Examination skills: General advice for candidates

Don Lalonde MD FRCSC MSc BSc

There are two reasons why people fail examinations. The first is that they do not have enough knowledge because they have not spent enough time reading. The second reason, which is less common but more tragic than the first, is a lack of examination-taking skills. The purpose of this editorial is to disseminate commonly known examination-taking skills to those who may not have them.

GENERAL ADVICE

Read, read, read. If you do not have a sufficient knowledge base, you will not pass the examination, no matter how good your examination-taking skills are. If you do not read consistently during your entire residency, you will not have a sufficient knowledge base to pass the examination.

WRITTEN EXAMINATIONS

- Take a minute at the beginning of the written examination to calculate the number of minutes/mark or question. Do not get caught at the end with not enough time to answer some of the questions.
- Write legibly and clearly. If the examiners cannot read your answer, you will not receive any credit for it.
- Write your answers in point form. Do not waste your time with long sentences.
- Do not leave a written examination question blank. You should attempt to answer every question.

ORAL EXAMINATIONS

- Do not make the examiners pull the answers out of you. Let your knowledge flow out. You will not get a good mark on an oral examination if the examiners

have to drag the answers out of you. You are there to prove that you have the skills and competence to be a surgeon. You have only a short time to do this so you must speak efficiently with minimal hesitation and no wasted time.

- Avoid long pauses. You are wasting your valuable time. Short pauses are acceptable. If it is a difficult case, take a couple of seconds to think about it. However, if you do not know the answer to a question, do not go into a long pause. It is better to say, "I don't know."
- Listen very carefully to the question and answer the specific question that they ask you. One of the biggest problems with answering questions is that people provide all other kinds of information as opposed to answering the question that was asked. If the examiners ask you the cause of a particular problem, tell them the cause of the problem, not a history and physical description. If they ask you what the alternatives of treatment are, provide the alternatives of treatment. If the examiners ask you which flap you would use to cover this wound, do not tell them that you would take a history and perform a physical examination. Tell them which flap you would use to cover the wound. If the examiners ask you which solution you would use to reconstruct a given problem, do not give them the entire reconstructive ladder. Answer the specific question and tell them which reconstruction you would use on this case.
- Do not volunteer information about which you are unsure. It is better to say nothing. If you have to volunteer information about which you are unsure, state that you are unsure of it and that you would have

Saint John Regional Hospital, Saint John, New Brunswick

Correspondence: Dr Don Lalonde, 3DN Saint John Regional Hospital, PO Box 2100, 400 University Avenue, Saint John, New Brunswick E2L 4L2. Telephone 506-648-7950, fax 506-652-8042, e-mail huzil@health.nb.ca

to verify it by consulting the literature or one of your colleagues. Never volunteer experimental or untested treatment suggestions.

- Be safe. This is not the time to invent operations. Use tried and true techniques. If you end up discussing something controversial, make it clear that you understand that it is a controversial or unusual treatment and that you would approach it cautiously. If you think that something is controversial, or if you are caught between two alternatives of treatment because this is a complex issue, say so. Tell them what you are thinking if you are debating a difficult issue. It is okay to say, "At this moment, it is a controversial issue as to whether or not we should do a lymph node dissection in this case. There are two randomized, prospective, controlled studies that show that...On the other hand, there are many people who believe...". It is acceptable to say, "There are two difficult choices for this melanoma of the thumb. Some people feel it is best to amputate the thumb and here are the risks and benefits of that in this young labourer. On the other hand, if we excise the melanoma and cover it with a skin graft, some people feel that we may decrease his chances of being cured of his disease." Let the examiners know that you are thinking safely, cautiously and in the best interest of the patients, always trying to weigh the risks and benefits carefully. They want to know that you are careful and cautious, and that you will not hurt patients.
- It is acceptable to say, "Because this is a particularly difficult case, before going ahead, I would likely get an opinion from Dr...". In real-life complicated cases, this is what you would do. Do the same thing in the examination that you would do in real life. On the other hand, do not ask for consultations for every case. Quickly follow your consultation comment with a workable, safe outline of a plan. "However, this is how I would expect that this specialist would treat this problem...".
- When faced with a difficult clinical case and asked how you would treat this patient, consider starting with the goals of treatment. Example – gun shot to the face. The goals of treatment are to: (1) treat the trauma (airway, bleeding, neck injury, etc), (2) avoid infection by removing all the dead tissue in stages, (3) reconstruct the oral sphincter, (4) restore the mandibular arch for mastication, speech, and larynx and tongue support, (5) restore the velopharyngeal mechanisms for proper speech, and (6) restore the oral mucosal integrity to avoid fistulae. Start with functional goals and follow with aesthetic goals.
- When given a case of trauma in the emergency room, be organized in your approach. Be confident. Start with the ABCs of your primary survey and then go through the secondary survey as you learned in the Advanced Trauma Life Support or Advanced Burn Life Support.
- When the examiners ask you how to manage a clinical case, be organized and succinct in your approach. Give the important pertinent features of the (1) history, (2) physical examination, (3) investigations, (4) consultations to other specialties if required, (5) explanations to the patient, (6) goals of treatment, (7) alternatives of treatment, (8) risks and benefits of the alternatives of treatment, (9) complications of treatment, and (10) a prognosis that is appropriate to this particular case. Present your answer in an organized way. Do not waste your time on unimportant issues that do not pertain to the present case.
- If you feel that you have done poorly on the question you have just finished, forget it! Focus only on the question at hand. You cannot afford to be thinking about the last question when you are answering the present one.
- Be serious, because this is not the time to be casual. You are showing colleagues that you are a mature, competent surgeon.
- Avoid loose statements such as, "If there were a neurosurgeon around, I would ask him to come in and have a look." Instead, say, "I would consult a neurosurgical colleague before surgery and have him come in so that we could do this or look at this together."
- Do not ask the examiners question after question. You are not there to examine them. This type of stalling tactic decreases the limited time that they have to verify that you are competent.
- Expect to be given complications to manage. The measure of a competent surgeon is easier to ascertain by how he or she manages complications than how he or she manages successes.
- Expect that the examiners will cut you off. They have a very limited time to get through a lot of material. When the time for each question is up, they must move on, even if it means cutting you off in the middle of a sentence. Although this seems rude, this is normal. Do not misinterpret this as a sign that you are doing poorly.
- You will be expected to come up with a safe workable plan for each case. It will be expected that you foresee problems and will not endanger the patient.