royal Charter, which sets the standards for training and administers examinations in Emergency Medicine for the award of Fellowship (FCEM) and Membership (MCEM).

☐ Ignoring MCEM if you have alternate qualification

If you don't have MCEM and have an alternate qualification, why shouldn't you get this one too? It is just like a doctor having Dip (ortho), MS (ortho) and DNB (Ortho), to his name. If you have an alternate qualification in EM like MD(A&E) or MEM or IFEM or FEM, you are likely to be comfortably eligible for the MCEM Part B & C exams. However, you still have to get past the MCEM Part A barrier. Having the MCEM qualification opens up many more career opportunities, especially to get into further training in UK. The satisfaction of having passed a difficult international exam in EM is simply unmatched!

☐ Pay close attention to the critics of EM training programs in India

There are abundant critics who are always ready to brainwash you with industrial strength detergent and puncture your inflated career plans in EM. They will also ensure that you are put in a path which will make your life miserable before you realize it. Although the branch of Emergency Medicine is new in India, there is a lot of interest generated and, the training is improving exponentially. Some centers have standards similar to the UK. Trainees who have moved to the UK and US have reported that the amount and diversity of knowledge they have after their training in these centers is comparable if not better, than western standards.

Make sure you visit certified training centers and talk to reliable people in emergency medicine before you talk to the critics. The critics would also tell you thing like "There is no future", "What is emergency medicine?" "You will be just a CMO", etc. Perhaps this is what was said about EM in USA 30-40 years back, but today EM is one of the most popular and satisfying branches.

Beware of EM residents enrolled in one institute who criticize the EM training of other institutes!

AFTER YOU DECIDE TO WRITE THE MCEM PART A

☐ Ignore the importance of timing the exam in India.

The MCEM part A exams are held twice a year, in June and December. The exit exams, that is Part B and C are held once a year in June. The MCEM part A can be taken during or at the end of your internship. MCEM

part B and C can be attempted at the end of two/three years in Emergency Medicine.(after verification of training by the CEM, kindly visit CEM website for latest information)

Many a times it so happens that even though the student has 2 or more years of experience in Emergency rooms, they cannot take their exit exams because they have not passed the Part A exam. This is because the timing of the examinations is such that they can only be taken once or twice a year. It is important to plan your residency well. You need to prepare well and aim to pass Part A at the right time so as to not miss out on the exit exams when you are eligible! You will waste valuable time if you don't focus.

Lets look at an example : As of today (JULY 2012) somebody who already has an MD or MEM or has completed 2-3 years of ACCS experience, must pass Part A in DEC 2012 to be able to sit PART B & C IN JUNE 2013. If he fails Part A in Dec 2012 or skips this attempt, he has to sit for the Part A in June 2013 and sit his Part B & C in June 2014. (A long wait!!). The student has to say "I will pass the Dec 2012 exam Part A" instead of, "I will consider sitting the June 2013 part a exam". Comprendo?

☐ Don't save for exam fees



The exam fee is considerable. About Rs. 35000/- (please check with the India center for latest fees). This fee needs to be paid at the time you fill out the application. The last date for paying it is usually 2 months before the exam date. It would be prudent to keep this timeline in mind and prepare accordingly. Not doing so could cost you another 6 months! The examination is categorized as 'difficult'; therefore it would be intelligent to organize finances for two attempts instead of comfortably assuming that you will pass in the first attempt.

*P*_{AY} - *P*_{REPARE} - *P*_{ASS} - *B*_{indas!}

Bindas – Hindi slang for "cool" or "carefree"

☐ Begin studying only a week prior to the exam.

You have to know the same subjects - Basic sciences, Agreed! But as said before you will need to read & revise from the prescribed texts. Preparation has to be according to the "true or false" style of the examination. The exam is held only twice a year. And the exam fee is not a small one. It will be to your advantage to start preparing well in advance. You can prepare comfortably and reliably in about 4 to 6 months.

☐ MCI Registration

This exam can be taken during or at the end of your internship. MCI registration (provisional or permanent) is mandatory before you apply for this exam. Apply for the same well in advance to avoid unnecessary delays.

☐ This is just a theory exam and I don't need any clinical emergency experience!

Yes, it is a theory exam of the basic sciences but the questions asked are all clinically oriented. It is unlike all the other entrance exams that you or your colleagues, friends, seniors might have attempted. There is a trend among post MBBS students to take out a year or two, sit at home and study. This is exactly the thing you should not do when you decide to appear for the Part A exam. Unless you work in emergency room, all your reading will be aimless. When the "Why i need to know" is clear, the "What I need to know" becomes important. Over the years the Part A exam has become more clinical oriented, so having some core EM experience goes a long way to help you pass the exam.

☐ Relax! Passing the MCEM Part A exam is like a 'walk in the park!'

This particular sentence should come to your head only when you have passed the exam and never before it! The pass percentage of the Part A isn't very encouraging. It is anywhere between 20-25%. Amongst those who pass, usually half are first attempts and other half are multiple attempts...!! It is tougher than you think it is! The Part A exam is widely regarded as the biggest hurdle towards obtaining MCEM.

☐ Avoiding tips given by those who have failed the exam.

