We have also discovered just how great is the variation in wealth, service development, and psychiatric manpower between countries which we had previously lumped together as 'African countries' or the 'developing world'. These countries have different expectations of what an overseas training can offer, and they have had to be encompassed in the syllabus for the Manchester University Diploma in Psychiatry which our trainees will sit. We hope that this will be seen abroad, not as a weak sister of the Membership examination, but as a new type of qualification, relating to health service administration, evaluation, and the design of services, as well as to general professional expertise.

References

[1] Cox, J. (1984) Training in psychiatry for developing countries (with special reference to Africa) *Bulletin of the Royal College of Psychiatrists*, **8**, 69–70.

[2] —— & Fanuyiwa, O. O. (1984) Attitudes of British and Nigerian teachers to training African psychiatrists in the UK. *Bulletin of the Royal College of Psychiatrists*, **8**, 137–138.

[3] Lister, J. (1986) The impact of overseas medical graduates on service and training in the United Kingdom. *New England Journal of Medicine*, **315**, 1038–1040.

Trainees forum

How should you organise an exam workshop?

An audit and discussion of the usefulness and objectives of a workshop

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For several years members of the University Department of Psychiatry and post-membership trainees have organised an informal exam workshop for the final part of the Membership examination of the Royal College of Psychiatrists. This is in addition to existing postgraduate courses in the Region. The workshop concentrates on examination technique rather than on teaching the basic knowledge required. Trainees from within the Mersey Region due to sit the June or November sittings of the final MRCPsych are invited to attend by formal and informal means and the workshop is currently held on a weekly basis over six weeks. According to guidelines laid down by the College[1], the majority of trainees have access to postgraduate training at a university department of psychiatry; usually by day-release courses. However, these vary widely in their immediate relevance to the Membership examination; and the amount of experience in examination technique. Consequently, several residential pre-examination training courses and workshops that give this experience have flourished.

In the Mersey Region, demand amongst trainees for a more informal method of examination practice led to the start of the exam workshop in addition to the established Membership course held on a day-release basis at the university. There are possible advantages in having such workshops:

(a) they are more informal settings where deficiencies can be discussed with a peer group in addition to feedback given by examiners;
(b) examiners perhaps are more empathic and understand the difficulties as they have only been recently examined themselves!
(c) these offer advantages over study-groups in that the examination situation is more realistically recreated (as all interviews are held in front of fellow candidates) yet there is the informality of having audit by a peer group;
(d) there is the flexibility that emphasis can be quickly changed, e.g. MCQ technique rather than clinical, depending on the needs of candidates.

However, is the experience offered different to that already gained in the Regional Postgraduate Course or other residential courses? It was hoped to assess the validity of these assumptions, i.e. that a different and unique form of experience was available and that this was useful in improving examination technique. Information was also gained about deficiencies in the workshop, and how these could be remedied.

The study

The workshop is held on Monday from 5.30 p.m. six weeks prior to the Membership examination. The main components are mock clinical and viva but there is flexibility in format with an opportunity to practise and discuss multiple choice type questions (usually in the setting of study groups). Suitable MCQ papers have been provided by the Department to study in previous examination workshops.

There were up to nine examiners available to

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participate in the workshop and a minimum of two pairs of examiners are available each week, one pair concentrating on vivas and the other on clinicals. All candidates have the opportunity to present at both clinical and viva parts of the workshop. There have been differences in the experience of trainees but they are mainly those with no previous attempts at the MRCPsych and on the Liverpool rotation. There have been smaller numbers from other training posts in the Region and of trainees with previous attempts at the MRCPsych. Examiners are usually at least nine months post-Membership and consist mainly of newly-appointed senior registrars or post-Membership registrars. Candidates present cases ('formulations') or answer viva questions in front of their colleagues. This facilitates both passive learning by the audience and recreates the anxiety experienced in the 'real exam'. Clinicals are with acute in-patients at the University in-patient unit, seen under examination conditions. Candidates were given a 20 minute interview with examiners after seeing the patient. Vivas concentrated on clinical vignettes (mainly on management) and clinical issues publicised recently, e.g. aspects of the community care initiative. These lasted 15 minutes. At the end of the interview the candidate is first asked to assess his own performance and then gets feedback from the examiners and his peers.

It has been encouraging that the majority (75% at the last workshop) of people attending the workshop were successful at examination. Candidates filled in a questionnaire asking about their post, previous attempts at the MRCPsych, areas of difficulty and suggestions about the workshop. Examiners were asked to fill in a questionnaire after interviewing the candidates, giving formal feedback on their overall impressions of candidates, presentation skills, answers given (content, structure and relevance) and the result (divided into 'clear' and 'borderline' pass or failure).

Comments of candidates

In this exam workshop there were altogether nine candidates who attended at some stage and there were altogether 50 attempts at vivas and clinicals. Three did not complete the questionnaire but all had been asked for verbal feedback when they attended. Only one person attending had made previous attempts at the MRCPsych. Three candidates were graduates from medical schools outside the British Isles and EEC; all except one were currently on the Liverpool rotational training scheme.

Identified areas of difficulty: Three were concerned about clinical and viva technique. Specific perceived weaknesses were 'thinking quickly under pressure' and 'producing relevant responses'. Three were concerned at a lack of self-confidence when speaking to examiners. One respondent identified lack of knowledge as a primary difficulty and had low self-confidence as a result. All candidates felt they needed practice in a mock examination to 'desensitise' themselves to working under pressure.

Suggestions about the format of the workshop: All who attended felt the workshop was valuable and ought to continue. Most suggested it should be held at least two months before the Membership examination and should be twice weekly. It was mentioned that trainees in posts distant from Liverpool, and those with onerous clinical commitments, would benefit from there being two times for a workshop. Several people mentioned that they would welcome greater opportunity to discuss essays and multiple choice questions.

