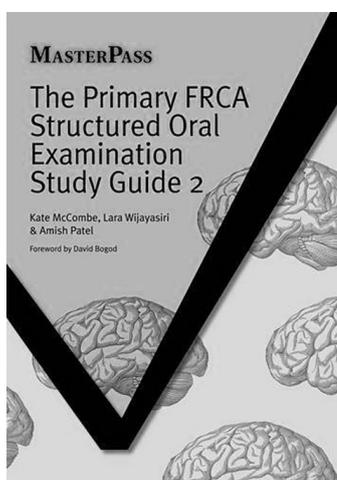


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Karen Chiu is a 5th year medical student from the University of Auckland, currently based at Waikato Hospital. She has an interest in pursuing Anaesthesia as a future career, but at the same time is keeping her options open.



The Primary FRCA Structured Oral Examination Study Guide 2
Author: Kate McCombe, Lara Wijayasiri, Amish Patel
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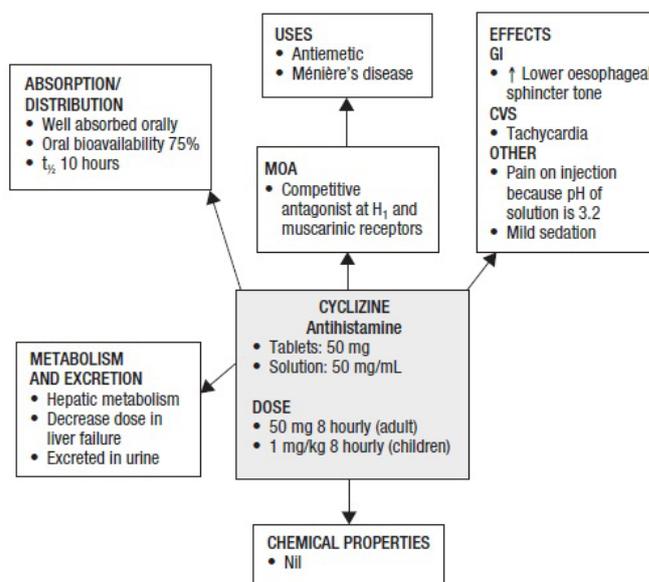


Figure 1: Spider diagram for cyclizine. Taken from The Primary FRCA Structured Oral Examination Study Guide 2.

The Primary FRCA Structured Oral Examination Study Guide 2 is a text I wish I had with me while I was on my selective in anaesthesia. It is designed specifically for candidates preparing for the FRCA Primary (Primary Examination of the Diploma of the Fellowship of the British Royal College of Anaesthetists) structured oral examination. The authors originally set out to cover all the topics listed in the Royal College's guide to the FRCA Primary in their own exam preparation, but found it too daunting a task in the limited time they had. After passing their Primary, the authors returned to complete what they had set out to achieve, thus this guide was born. It provides answers to the questions regularly posed by the examiners in the structured oral examination.

The guide is divided into three sections, which are sub-divided into stand-alone topics consisting of one to two pages of short notes. Each topic starts with a quick introduction that defines the topic and the material is then presented in bullet point format under question headings. The Pharmacology section, which makes up the majority of the book, is good revision for material we have covered in medical school but may have forgotten; for example, pKa values, phase II metabolism by the liver; inverse agonism and distribution. The authors have created 'spider diagrams' for an extensive list of commonly used drugs in anaesthesia, which display their pharmacokinetics, pharmacodynamics, metabolism and effect. An example of a spider diagram for cyclizine is shown in figure 1.

The second section, *Special Patient Groups*, covers topics such as diabetes mellitus, Jehovah's Witnesses and neonates. It also includes special considerations in each case in terms of preoperative assessment, during anaesthesia, and post-operative management. The last section, *Critical Incidents*, covers complications in anaesthesia such as anaphylaxis, aspiration, malignant hyperthermia and failed intubation, and their management.

Overall the text is an easy read, well-indexed, with the material presented in a succinct, bullet-point format. For a book that is aimed at trainee anaesthetists preparing for the FRCA Primary, its content is surprisingly not difficult for a clinical medical student to understand. Most of the principles, and even some of the actual content of the book, have actually been covered in our pharmacology and anaesthesiology lectures. The spider diagrams and special cases help the student understand the anaesthetist's selection of drugs and approach to patients with different co-morbidities in theatre. However, as expected, the guide goes into more detail than is required at medical school level.

I would recommend this text to fellow medical students who are interested in anaesthetics. For those on an anaesthetic attachment, it can be used as a quick clinical reference or a good light read during the downtime in theatre.