It is said that a wise man always learns from others mistakes. A discussion with such colleagues should yield you information like, "Was the exam difficult?", "Was his/her preparation inadequate?", "Did he/she skip preparation of a particular chapter/s", etc. The inputs given by failed students are probably as important as those given by students who have passed the exam. Extra credence may be given to suggestions of those who have failed a couple of times and then passed. These are the "Part A Gurus!"

☐ Avoiding tips given by those who have passed the exam.

The only thing you'll need to learn by rote would be this particular EM inside Whitepaper in your hands. Learn from your seniors who have passed this exam successfully. They have done a lot of things right, read the right books, had the right frame of mind and practiced right. So talk to them.

☐ Being very superficial in your studies

Since many people appearing for this exam would have spent most of their post MBBS years in practice, it is possible that they would have forgotten most of the anatomy, physiology, microbiology learned in the first year of college. The pattern of the exam is such that you need to understand concepts! It may take you quite some

time to go over these subjects from new textbooks. It will not just be revising but relearning! The exam does not test how well you can remember facts and figure from basic sciences but it tests how well do you understand these concepts and apply them in relevant clinical practice.

☐ Having extended discussions with other depressed and demotivated colleagues.

There are people who have attempted this exam multiple times. They fail because of the many reasons already discussed above. Getting depressed after a failure is natural. But not understanding the reasons of your failure before your repeat attempt is dumb. If you are attempting the exam for the first time, avoid having discussions with such candidates. Depression and pessimism is contagious. Having the confidence and optimism to pass the exam is as important as good preparation. If you do talk to them understand the reasons for their failure and avoid them!

This exam is new and different from any other exam that you might have attempted in your MBBS or later. There wasn't enough guidance available out there. The pass percentage is very low. This exam is difficult and many people have had to attempt it more than once. But you need not be depressed. You are allowed a total of 8 attempts. With the correct approach and preparation you should be able to get through.

☐ Pay close attention to tips given by Non-EM specialty doctors who have no idea about EM specialty or MCEM, and claim that they are authorities in EM.

Emergency Medicine is a whole different ball game. The specialty is new. Emergency departments and emergency rooms are a new concept. Primitive 'casualty areas' can still be seen in government & private hospitals. Most of these are still manned and managed by junior doctors from other specialties like internal medicine, anesthesia or surgery. You must understand that other specialties are limited in their knowledge of treatment of all emergencies. Therefore you should not be speaking to them about EM.

Emergency medicine means you need to know the most important things from ALL specialties i.e. Any Emergency! A physician will not always treat a trauma patient completely; a surgeon might not be able to understand the intricacies of a diabetic ketoacidosis. But an Emergency Physician can and should be able to treat both of these and more! One hospital superintendent in Hyderabad city said

“An emergency physician is equal to internal medicine plus anesthetist and more! “

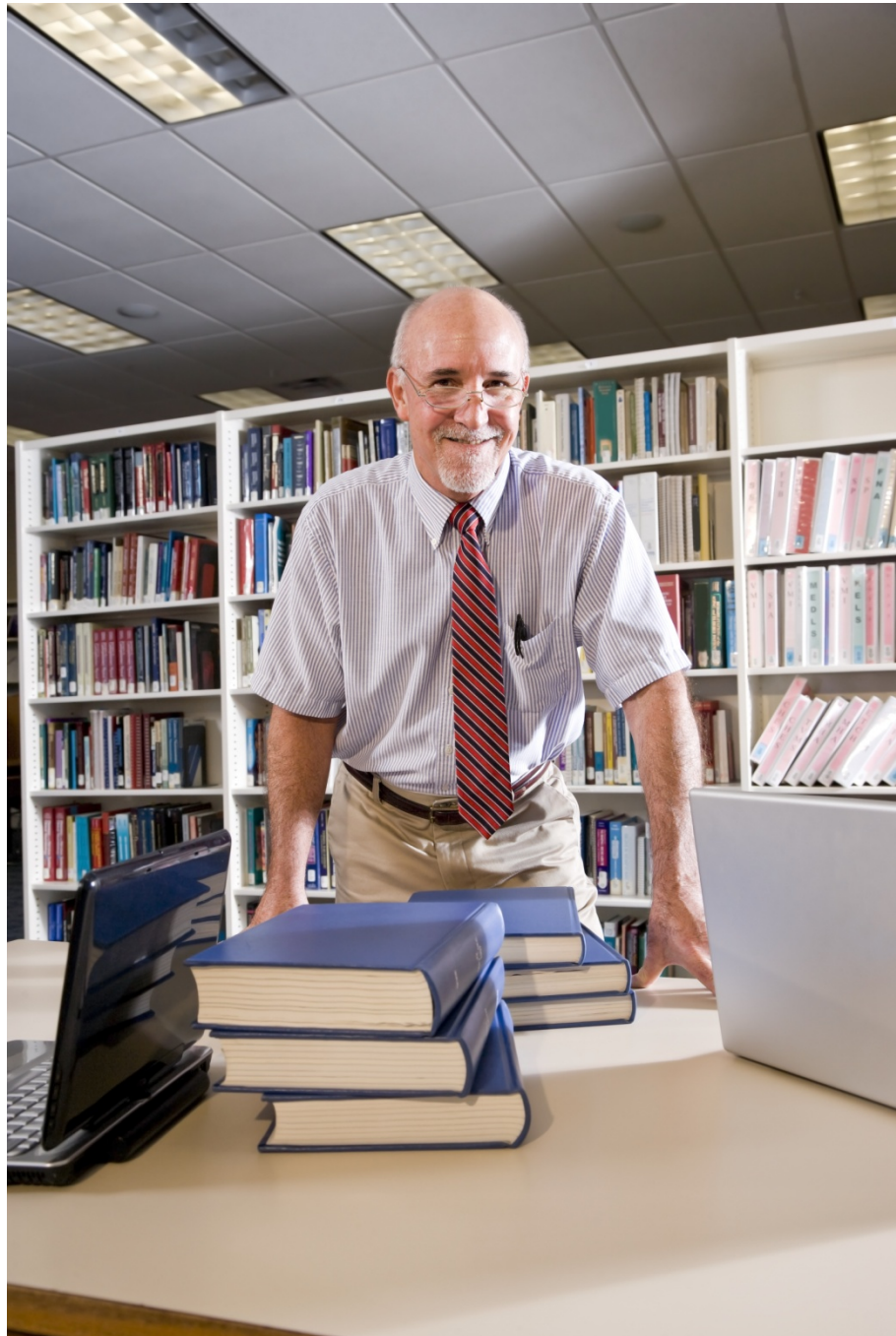
Fortunately there are doctors who are trained and qualified in emergency medicine, in India. These would be the best people for you to take advice from. Some EM residency coordinators provide superb advice to new comers to this field, guiding them in, or sometimes correctly guiding them out!

