

Tips from the top

2-May-2005

In their years as examiners, these doctors have seen just about everything. Here they share advice to help get you through the clinical exam. BY KIRSTEN FOGG

ON clinical exam day, beware of helpful colleagues bearing advice. They may lead you astray.

Dr Steve Trumble, examiner and associate professor and director of education at the University of Melbourne's department of general practice, recalls one time when a registrar received a 'tip' from a fellow candidate on leaving a station. The candidate, relying on this 'inside' advice rather than what he could discern from the patient before him then insisted on a particular misdiagnosis, despite all the evidence to the contrary.

"Never trust your colleagues inside the exam. Cases change and they might be wrong," says Dr Trumble, who has been examining candidates for 15 years.

"Colleagues are excellent resources while you are preparing for the exam. Once it has started though, just focus on your own performance."

It's a key piece of advice for the 450 registrars who'll sit one of the two clinical exams this year.

On 22 May registrars and other GP candidates will be rotating through 17 stations, at one of several regional centres, while being overseen by about 500 examiners who also double as 'patients'.

Although the RACGP says nine out of 10 registrars pass first go, failing the exam will add time to your training and do some damage to your chequebook.

So just what are these examiners/patients looking for from you as you pass through their station?

For a start, they are looking for more than just your clinical knowledge and an accurate diagnosis. Doctors are being assessed for competence, presentation, communication skills and empathy, as well as the ability to establish a good rapport with the patient and to recognise the patient's social context.

Dr Peter Maguire, an examiner in Perth and an education consultant with Western Australian General Practice Education and Training, says: "It's a high-stakes exam in a hothouse environment.

"It sounds simple, but really it's the ability to engage with the patient and to negotiate a sensible management of the problem, explain it to the patient and then find common ground and an acceptable solution," Dr Maguire says.

While some candidates become flustered under the pressure, he says one of the tricks is to try to focus only on the station at hand, forgetting past stations.

If you think you've just blown a station, don't panic. Because there are several, you should be able to make it up if you're well prepared, he says.

One of the most common mistakes that candidates make is not answering the question. To ensure you do exactly what the question requires, take the time to read the question carefully and understand it, and then when you start the case study, address the whole question, prioritising your time appropriately.

To help in this process, Dr Trumble suggests candidates ask themselves: "What is the examiner asking me to demonstrate?"

Take a case where a 'patient' has come to the GP because of multiple cardiovascular risk factors. The skill here is for the candidate to prove they're competent in managing all areas without getting bogged down and running out of time. The registrar needs to demonstrate their broad competence rather than actually doing each task, Dr Trumble says.

To do this, the candidate could highlight that the patient, for example, smokes, has high cholesterol, high blood pressure and doesn't get enough exercise. The candidate could first outline a general management plan, briefly covering all areas, and then, to show empathy and good communication skills, they could ask the patient on which area they would like to focus.

Dr Trumble says it's crucial for the candidate to be open to cues from the 'patient', just as they would

during a normal consultation. So if the 'patient' says they're most worried about smoking, the candidate could suggest, "We'll focus on that today, if that's what you'd like to do, then over the next few weeks we'll discuss the other areas."

Dr Morton Rawlin, RACGP director of education services, says in this way, the clinical exam mimics real life with tighter time constraints. So you should behave as you would in your own clinic.

Too often registrars forget to behave professionally or ignore prompts given by the examiner or the patient, Dr Rawlin says.

For many, nerves may hinder their performance. Dr Jen Lonergan, chairwoman of General Practice Registrars Australia, who passed her clinical exams last year in Sydney, says she found the anticipation leading up to the exam and fear of the unknown was worse than the event itself. Only the series of disconcerting bells between sessions broke her concentration.

To prepare, Dr Lonergan advises candidates to see as many patients as possible before the exam and concentrate on knowing common ailments, such as hypertension or diabetes, very well.

"The examiners aren't scary or nasty to you," she says. "They're not there to cut you down. They want to see you do well."

Confidence tricks

Nothing beats practice in preparing for the exam, but building confidence is also crucial. Dr Graeme Jones, the sub dean of the rural clinical school at the University of Melbourne, says it's important that candidates believe in themselves and their skills so they can relax during the exam. Here are some of his tips for building confidence on a daily basis:

View all the patients you see as exam cases and pretend you're in the exam setting.

Read more journals and GP texts.

Start your own study groups with GPs and overseas-trained doctors who are also taking the exam because you can learn from their experience.

Make maximum use of all the courses available, particularly the RACGP preparatory tutorials.

Performance anxiety

Everyone gets nervous about exams, but how do you make sure that doesn't impede your performance?

Ms Barbara Warren, the head of corporate performance at the National Institute of Dramatic Art in Sydney, says "some degree of anxiety means you are focused and means you realise you're about to enter into a heightened sense. Tell yourself it's okay to be nervous, but keep your eye on the prize."

Before the exam:

Visualise yourself at different stations and imagine success.

Devise your own check list before the exam and use that to remind yourself of important points before each station.

Rehearse, rehearse, rehearse.

During the exam:

Hum gently before to warm up your voice and calm yourself.

Between sessions do something physical, such as stretching, to help you re-focus.

Drink plenty of water.

Less is probably more; speak succinctly, at a measured pace and don't repeat yourself, but speak in your own voice.

Actions

Tell us what you think

Email to a friend/colleague

Print this article

Related Articles - Medical Education / training

- ▶ \$20,000 skin cancer degree a hit (5/4/2006)
- ▶ Specialty push a 'major threat' (29/3/2006)
- ▶ Ahead of the game (14/3/2006)
- ▶ Putting planning into action (14/3/2006)
- ▶ Students cool to general practice over course of medical school (8/3/2006)