The Trauma Viva Cheatsheet
One page. Any scenario. Six minutes.

The viva is not asking what you know about the injury. It is asking: **you are the surgeon responsible for this patient — what are you going to do?** This sheet is the structure that answers that question.

1 THE CONSULTANT PAUSE

Ten seconds of silence beats ten seconds of waffle. Every time.

- **What is the problem?** Name it in one sentence.
- **What worries me most?** Life, limb, or soft tissues.
- **What must I establish?** Before I can commit to a plan.
- **What am I going to do?** Then open your mouth.

2 KIM — THE ANSWER SKELETON

K KNOW

Describe the injury and the patient in one breath. Mechanism, energy, physiology, soft-tissue envelope, neurovascular status. Classification only if it changes what you do.

I IMMEDIATE

What must happen in the next hour? Resuscitation, reduction, splintage, antibiotics, tetanus, repeat neurovascular assessment, who needs calling and how urgently.

M MANAGEMENT

Definitive plan, the factors driving it, your fallback if the soft tissues or physiology misbehave, and the complications you will look for.

3 THE PRIORITY LADDER

Run every scenario down this list before you commit.

Life — what could kill this patient?

Limb — vascular injury, compartment syndrome, open fracture, dysvascular dislocation.

Function — nerve, joint surface, physis, dominant hand.

Deteriorating — what gets worse if I do nothing today?

Can wait — and say out loud that it can.

4 WHAT + WHY + IMPACT

WHAT + WHY + IMPACT

Never list an investigation without saying what it will change. The examiner is scoring your reasoning, not your recall.

SHOPPING LIST

"I'd get an X-ray, CT, MRI, bloods and possibly a CT angiogram."

CONSULTANT

"I would obtain a CT because I need to define the fracture morphology and decide whether this is amenable to fixation or requires a staged approach."

5 SIGNPOSTING: MAKE YOUR THINKING VISIBLE

"There are three immediate priorities here…"

"My first concern is…"

"Before definitive management I need to establish…"

"The key decision in this case is…"

"Assuming the patient is physiologically stable…"

"The factors that influence my decision are…"

"A complication I would specifically look for is…"

6 THREE ANSWERS THAT COST MARKS

STOP SAYING	SAY INSTEAD
"It depends."	"It depends on physiology, soft tissues and fracture configuration. In this patient, assuming those are favourable, I would…"
"I'd ask my consultant."	"I would involve the vascular team urgently because of the possibility of arterial injury, and continue serial neurovascular assessment meanwhile."
"This is a type III…" (opening with a classification)	"This is a high-energy injury. My immediate concerns are the patient's physiology, the soft-tissue envelope and the neurovascular status."

7 WHAT THE EXAMINER IS SILENTLY ASKING

Can this candidate **recognise** the problem, **prioritise** what matters, **decide**, **justify** the decision, **escalate** appropriately, **anticipate** the complications — and **own** the patient?

LOST? RESET IN 10 SECONDS

PATIENT	PROBLEM	PRIORITY	PLAN	WHY
Who is in front of me?	What is happening?	What worries me most?	What will I do?	On what reasoning?

Your next 5 minutes:

Pick one trauma case you already know well. Set a timer for five minutes and answer aloud: *"You are the consultant. What would you do?"* Record it. Don't fix it yet — that recording is your baseline. The full method, worked cases and examiner marking notes are at **bonementor.co.uk**.