☐ Don't be serious about the preparation

You must realize that clearing the Part A is an important step in your residency. If you are not serious about the preparation you are very likely to fail. If you have decided to do the MCEM, avoid having wedding plans or summer vacations in the preceding six months!

THERE IS NO
ALTERNATIVE TO
METICULOUS
TEXTBOOK
PREPARATION
AND HIGH
QUALITY
CLINICAL
EXPERIENCE

Keith Hall
Consultant for medical
residency interviews &
examinations



Seriousness = Success

DURING PREPARATION FOR THE EXAM

☐ Do not download the MCEM Part A Curriculum document. It is completely useless.

All questions asked will be from the curriculum prescribed. It's like a blueprint. If you want to build your building, you've got to have the blueprint with you at all stages, It is that simple. Go through it carefully and use it religiously in your preparation. The dictum is "stick to the syllabus". Don't read a word more or a word less!!! Go to the official website of the College of Emergency Medicine, UK (www.collemergencymed.ac.uk) and download the syllabus for Part A from Appendix 7 -Basic sciences curriculum.

Print a hardcopy of this 100+ page document so that you can tick/strike/scribble the listed topics as you cover them. This document is very important; by itself it will cover some part of the syllabus that you have to read. It is also an excellent revision tool. It will also help you have an overview of your preparation as to how much you have read and how much you need to read, constantly reminding you of the time left v/s syllabus left, which is very important. The Part A curriculum document, which has been revised several times by the CEM Faculty over the last 7 years, outlines the exam syllabus in great detail. An anatomy extract, taken from the Curriculum, for your understanding is shown below:

AXILLA

Muscles

Surface markings, actions and nerve supply of:

1. Subscapularis
2. Teres major

Contents

Appreciation that the axilla transmits the neurovascular bundle from the neck to the upper limb. Axillary artery as a source of the blood supply to the circumflex humeral arteries.
Detailed knowledge of the branches of the axillary artery NOT required

Brachial plexus

Knowledge of its root derivation (C5-T1)
Broad appreciation of the root / trunk / division / cord structure
Detailed knowledge of which nerves derive through which cord NOT required
Appreciation of the potential for plexus damage based upon its position in the axilla

Please note:

- The points to be read are precisely told.
 - You do not need to read anything that is not asked.
 - Applied anatomy is required.
 - When detailed knowledge is not required the same will be prompted.
-

Appreciate that axilla, muscles, surface markings, actions, neurovascular supply, brachial plexus, must be understood well. This is best done by reading textbook content first, not by reading MCQs or bullet notes. Once covered, 'axilla' can be marked as 'covered' and the next chapter listed in the curriculum started.

Skipping a topic may lead you to lose control over one or two questions in the exam, which is enough to derail your plans for 6 more months!

