FREE SAMPLE | ADVANCED VIVA PRACTICE | COMPANION TO STRUCTURED ORAL SHEETS

The Examiner's Next Question

You gave the right first answer. **Now the examiner asks what you would do next.**

FREE SAMPLE
EYES ON · NOT FOR RESALE

2	201	3
SAMPLE TOPICS	IN THE FULL BOOK	MOCK VIVA CIRCUITS



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FREE SAMPLE · START HERE

The first answer is where the viva begins.

Most candidates rehearse the opening answer and stop there. Examiners rarely do. Each case in this book begins with a decision you can be challenged on, then adds a finding, a result or a change in the plan.

01

Answer first

Say your next action and the reason for it, before you look at the model.

02

Read the finding

Describe what the image or result shows, what it cannot settle, and what you will do next.

03

Own the miss

Score each decision you missed. Rehearse anything that could affect patient safety.

The colour code

Every page of the book uses the same six colours. Learn them once and you can scan any topic in seconds.

CASE

The vignette. Read it first; it sets the scene.

EXAMINER ASKS

The question or challenge. Answer aloud before reading on.

MODEL ANSWER

The reference answer. The highlighted first line is the action that scores.

NEW FINDING

An image, result or observation revealed mid-viva. Interpret it.

PEARL / READING

Teaching points, investigation cards and further reading.

TRAP

Where candidates lose marks or put the patient at risk.

In this sample

052 Acute Angle Closure · Part II · The examiner challenges a reflex treatment.

105 Giant Cell Arteritis · Part III · A negative test meets a high-risk presentation.

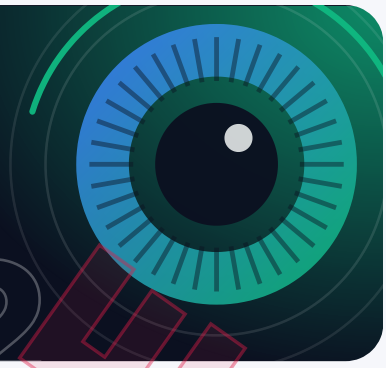
Answer each violet card aloud before you read the green one. Score every decision 0, 1 or 2.

FREE SAMPLE
EYES ON · NOT FOR RESALE

TOPIC 052 · GLAUCOMA

Acute Angle Closure

PART II · CORE SHEET P. 66 · SCORE __ / 6



052

1 OPENING DECISION

EXAMINER ASKS

0 1 2

Two days after starting topiramate, a patient develops bilateral blur, pain and new myopia. Both chambers are shallow. A colleague has booked urgent iridotomies. What do you do?

MODEL ANSWER

I'd treat the pressure urgently and contact the prescriber to stop the suspected drug safely. Bilateral myopic shift suggests ciliochoroidal effusion pushing the iris–lens diaphragm forward. I'd use mechanism-appropriate pressure lowering and discuss cycloplegia and anti-inflammatory treatment with glaucoma.

2 THE EXAMINER PRESSES

EXAMINER ASKS

0 1 2

The pressure is high. Why withhold pilocarpine?

MODEL ANSWER

In this mechanism, ciliary contraction can worsen forward displacement. I'd reconsider iridotomy only if there is evidence for a separate pupillary-block component.

3 INTERPRET THE FINDING

NEW FINDING

0 1 2

Ultrasound biomicroscopy shows supraciliary fluid and anterior ciliary body rotation.

MODEL ANSWER

The posterior pushing mechanism explains why making an iris opening leaves the angle closed.

! DANGEROUS TRAP

Reflex use of miotics in a drug-related effusion can worsen chamber shallowing.