Comments of examiners

1. *General difficulties of all candidates*

Presentation: A third were unable to direct the interview with the examiners or react appropriately when helpful verbal or non-verbal cues were given, e.g. if candidates were excessively anxious. Thus they did not always achieve the rapport necessary. This was not always due to anxiety as some candidates achieved the same effect by looking at case notes continually, despite appearing relaxed, rather than making eye contact.

Responses: One third gave inappropriate differential diagnoses, i.e. uncommon ones offered first or terminology not widely accepted. When questioned, these candidates could not justify these diagnoses. Other problems were in initial and final stages of management, e.g. criteria for in-patient admission and the role of relatives in offering long-term support to patients on discharge. Few candidates had difficulty in offering sensible management plans during the in-patient stage.

2. *Responses for failure of candidates*

Presentation: The effects of excessive anxiety were manifest in up to two-thirds of those failing with an impression of indecisiveness and hesitancy being given. Examples were numerous pauses when asked basic areas of management or knowledge. One half had a somewhat disorganised style and were not thoughtful in their replies.

Responses: Failure due just to lack of basic knowledge was rare (only three occasions during all 50 attempts). It was not unusual to expose incomplete knowledge but this was rarely so basic that it would have jeopardised practice. Poor organisation of available knowledge was a more common failing than inadequate or inappropriate management.

Comment

Overall, the difficulties candidates had differed only in degree between those passing and those failing. No distinguishing features could be found between the two groups except perhaps that those failing tended to be more anxious in interview and gave a worse overall impression. It was encouraging that several candidates who initially had difficulty in communicating with the examiner due to anxiety greatly improved their skills by the end of the workshop, especially those for whom English was not their native language.

Trainees found value in attending as they were able to observe their colleagues being interviewed, in addition to participating themselves. This vicarious learning seemed to be widely appreciated and, for those being examined, feedback from an audience of peers (who could also discuss points of technique with those acting as examiners) was felt very useful. A similar appreciation of peer review has been described in seminars teaching formulation skills for trainees on the St Mary's rotation.[2] It was striking that few felt they needed more didactic methods to improve knowledge as generally candidates had adequate knowledge anyway. As shown in the 1986 report on reasons for failure in the MRCPsych,[3] pure lack of knowledge is not necessarily the major cause, as many fail on the MCQ part of the exam as on the clinical, and candidates who fail are generally weak in more than one area.

Candidates have been asked if they would prefer to have videotapes of their performance, but this has met with a mixed reaction as it was felt that few people would feel confident in this situation and that reactions would be largely artificial. A lot of feedback can be given from peers in the present system but more objective information (the camera never lies!) is not available. The use of audio-visual aids might be considered in future exam workshops. This medium has been suggested before in the new MRCPsych examinations[4] and overall its disadvantages may not be that great compared to the disadvantages of a traditional clinical — as excessive anxiety seemed to be a major factor related to failure in our group. Suggestions have been made to the College examiners to take account of this in the clinical[5] but there are enormous practical difficulties in determining what is excessive anxiety for one particular candidate.

Candidates were surprisingly accurate at pinpointing their own weaknesses, a finding that will be useful in planning workshops to make these more geared to the needs of the candidates. Another finding was that few trainees from more distant posts in the Region attend. Changing the time of the workshop or having occasional workshops in different locations to facilitate access might remedy this.

What was most discouraging was that several trainees in the Region known to have had difficulties in previous attempts did not attend. The reasons are not altogether clear as people attending were from similar posts and had the anxiety of 'facing the unknown' as only one had made previous attempts. This is discouraging as this group would appear to have the greatest need to practise their examination technique. It is unlikely this was due to lack of information about the time and location of the workshop as this was widely publicised by letter to all clinical tutors in the region and by telephone contact, if possible, with trainees from other rotations in the Region.

What is the best way to help these trainees? Arguably, the College may be helping more in the long run if it were mandatory that they should attend a recognised training course prior to further attempts at the examination as the informal approach seems to be inadequate to encourage further training in examination technique. The CTC Working Party[6] has already suggested access to workshop-type experience, e.g. videotaped interview skills teaching, mock examination practice with videotaping, would be suitable for overseas graduates who have difficulty in passing the MRCPsych in addition to encouragement to get feedback on reasons for failure. It is my view this should be generalised to all trainees after their second attempt at the MRCPsych.

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I am very grateful to all the candidates who attended the workshop and without offence hope not to have seen any there again in the Spring!

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References

[1] BEWLEY, T. & MAHAPATRA, S. (Eds) (1980) Educational programmes for trainees in psychiatry. In *Handbook for Inceptors and Trainees in Psychiatry*, p. 46. London: The Royal College of Psychiatrists.

[2] HERZBERG, J. L. & FARMER, R. (1985) Teaching formulation skills — a new approach (Correspondence). *Bulletin of the Royal College of Psychiatrists*, **9**, 140.

[3] CAWLEY, R. H. (1986) Overseas graduates and the MRCPsych. *Bulletin of the Royal College of Psychiatrists*, **10**, 60–63.

[4] FORTH, M. W. (1985) The Preliminary Test. *Bulletin of the Royal College of Psychiatrists*, **9**, 139.

[5] AZUONYE, I., CAWLEY, R. H. & WHITE, P. (1986) Overseas graduates and the MRCPsych (Correspondence). *Bulletin of the Royal College of Psychiatrists*, **10**, 244–245.

[6] WHITE, P. (1986) Why do overseas trainees fail? *Bulletin of the Royal College of Psychiatrists*, **10**, 59–60.