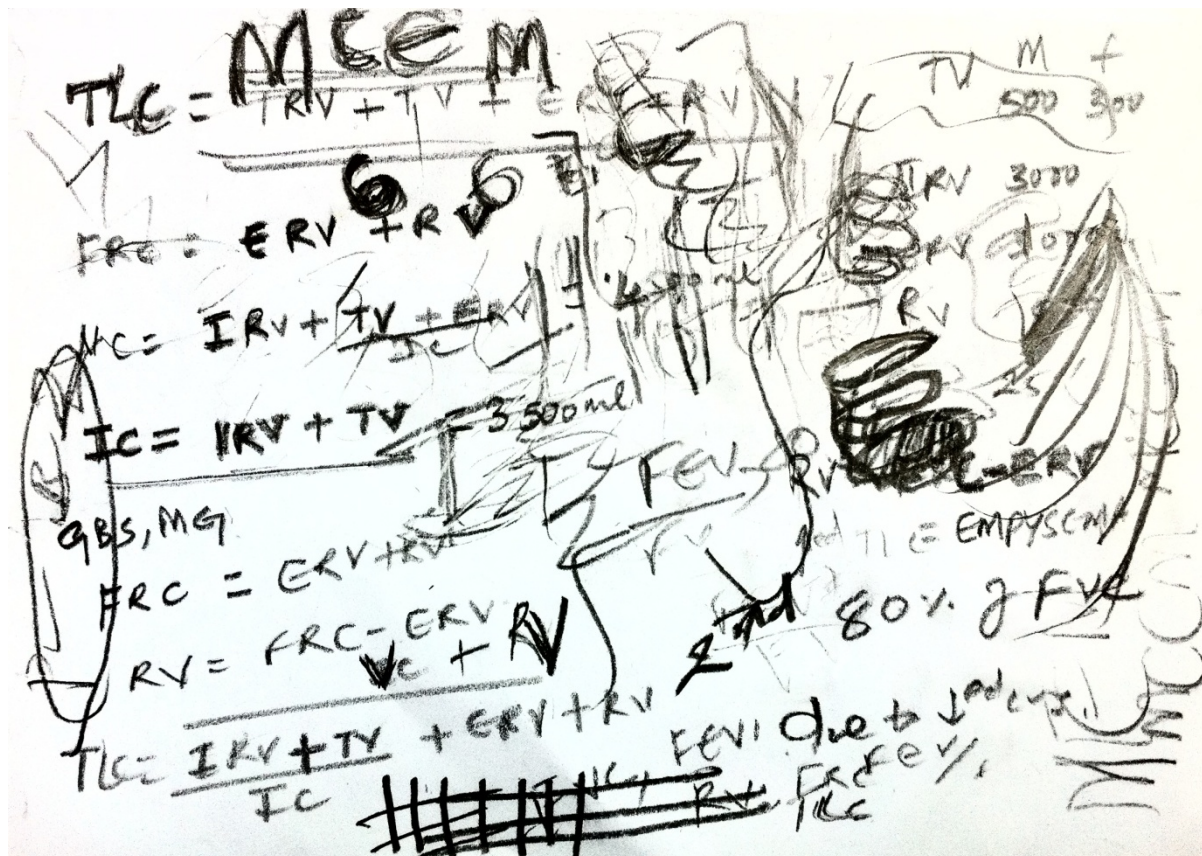
Use a hard copy of the curriculum document to guide yourself while accelerating through textbook preparation



☐ Ignoring the subjects assessed in the Part A exam

The subjects assessed in the Part A exam are Anatomy, Physiology, Pharmacology, Pathology, Microbiology, Statistics, Hematology, Clinical Biochemistry and Emergency Medicine. And all questions will only be asked from the curriculum provided on the CEM website. The bulk of the question paper is questions on Anatomy and Physiology (60%), Pharmacology and Emergency Medicine (10% each) and the rest are on statistics, Microbiology, hematology, etc. It is important to note that this is based on general feelings of the candidates and college doesn't provide a break up. It can change from sitting to sitting. It has also been observed that exam is becoming more clinically oriented. It is also observed that there isn't a great variation in terms of

marks obtained by pass candidate or fail candidate. It's usually a matter of few questions. So let's say you ignored the subject 'statistics' thinking that you will lose only 1 or 2 questions, but it can turn out to be the difference between your passing and failing...!! So read each part of prescribed syllabus thoroughly.



A paper scribble stolen from an EM resident who was preparing for Part A.

☐ Group vs. Lone preparation.

This is obviously subject to individual preference. Group study reduces the amount of effort put in and increases the total yield. For example, in a group of three, one person might be good with the concepts of anatomy, one with physiology and the other with pharmacology. Discussions and teaching within the group will help to consolidate ideas. The pace and enthusiasm will be kept up within the group by mutual encouragement. Reading, revising and practicing for the exam can be fun!! Seriously! :)

But for someone who thinks that reading in a group could be distracting, please stick to your usual methods. Being comfortable in your skin and keeping cool during preparation is of utmost importance.

☐ Depend only on divine intervention to help you pass.

Meditation, going to prayer halls, donating wealth, wearing holy trinkets and charms, are unlikely to help unless you are already well prepared.

□ Don't study the recommended textbooks.

During MBBS we have read the popular anatomy and physiology texts or notes written by Indian authors and we are all comfortable to revise these basic subjects from the same. Reading these so called “text books” is a sure way to fail the Part A exam. Indian textbooks are oriented towards teaching the subject only. The clinical application of anatomy, physiology, microbiology or pharmacology are never written, discussed or taught.

Most people who are writing MCEM Part A exam would have given other entrance exams as well. Indian entrance exam guides are even worse and are a complete “no no”. The MCEM part A is an exam that requires you to learn how to apply knowledge of these basic sciences in your everyday emergency room experiences. The College has recommended certain textbooks and it would be wise to read and revise from these texts.

