

Introduction

We regret to inform you that you were not successful in the Certifying Examination given in Cleveland, OH, in October 2002. It was the consensus of your examiners that your performance during the examination was not of the level required for certification.

That's the way the letter reads if you do not pass the General Surgery Oral Exam. Three more paragraphs followed in that awful letter I read to myself on a cold fall evening in November 2002, less than four days after I had taken the exam. I wondered why I wasn't more upset. Was it because a good friend had informed me earlier in the day that he too had failed? Was it that my gut instinct since I left the Oral Exam had been telling me to prepare myself for bad news? Who knows. After reading that letter, however, I did know one thing: on my next try, I would know *everything* there was to know about the field of General Surgery so there would be no possible way for me to fail a second time.

Out of that sentiment came the thoughts for this book. I couldn't sleep well the night after I opened that letter. As I thought about what I had done to prepare for the exam—two review courses, flashcards, a variety of review texts—I realized that my biggest help had been a book entitled *Safe Answers for the Board*. It was an excellent resource that helped to clarify and crystallize a lot of what I learnt in residency and I recommend it to all potential examinees. However, after a search on the Internet I discovered there is no book that tells you what the *wrong* answers are, or reveals the common curveballs examiners are likely to throw your way. My goal then became to put together a study guide that not only included much of the material necessary to pass the Oral Exam, but that would also prepare an examinee for what actually happens during the exam.

I like to think that the underdog always proves to be the fiercest competitor. I knew that my failure didn't mean I was less of a surgeon than those who passed. I knew it didn't mean that I wouldn't become a successful surgeon,

or that I would mismanage or kill my next hundred patients. For me, failing on my first try meant that I was going to “kick it” to those examiners during the next exam.

I will share with you a philosophy from my upbringing in Philadelphia, home to many underdogs over the years: *Who knows how to climb a ladder better—the person who climbed it once and never missed a step, or the person who climbs it, falls, and climbs it again, paying close attention to every rung because he knows what it feels like to fall and is determined to succeed?*

I can offer a couple of general suggestions to those of you preparing for this exam:

- (1) Read a general surgery textbook cover to cover (it really doesn't matter which text you choose),
- (2) Read lots of previous questions, which you can get from any course or your colleagues,
- (3) Remember that self-induced anxiety is your biggest enemy!

If you passed the written exam, you know the material. You just have to keep from freezing or getting tongue-tied when you are asked to sum up verbally two or more weeks of outpatient work-up/inpatient care in about seven minutes per question. The Oral Surgery Certification Exam is overly subjective, so regardless of what you are asked remember that this is a test of your thinking ability and confidence more than a pure test of your knowledge. Consider each question as a real-life situation. You are not an unsafe surgeon, and you should treat the questions the way you would a patient: never make up answers or operations, and don't waste time on history and physical examination if they tell you “that is all you need.” The examiners are looking to see whether you can process information and come up with a rational plan of action. You do this everyday.

Above all, remember that the exam starts right after they shake your hand. With all this in mind, let's begin . . .