

Letters to a Young Doctor

Examinations

PHILIP RHODES

All doctors have to take so many examinations that they are experts in the subject. Yet a few fail because of lack of technique. You have heard it all before, and you know what you should do, but still there are those who forget and as a result may throw away their chances of passing the examination. This is careless and shows lack of forethought. Failure, from whatever cause, is destructive of self confidence, which makes it harder to pass a failed examination subsequently.

Refresh your memory about the curriculum to be studied. You will have this from writing to the secretary of your appropriate examining body. Make sure that you know the dates of the examinations that you intend to take. Decide then which deadline you can meet and send your entry in in good time. Tell your consultants and any others who should know (? clinical tutor, administrators, colleagues who will cover your duties), and book your accommodation in the city to which you will have to go to take the examination. Apply for study leave and expenses by filling in the form obtainable from the administrator of your postgraduate medical centre.

Do not take an examination unless you have really done the work for it. You will not be able to hoodwink the examiners that you know the syllabus when you do not. It is a mistake to sit an examination thinking that this is the best way to find out about it, knowing that you do not intend to pass except by good luck. You will be found out. You will be throwing the entry fee away and also one of your chances of passing when your number of entries is restricted.

If you have to travel arrive the night before the examination in the city you are going to. You must turn up in the right place at the right time. This means checking and rechecking the times and places. On this very important occasion for you it is ridiculous not to get them right. This is especially so for clinicals and vivas, where examiners meet you and will scarcely give you credit for being late and offering unacceptable excuses.

Be prepared for the form of the written examination. Multiple choice questions are now commonplace. For some weeks before the examination you should practise these. The examining body will not let you have any because they belong to their secret banks of questions. But there are dozens of books for practice. If there are none in the library in your postgraduate centre ask the clinical tutor and the library committee to get some in, or buy them yourself. They may turn out to be invaluable. There are, however, many forms of multiple choice questions. Find out from your examining body, from a recent candidate, or from an examiner locally just what kind of multiple choice question paper is set. Be prepared and know the technique you need. But read the instructions very carefully in the examination room

to be sure that you know exactly what is expected of you. With a large bank of questions to be answered in a restricted time it is probably best to go through them all, entering the answers to those you are sure of. Then go back and work through those you have left out first time round. You must try to be systematic. If wrong answers are definitely penalised by deduction of marks do not guess the answers. Be sure you know how to erase wrong answers that you wish to correct.

Modified essay questions are a form of short answer, which sometimes may be given in note form. If 10 lines of script are asked for do not write 20. Stick rigidly to the instructions for you get no credit for straying outside them and interpreting them how you like. Examiners give a lot of thought to the form of their examinations and how they shall be marked. It makes them impatient if candidates do not stick to the rules.

Essay questions give you a freer hand, but even these often have specific intent which is in the question, so answer it as it is asked and do not answer questions that are not asked. See that your handwriting is legible. Few examiners read every word of an answer but skim through it watching for the use of English, the facts asked for, and the development of an argument. This demands some care in setting out the answer. Use headings when appropriate. Each paragraph should start with a sentence that states what the paragraph is about. Any new thought, fact, or statement needs a new paragraph. You must do everything in your power to make the reading of your answer easy for the examiner. He will be relieved if he does not have to work too hard to find out what you know. He might be impatient if you make him struggle either with your handwriting or with your style. If these are good they may even help you to gloss over deficiencies in knowledge. At this level examiners know that you are under stress, and they know that you may not be able to recall everything about a particular subject. It is a general impression that is being sought in the essay. The multiple choice questions and the modified essay questions seek factual knowledge. With this variety of the testing of knowledge and recall it will be seen how important it is to learn the techniques before the examination.

Problem solving

The examinations that test factual recall have been criticised recently. Medicine is essentially about problem solving. Therefore, attempts are being made to introduce questions into examinations that demand problem solving. These are often in the form of fictitious or real patients in which history and physical findings are given, followed by various special results of investigations. There are now many books of this kind. If you find out that your examination is going to contain problem solving questions then work through some specimen tests so that you can work out a technique for dealing with them. You have to try to imagine that you have a patient in front of you in the ward or outpatient department, analyse your thought processes as you come to a tentative diagnosis or diagnoses, and

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then decide how you would proceed to establish a definitive diagnosis. This is by no means easy and requires practice, which you should do your utmost to obtain.

The clinical examination, when you are faced with a patient or patients, is a form of problem solving. Try not to jump to conclusions and make spot diagnoses, but work steadily through your system of history taking and physical examination. This you should have acquired so that it is second nature to you in your practical experience in the wards and outpatient departments. There is no substitute for system and method in doing this. It must be ingrained so that it may be used without missing anything out. Know beforehand how much time you are allowed and allot your time appropriately. If you cannot get an adequate history from the patient then get on with the physical examination. The examiners will know if there are difficulties in communication and will make the right allowances for you. This does not of course apply to written examinations. It is useless to leave out a question entirely or write that you have not had sufficient time. Nearly every other candidate will have had time so that if you write little or nothing at all you cannot be given any credit at all.