Being familiar with the concepts, style and language of the prescribed texts will go a long way. Don't be surprised to find yourself saying in the examination hall, “Hmm... I think I've read this line somewhere. Yes, it was the chapter on Head and Neck in Snells Clinical Anatomy”.



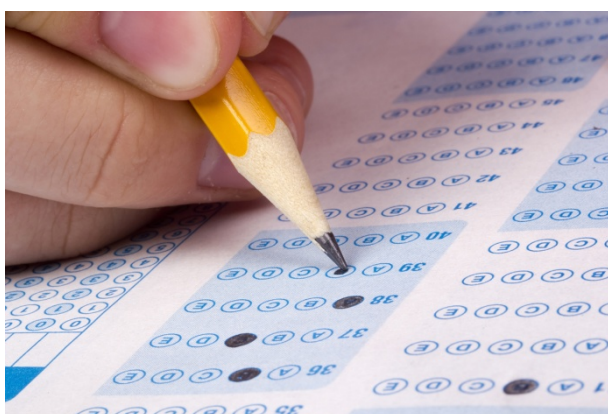
Recommended textbooks

Anatomy	Clinical Anatomy by Regions Richard S Snell Lasts Anatomy: Regional and Applied Netter's Atlas
Physiology	Ganongs Review of Medical Physiology Kaplan Notes for USMLE
Microbiology	Medical Microbiology Made Memorable by Steven Myint for general microbiology Kaplan notes for immunology and specific pathogens
Statistics	MRCP Part I - by Phillipa J. Easterbrook
Pharmacology	BNF 61 or the latest BNF edition
Pathology	Robbins Pathology
Emergency Medicine	Oxford Handbook Of Emergency Medicine, 4th edition

Another excellent option would be to target a virtual USMLE examination by preparing through Kaplan Medical (www.kaptest.com/medical-licensing/index.html). The probability of passing the Part A exam increases with this technique.

Students who are familiar with textbooks read during their medical schooling will benefit by revising only these thoroughly before reading other books. Since it is very easy to recall and reinforce that which has already been read many times. However it is still important to keep a track of what is covered using the curriculum document.

☐ Ignore the format of the MCEM Part A Question Paper



“It’s just another entrance exam! I’ve attempted loads...”

Most entrance exams require you to pick out the ‘most likely’ answer from the four or five given options. Not understanding the pattern of the questions while preparing and before you attempt the exam can be fatal. MCEM part A has a total of 50 questions with 4 stems each. You will have to write if each one of them is true or false. This pattern requires you to completely change your mind set. It will influence your preparation. This means you are not expected to learn by rote. But your concepts need to be

rock solid. And once that is out of the way, any question just needs a few seconds of reasoning!

*Visit the official website of the CEM
to confirm the format of Part A exam*

☐ Pay zero attention to the timing & duration of the exam.

After you have completed your study it is very important to solve practice question papers. Prepare a format and solve the paper in 120 minutes. Timing is critical in this exam!! Practice! Practice! Practice! **“Every good act done has a thousand rehearsals to credit”** It really helps if you time yourself and solve 50 questions for 2 hours. This helps you to manage your time better and resolve your mistakes in the next practice paper.

A good way to doing this is to solve one of the question banks available, for example Practice papers for MCEM part A by Jaydeep Chitnis.

☐ Fully rely on two or three day workshops to help you pass the exam.

Though advertised very zealously, it is unlikely that these 2-3 day workshops will help you pass the exam by themselves. They are expensive and they add to the already considerable exam fee. These workshops are typically held just before the exam. The long distance travel, change in food and sleep habits and possible sudden change in your concepts and thought process can have effects quite opposite to what you expect!

These workshops can be used to give a finishing edge to an already well done or long term preparation. Beyond that, the role of these courses remains questionable at best. Bottom-line is that these may be helpful if you have done meticulous groundwork and it is recommended to use these workshops to fine tune your exam preparation provided you have the time and money.

☐ Believe that the online practice & mock questions will help you pass the exam.

It would be careless of you to completely rely on these websites. Most websites are run by residents. The answers provided are not always complete or correct. They are expensive. The questions in the mock question papers are repeated, giving you a false sense of security and comfort. The real exam is not taken on the computer, its paper and pencil. The general feeling amongst most candidates who have used these remains that they were not useful and the cost benefit ratio of these sites was poor.

☐ Take an extended leave from your emergency room duties before the exam.

It cannot be stressed enough that the MCEM Part A is a clinically oriented exam. You will benefit if you apply what you read in your clinical practice. For example, in anatomy when you see a case of fracture of shaft of humerus, recall that the radial nerve lies in close relation to the bone and that it is important that you check the distal neurological deficit and you need to know the radial nerve supply of the upper limb. Recall and see the branches of abdominal aorta while you do a screening ultrasound for aneurysm, And to our surprise it's not just written in books but actually happens!! You just have to look for it; as someone said "The eyes see only what the mind knows". This is the right way to learn the basic subjects; it is effective and unbelievably fun! A large portion of the basic sciences questions are related to Emergency Medicine. Read from the Oxford Handbook of Emergency Medicine. It would be foolish to stay out of touch with clinics.