CLINICAL READING

Fraunfelder et al. Topiramate-associated acute, bilateral, secondary angle-closure glaucoma ↗

European Glaucoma Society terminology and guidelines, sixth edition ↗

REVISE ALONGSIDE · FULL BOOK

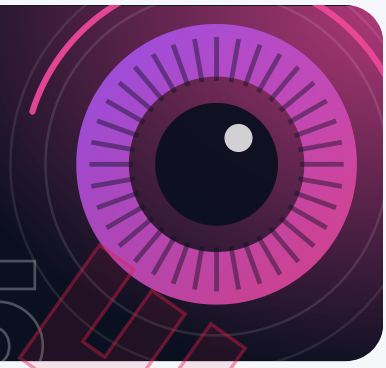
053 145

FREE SAMPLE · EYES ON · NOT FOR RESALE

TOPIC 105 | OPTIC NERVE AND VISUAL PATHWAY

Giant Cell Arteritis

PART III | CORE SHEET P. 121 | SCORE __ / 6



105

1 OPENING DECISION

EXAMINER ASKS 0 1 2

A 77-year-old has new jaw fatigue, episodes of diplopia and now acute monocular visual loss. Initial inflammatory markers are unremarkable. What do you do?

MODEL ANSWER

I'd treat this as sight-threatening suspected giant cell arteritis and contact ophthalmology and the acute vasculitis team immediately. I'd document acuity and fellow-eye findings, begin high-dose glucocorticoids under the acute pathway and arrange confirmatory testing without delaying treatment.

2 THE EXAMINER PRESSES

EXAMINER ASKS 0 1 2

There is no intravenous access in the clinic. Would you wait for transfer?

MODEL ANSWER

I'd arrange emergency transfer and discuss immediate oral glucocorticoids if intravenous treatment is unavailable. I'd record treatment and sampling times clearly.

3 INTERPRET THE FINDING

NEW FINDING 0 1 2

Temporal artery ultrasound is reported negative after treatment has started.

MODEL ANSWER

A negative result needs interpretation in light of timing, test quality and pre-test probability. Discuss additional confirmation with the specialist team.

! **DANGEROUS TRAP**

Normal inflammatory markers or a single negative study cannot safely overrule a high-risk presentation.

CLINICAL READING

BSR guideline on giant cell arteritis ↗

REVISE ALONGSIDE · FULL BOOK

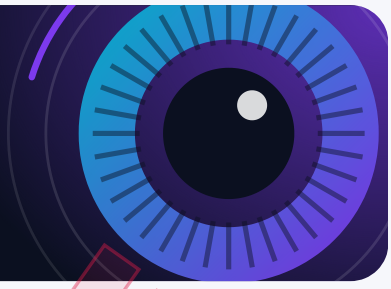
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FREE SAMPLE · EYES ON · NOT FOR RESALE

THE FULL BOOK

201 topics. One method.

Every topic in *Structured Oral Sheets*, taken to the examiner's next question, plus timed mock viva circuits and scripted drills.



01 PART I · 51 TOPICS
Lids, Oculoplastics and Anterior Segment

- Trauma and emergencies
- Conjunctiva and ocular surface
- Cornea
- Sclera, iris and congenital anterior segment
- Cataract, lens and refractive
- Eyelids and lacrimal system
- Orbit

02 PART II · 50 TOPICS
Posterior Segment and Glaucoma

- Glaucoma
- Vitreoretinal and retinal vascular
- Macular, diabetic, inherited and toxic
- Non-infectious uveitis
- Posterior segment infection
- Paediatric retina and tumours

03 PART III · 55 TOPICS
Neurology, Motility and General Medicine

- Optic nerve and visual pathway
- Visual function, pupils and transient symptoms
- Ocular motility and gaze
- Strabismus and paediatric neuro-ophthalmology
- Systemic disease and the eye
- Acute medical emergencies
- Ethics, evidence and standards

04 PART IV · 45 TOPICS
Surgery, Pathology and Trials

- Surgical knowledge and instruments
- Operative techniques
- Ophthalmic pharmacology
- Ophthalmic pathology
- Landmark trials
- Further topics from the syllabus

05 PRACTICE
Mock viva circuits and drills

- Circuit 1 · Time-critical decisions
- Circuit 2 · Images and investigations
- Circuit 3 · Revising the plan
- Scripted drills · Chemical injury; posterior segment and glaucoma

GET THE FULL EDITION

EYES ON: The Examiner's Next Question

Digital and print editions. For copies, bulk orders for training programmes or questions, contact

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