American Board examination are looking for clinically, in terms of putting the patient at ease, relating to the patient, letting the patient tell a story, and establishing briefly and clearly the mental state of the patient, are covered well even in a short time by naturally anxious yet competent candidates, and not covered well by less competent candidates.

What are some of the results of the differences in these examinations? At the examination level, the candidate for the Canadian examination presents material in a way superior to that of most American candidates. Furthermore, I feel that the good Canadian examination candidate has a wider knowledge of the basic sciences, and of the psychiatric literature. However, the Canadian candidate usually has less understanding of what is actually happening with the patient. While the Canadian examiner has started asking questions about barbiturate interactions, the American examiner is concerned to hear from each candidate what would happen in the treatment of the patient seen (live, or on tape), whatever type of treatment, biological or psychotherapeutic, is undertaken. The better American candidates were able to deal with these issues competently, even on the basis of a shorter interview (20 minutes film, 30 live).

The average Canadian candidate, however, who has just finished training, having been geared almost totally towards passing an examination, and with rare exceptions having almost no *worthwhile* training and supervision in psychodynamic psychiatry, would have difficulty surviving a few days in an office practice of predominantly psychoanalytically-oriented psychotherapy. Putting it another way, the Canadian 'graduate' is able to 'consult', he can write a long dissertation on a chart, often quoting from the literature, discuss the history, examination, diagnosis, and prescribe what *someone else* should do, or *what should be done*, to treat this patient. But other than prescribe drugs, or press a button, most might be regarded as inadequate to treat the patient themselves. The American candidate of good quality (and it must be admitted that the larger numbers of candidates have provoked the examiners into much soul-searching about the quality of candidates they are passing) can relate to, and treat, emotionally distressed human beings.

The psychiatrist in office practice may not make much reference to the literature in a consultation note, but there does appear to be a feeling of competence to be able to work with the patient, which some people still feel is the primary goal of medical practice, and therefore what specialty board examinations should really be testing.

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HOW TO STOP WORRYING ABOUT MULTIPLE-CHOICE QUESTIONS

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I believe it was Charles Kaleb Colton who wrote that: 'Examinations are formidable even to the best prepared, for the greatest fool may ask more than the wisest man can answer.' Few statements are both so true and so comforting to the examination candidate, and so usefully cautionary for the examiner.

Multiple-Choice Questions (MCQ's) are a technique that can provide a reasonably reliable measure of knowledge, reducing the effects of examiner idiosyncrasy. They are intended to produce results that are influenced only by those factors they are designed to test; results that depend on your knowledge of the subject itself rather than your knowledge of the examiner, or your social or linguistic graces. They are more fair to more candidates than other readily available ways of assessing knowledge, less ambiguous and more reproducible. Unlike other techniques, it is easy for MCQ papers to be marked automatically—and their results can be computer-analysed not only to assess the candidate but to assess the examination itself, and to identify and reject ambiguous or unfair questions.

Some very simple advice may be helpful to the candidate who is not used to Multiple-Choice Question examinations.

Preparation

Prepare for the exam not only by your studies of the subject but also by arriving well-rested and well-equipped with a reliable pen and a couple of good, blunt (6B) pencils, and eraser* and a reliable watch. This may seem very obvious advice, but it is often ignored.

As there are several types of MCQ, get to know the particular format used in the examination you are to sit. The Royal College of Psychiatrists has provided a sample Preliminary Test MCQ paper. Each question consists of an initial statement (or stem) followed by a number of completions (or items), identified by the letters a, b, c, d, and e. Usually a question has both true and false items, though it may contain all true or all false items. After reading the initial statement, you will consider each alternative completion in turn, and indicate on the answer sheet whether it is true or false, or if you don't know.

Also, get to know the marking system being used, as this will affect your strategies. You will need to know if there is a penalty for guessing (deductions of marks for wrong answers), and if so how severe is the penalty. A commonly used system, used by the College in the Preliminary Test, is to give 1/n marks (where n is the number of items within the question) for each item correctly identified as true or false, and to deduct 1/n marks for each item incorrectly identified; while items marked 'don't know' or left blank don't influence the score at all. Thus, on a question with five alternative items, you would score 0.2 marks for each item correctly identified and lose 0.2 marks for each wrong identification; correctly identifying all five items on the question would result in a score of 1 mark.