☐ Ignoring the actual target of attempting the Part A exam

EM physicians (Registrar level) who have passed MCEM are expected to handle most cases safely on their own, but still remain under EM consultant supervision. However in India, due to the scarcity of personnel, you will be handling almost all cases independently.

ACTUAL TARGET IS TO COMPLETE THREE YEARS OF EM TRAINING AND PASS PART B & C.

When you do that, the knowledge and authority that you get will let you handle cases better. Ultimately everything that we do should translate to better patient care. It will give you more credibility among your colleagues of other specialties and they can no longer ask you what qualification you have or tell you that your degree is not recognized.

☐ If you have already attempted & unsuccessful, discard the feedback score sent to you by College of EM, as soon as possible.

If you have failed, the College is kind enough to tell you why. Please go through what they have written in the feedback letter. They are trying to help you, not to depress you. It is a difficult exam, agreed! Be smart. The fee always gets hiked up almost every year! The exam isn't getting any easier. And you aren't going to get any younger! There are people who get comfortable in this "Preparing for the Part A" phase! This may give you a false sense of direction, but the reality is unless you get through the Part A, you are moving nowhere.



☐ Leaving gaps in your preparation.

The subjects covered in the MCEM part A are Anatomy, Physiology, Microbiology, Pharmacology, Statistics, Pathology, Hematology, Clinical Biochemistry and Emergency Medicine. You will need to read the entire curriculum prescribed. Do not skip anything! Make sure you have read and revised the Oxford Handbook of Emergency Medicine. As mentioned earlier, every subject and every question is important. Remember that the difference between pass and fail is always a few marks.

☐ Ignoring 'High-Yield' topics.

Talk to people who have already passed the Part A. Go through the practice papers. There are a few topics that always have questions asked on them, for example - Anatomy of the diaphragm, Base of the skull, Nerve supply of the hand, Blood pressure regulation, CNS control of respiration, Mean - Median - Mode in statistics, Physiology of cerebral blood flow, antibiotics, enzyme inducing drugs, coagulation cascades and anemia, respiratory and body fluid volumes, nerves and arteries of upper & lower limbs, cranial nerves, antibodies and immunity from microbiology, etc, etc. Make sure you revise these topics thoroughly.

☐ Complaining that you don't have time to study.

It is a preparation for Post graduation of Emergency Medicine. You are expected to be competent enough to handle your work and academics at the same time. If you plan out your 6 months of preparation time you should have no problem going through the syllabus, revision and practicing questions papers. If you are studying in a group then ask each other questions or revise what you've already studied. Use lunch time or travel time effectively. Apply what you have studied in your daily work experiences!

JUST BEFORE THE EXAM

☐ Over studying!

Seriously!! Some people do this! As we have already discussed before, you will only need to know the curriculum prescribed by the College of Emergency Medicine on their website. The prescribed books are enough to give you correct and concise knowledge about the topics required. There is no need to be anxious and read whatever you can get your hands on. For example, reading the genomic structure of HIV virus in order to crack an exceptionally difficult paper. This will just take your focus away from high yield topics. There is no need to over study!



☐ Unreliable travel plans to the exam center.



Make sure you know what time the exam is scheduled. If you need to travel to another city to appear for the exam, book your bus, train, flight tickets at least a few weeks in advance. Book your hotel room or guest house. Call the exam centre and get information as to the exact location of the exam hall. Prepare in advance for cabs. You will have to reach the centre one hour in advance. Don't forget to input the latest traffic conditions into your plans.

ANTICIPATE RUSH HOUR!

☐ On the day of the exam, skip breakfast so that you maintain a hypoglycemic state throughout!

Many students forget to eat and some don't eat on purpose to get the adrenaline pumping! Come on, you are students of physiology and medicine. You, of all physicians should know how important blood sugar is, at times of stress!

It is normal to forget about eating when you are so tensed about the exam. But it doesn't help to skip your meals before you go into battle!

Recommended breakfast - whatever ups your mood, keeps your tummy cool and relaxed. Keep yourself well hydrated. Carry a chocolate to the exam if you wish.

Recommended meals

- A light sandwich with 200ml milkshake
- Chocolate cookies with orange juice
- South Indians would enjoy a plate of IDLIs.



AND DON'T MISS THAT MEAL!

☐ Turn your CSF into a toxic cocktail of prescription drugs and alcohol.

We have seen many who take that “Just a little bit of alprazolam” prior to the exam. Avoid such anxiolytics and sedatives as they will conveniently cloud your thinking. And, of course, no alcohol containing drinks too. Try Gatorade for a change!

☐ Go late to the exam hall.

Don't even think that you'll talk your way inside if you are late. You are instructed beforehand by the exam centre to be one hour early at the exam hall. Mind you, this is not for their convenience. You will need to go through identity verification, instructions about the conduct of the examination, sharpen your pencils which will be provided to you (pens are not used during the exam), go to the loo, get comfortable in your seat, pray and take a deep, long breath before you start the exam! It takes about an hour. Candidates who came late by even 10mins have been sent back!!!! Not only you lose your attempt, but also your entire exam fee.

☐ Forget MCEM. Read 'Zombie Survival Guide'.