When it comes to presenting the case to the examiners you have to be guided by them as to the form in which they want it. Many of them will leave it to you. This should give you the opportunity you are looking for; you can give the patient's name, age, occupation, and perhaps a single sentence stating the major problems and conditions the patient has. Never forget the background details of the patient as a person at the beginning before going on to the pathological conditions. Classes in this method of presentation are given in many hospitals and regions. Attend as many classes as you can so that you learn the most

effective technique. Again, it cannot be expected in every examination that you will find out everything about the patient. This is clearly impossible in the time available except in the simplest cases. So do not be put off if the examiner asks you to return to the patient to elucidate some other symptom or sign. It does not necessarily mean that you have missed something vital. There are so many types of patient and examiner (as well as candidate) that it is impossible to give more than the most general advice, but you must try to be as well prepared as you can be for almost anything—but that is how medicine is.

Vivas too have their difficulties. Turn up to them looking neat and tidy and appropriately dressed, just as you must for the clinical examination. Enough has been said in previous articles to emphasise the importance of non-verbal communication. You must not neglect it. Do not slouch in the candidate's chair, giving an air of nonchalance. Look alert, be alert, sit firmly in the chair, and answer the questions as succinctly as you can. Know how long the viva will last and whether there are two parts with each examiner taking half the time available.

When taking examinations you are very much on your own—which is what is intended. Knowledge and reasoning may be enough to see you through, but you can be surer of success if you find out about the form of the examination beforehand and practise some techniques. None of the techniques is difficult in theory and all are easily understood and known, but you have to think about them and put them into practice as often as possible. Not to do so is to take unnecessary risks in a matter that affects you and your career very deeply.

In the next two articles I shall discuss doing research and publishing the results.

MATERIA NON MEDICA

Villa Felicitas, Ischl

Predictably our stay at the Villa Felicitas conjured up shades of the Emperor Franz Joseph and the actress Katharina Schratt. Here he could escape the formality and ceremonial of court life, while she provided a happy domestic atmosphere, regaling him with unrestrained talk, which he greatly enjoyed. Their long correspondence, which leaves no doubt that they were never lovers, reveals his gratitude and the tenderness of his affection. She proves an exception to the usual royal favourite, for she remained discreet, unspoiled, and aloof from political or other intrigue.

The Emperor's marriage to Elizabeth of Bavaria, at first idyllic, had disintegrated, yet he never ceased to adore her. Rebelling against the restrictions and absence of privacy, she was to abandon her regal responsibilities, assuaging her tormented emotionalism—ever haunted with fear of hereditary insanity—in reckless riding and incessant travel. In contrast, Franz Joseph strictly adhered to court etiquette and preserved an unbending dignified detachment, his day occupied with extraordinary industry, his personal needs almost spartan.

As an actress, Katharina's forte was in comedy and naive roles; she was buxom and had little claim to beauty, but her open expressiveness and generous nature readily endeared her. The Empress, having satisfied herself with Katharina's qualities, fostered the relationship, which was to last almost 30 years.

The theatricality of Elizabeth's life extended to her tragic assassination in Geneva at the hands of a lone wolf anarchist in 1898. Now when the Emperor needed Katharina most an estrangement arose; her request to play Ibsen had been refused, and she failed to be nominated for the new Elizabethan Order—promised her before the Empress's death; Franz Joseph had declined to intervene. A year passed before she relented towards him.

No provision was made for Katharina in the Emperor's will when his long reign ended in 1916. She survived him by 25 years, living out of the public eye and disposing of jewellery and *objets d'art* for subsistence. Her integrity and discretion persisted: she refused all overtures to record her memoirs and destroyed many of their intimate communications.—J SHAFAR, retired physician, Burnley.

Red deer

Whenever I come across a shed antler of a red deer I am impressed by both the complexity of its structure and the infrequency with which antlers are found, even in areas where the red deer population is known to be high. It is true that a dropped antler is often nibbled, perhaps by mice or rats or, more often, really chewed up, presumably by the deer themselves, although I have never met anyone who has actually witnessed the process. Seeing an antler with full brow, bay and tray tines, it is difficult to realise that such a structure can be shed each year; yet, if a stag casts its antlers in March the pair is normally regrown by July.

Whatever may be the significance of these large antlers in terms of sexual allurements, or as weapons for dominance over other stags, their weight and bulk must be a disadvantage to the animal when feeding. Last August I watched two mature red deer stags browsing throughout the afternoon on a moorland hillside: the antlers clearly restricted the movement of the head during grazing, especially among trees with low branches.

In the wild, red deer do not commonly feed in full daylight; usually, they move from cover at dusk, returning at dawn. Further, on watching a herd in semi-darkness, one can note the marked contrast between the conspicuous white rump and the red-brown of the deer's coat, which enables one deer to follow another in dim light. But, even if they are not visible, the presence of red deer can be proved by sighting their droppings: when fresh, stags' fewmets are slimy, black cylinders, pointed at one end and concave at the other. As additional evidence the long, cleft imprint of the stag's hoof can be detected readily in soft earth (assuming, of course, that it has been distinguished with certainty from the print of any other cloven hoofed animal).

Sounds can also reveal the proximity of red deer, and the prolonged, unmelodious roars of stags belling during their October rut can be frightening to the uninitiated. But the barks of hinds may scare people too! I recall an autumn walk down a coombe at night when, suddenly, a succession of gruff, penetrating barks arose from amidst the tall, dying bracken: certainly that vocal encounter was one I had not anticipated.—A P RADFORD, retired general practitioner, Somerset.