In the Examination

Firstly, don't let yourself get too anxious. Don't choose this moment to quarrel with the examiners or get angry with the questions. This is one time when one doesn't win such arguments.

Scan through the questions quickly just to get a brief overall picture of what to expect, and to develop a rough time-table for the exam. Never spend too much time on any one question or item because it will reduce the time you will have available for other questions. If you 'block' or can't remember any items or have trouble with one group of questions, move on and come back to them later. Don't panic. A temporary lapse of memory is perfectly normal and common, but will only get worse if you worry about it too much. Have realistic expectations of yourself. No one scores 100% on a major standardized MCQ examination; they are not designed for most people to be able to answer everything correctly. If everyone scored 100% we'd have to start again. So if you have to miss out some items or questions, you'll have plenty of company, and can still pass the examination. But if you let yourself get too upset by what you don't know, you may get anxious enough to forget what you do know.

Read the instructions carefully and make quite sure you understand what you're being asked to do.

Think carefully without taking too long on each question. Regard each statement (each stem plus item) independently, and consider whether they are true or false, or if you really don't know.

Mark your answers clearly on the answer sheet, with a firm clear pencil mark in the appropriate box. Indicate some response (true, false or don't know) for each item. Take care not to mark the wrong boxes. You might easily skip a question and begin to write your answer to question 46 as a response to question 45 or 47. This could throw your scores right out, so check each time that you're marking in the appropriate space. If you intend to note your answers roughly first, and then transfer them to the answer paper: (a) make sure you allow yourself enough time to do this, and (b) be very careful again to mark correctly. As the answer sheet is set in two columns, you could fill in your answers working your way down first the left column, then the right—but in fact to answer in numerical order, you need to alternate the columns.

Don't mark at random. Except on tests where there is absolutely no penalty for guessing, this will unnecessarily reduce your score. If you really have no idea of the answer, there's an even chance that you will be wrong and lose marks. You may be able to work out an answer you don't think of at first sight by reasoning from basic principles. If you're fairly sure of an answer (with odds probably better than 50:50 that you're right) it's worth while to choose that answer. If the answer seems 'on the tip of your tongue' but not immediately accessible, note the number of that question, leave it, and return to it afresh at the end, if you have time. If you genuinely don't know, mark this option, as it won't lose you marks.

It's often suggested that you should go through the whole paper quite quickly and mark the answers

* Each candidate is supplied with one of these pencils together with an eraser for answering the MCQ Paper.

you're sure of, then return to the others. This suits many people—it 'clocks up' all the marks you're sure of, and helps you to avoid being left with 20 unanswered questions when time's up (some of which you'd be likely to have got right if only you'd answered them). But some people prefer to work more slowly and steadily through each question in turn. This must be a matter for personal choice.

If you should finish early, check through your answers again. Don't change your answers too readily, however, unless you have very good reason to do so. If you're not quite sure, your first guess is probably more reliable than subsequent guesses.

By and large, you can trust the examiners. Accept the questions as they stand, without too much quibbling. They've tried to remove ambiguities—don't search for hidden meanings or clever catches. Only a very stupid examiner tries to ask trick questions. Don't invent problems. The obvious meaning of the statement is what is meant. 'Commonly', 'characteristic', 'recognized effects', 'are associated with', and 'typical of', are words or phrases often used in questions. A *characteristic* feature is one that occurs often, and is of diagnostic significance, such that its absence might cast some doubt on the diagnosis. It may not be an exclusive feature, but is *typical*. A *recognized* effect may not be strictly 'characteristic, but is one that has been generally reported to occur, and would be known and agreed by most clinicians in the field. (What is 'characteristic' would, necessarily, be 'recognized'; what is 'recognized' as occurring might not be 'characteristic'.) *Pathognomonic* or *specific* features are those which occur in the condition named and in no other.

Other, vaguer terms are sometimes used, like 'often' or 'commonly' (as well as 'sometimes', 'frequently', 'routine', 'rare', etc.), but good examiners tend to avoid them. How common is common? Where these terms occur, use a common-sense interpretation. 'Common' events don't occur in 2 per cent of a series. Most examiners will avoid 'never' and 'always', and such absolute terms, recognizing that very few things in medicine occur either 'never' or 'always'.

Finally, let me repeat the two most obvious, most simple, yet most ignored pieces of advice—read the question carefully, and make sure you understand it; and mark your replies and responses accurately and clearly.

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