Well, if you have too much money to spare and lots of time on your hand I guess watching movies, playing video games and preparing to become a zombie apocalypse survivor is the right way to go.

DURING THE EXAM

☐ Ah, this is just a regular exam, plug in the ear phones, pass a chit and whisper answers.

If you do anything else but look down and answer your paper, you run the risk of being thrown out of the exam hall. There have been sorry instances of the same! The college takes the conduct of examinees very seriously and any sort of mischief is not tolerated.

☐ Don't listen to the instructions given by the examiners

The conduct of the exam is informed to you in detail by the examiners before they start the exam. Don't think they are just blabbering away. Every word is important. They sometimes give information like any minor changes/error in the question paper or a conversion of mmols/L to mg/dL.

☐ Finish the paper early

The time given to you to finish those 50 questions is 120 minutes. Use them judiciously. Know your strengths and weaknesses before you enter the exam hall. With Indian entrance exams you either know the answer or not, and you have to mark answers at crazy speeds to even come close to finishing all the questions. But here

you are required to analyze each question and their stems. It is not 50 questions, but 200 stems! Utilize the full 2 hours given to you and don't make the mistake of finishing your paper early, 2 hours was chosen as the time allotted for a reason, because it requires that much time. If you have solved practice papers you should know exactly how much time you have to solve each question. You should have a strategy. For example, you look at the question and decide whether you know this topic thoroughly if yes read the stems and answer that question completely, if you are not sure keep that question for the second round where you will take time to think and answer, third round go through answers in last fifteen minutes and correct any answers since you use pencils and you are free to rethink and change answers. Think before you ink!



Browse over the questions, these are so simple!

Read all the questions and the stems carefully. Do not presume to know the answer immediately! Sometimes the grammar will be confusing but if you have read the prescribed text books you will be familiar with the language. Sometimes the answers can be deduced from the questions itself.

It is important to understand that judiciously using the time given to you and keeping your head cool and thought process clear during the exam plays a critical role in you passing the exam. It happens many a times that candidates fail not due to lack of knowledge or inadequate preparation but due to lack of implementation of that knowledge in the exam.

Read the question and each stem carefully. Concentrate on the grammar and the meaning of sentences. Concentrate on words like "not" "other than" "except" "unlike". There will be options which will sound exactly like the right answers that you have read in textbooks, but add to that a word like except, unlike, the meaning becomes exactly the opposite. So don't presume anything, read each sentence carefully.

Of course all of this will turn out better if you have already done the practice papers and know your weaknesses.

There are easy questions, tricky questions and difficult questions. With practice you will learn to recognize these! Most questions will be familiar to you and you must aim to finish these off in the first round. Then there will be questions that are confusing or you don't readily know the answer to, or need some thinking over. Tackle these questions next. And, don't worry; there will always be questions that you have not heard about, the difficult ones! The rule is, answer all questions -- there is no negative marking!! Check the CEM website for marking rules of the paper.



Bell rings!! It's okay, keep writing till you have a tug of war with the examiner.

Again, remember the examiners instruction! This is not a regular exam; there will not be a tug of war! If you continue to write after the bell rings and after the examiner says, "Pencils down", you will politely be told that you have been disqualified. You will be asked to write the exam again in six months and you cannot say anything to stir their emotion. Don't expect a refund of the exam fee!

Ok, so now you have kept your pencils down. Your fate (read papers) will be sealed and sent to the College.

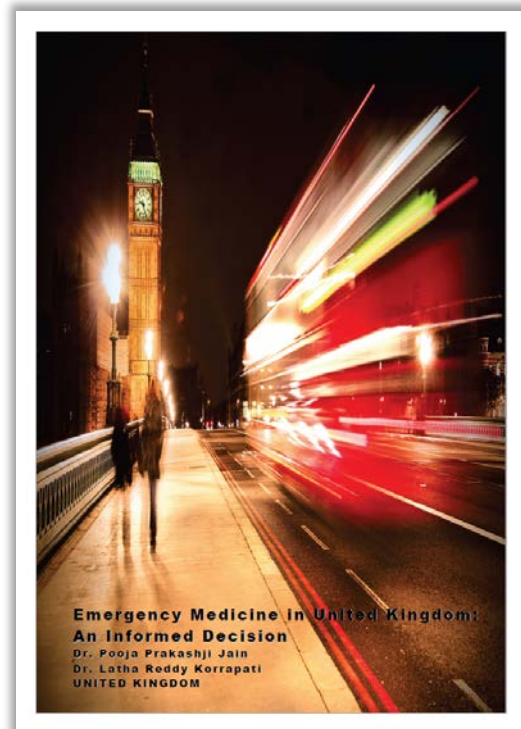
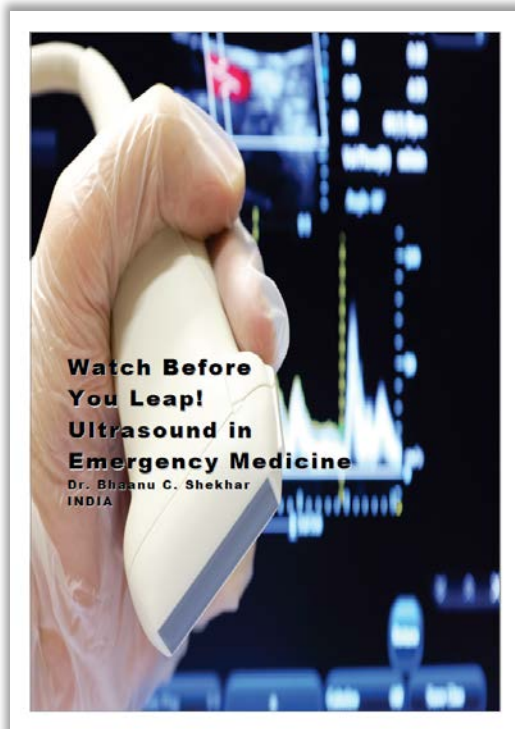
AFTER THE EXAM

Take a deep breath, relax and let your guard down. Socialize with your fellow colleagues, exchange contact numbers (for part B and C discussions or if you have to rewrite part A). It provides you a great opportunity to interact with colleagues from your own field. Use this opportunity to develop contacts, get information of various training programs that they are undergoing and how various departments are functioning.

The results are announced usually after 3 weeks, on a prescribed date on CEM website. Don't forget to check your results. And we sincerely hope that you will not have to read this white paper again after that day!

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MYTHS ABOUT MCEM

False – MCEM qualification unrecognized and a waste of time and effort.

True – MCEM qualification certifies a doctor to have the knowledge & skills in emergency medicine suitable to supervise junior trainees and to provide senior clinical decision making when there is no EM consultant presence in the department.

False - A doctor has to join a specific institute to take the MCEM exams.

True – You can work in any institute to be eligible for MCEM.

False - A doctor can pass the MCEM by working in an unsupervised ED.

True - You have to gain good, supervised experience in EM, without which you are unlikely to successfully pass all the MCEM exams.

False – You have to take PLAB after MCEM to work in UK.

True – You are exempt from PLAB after MCEM and will get full registration with GMC and will be able to work and train unrestricted in UK.

False - There is no prescribed syllabus or training format for MCEM.

True – CEM-UK has laid down very high standards of training. Apart from working experience, it requires you to have structured training and a lot of competencies to be achieved, which have to be supervised & documented, without which you are unlikely to pass MCEM.

False - MCEM is not MCI recognized.

True – Gujarat Medical Council has registered MCEM as an additional Post graduate qualification, after consultation with the MCI.

TIME TABLE

Find below a sample preparation schedule. The most difficult part is adhering to the time table!

For December Exam

August 1 – 15	Anatomy – limbs, thorax, abdomen, head & neck
August 16 - 31	Anatomy – CNS, Physiology – cellular, CVS, RS
September 1- 15	Physiology – GIT, renal, endocrine, Pharmacology – GI, RS, CVS
September 16 - 30	Pharmacology – CNS, infections, endocrine, anesthetics, etc.
October 1 – 15	Microbiology – general, infections, bacteria, viruses, etc
October 16 – 31	Pathology, Evidence based medicine, Clinical biochemistry
November 1 – 15	Online question banks, mock tests, cover backlog subjects
November 16 – 30	Full revision of all content, Oxford Handbook of EM
December	Final revision of all subjects

For June Exam

February 1 – 15	Anatomy – limbs, thorax, abdomen, head & neck
February 16 - 29	Anatomy – CNS, Physiology – cellular, CVS, RS
March 1- 15	Physiology – GIT, renal, endocrine, Pharmacology – GI, RS, CVS
March 16 – 31	Pharmacology – CNS, infections, endocrine, anesthetics, etc.
April 1 – 15	Microbiology – general, infections, bacteria, viruses, etc
April 16 – 30	Pathology, Evidence based medicine, Clinical biochemistry
May 1 – 15	Online question banks, mock tests, cover backlog subjects
May 16 – 31	Full revision of all content, Oxford Handbook of EM
June	Final revision of all subjects

And it pays to begin earlier than indicated.

RECOMMENDED READING FOR

ACADEMIC EXPERTS

“In-service training at a higher training level gives the doctor specialty-specific skills, which he or she will in turn pass on to junior doctors. Thus, the specialty perpetuates its own expertise and identity. Training has to occur while continuing to provide care to patients and, in emergency medicine, in an often difficult and stressful environment”.

Ruth Brown - Faculty/College Examinations: fitness of purpose

Emerg Med J 2006;23:924-926 doi:10.1136/emj.2005.033746

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564255/>

CONCLUSION

This is a sincere effort to pass down our personal experience and collective wisdom about MCEM part A examination. This was done with an intention to allay the fear and anxiety associated with this exam and also to clear lot of misconceptions. This should allow more and more people to acquire MCEM by examination. This should be one small step toward creating many more quality emergency physicians and advancing the field of emergency medicine in India which will ultimately lead to better patient care.

We have no financial interests and no disclosures to make. We do not promote any single hospital or residency program.

We wish you all the best in your exciting quest of Emergency Medicine. May awesomeness be with you! :)



This whitepaper can also be downloaded from
www.emergencymedicine.in

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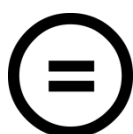
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