References

[1]Royal College of Psychiatrists (1985) Working Party for Review of the MRCPsych. Approved by Council 17 October 1985.

[2]Thomas, D. J. B. (1987) How to arrange the clinical MRCP examination. *British Journal of Hospital Medicine*, September 1987.

[3]Cohen, H. N. (1987) Organise a clinical examination. *British Medical Journal*, **295**, 714–715.

[4]Armstrong, D. & Loosmore, S. (1988) How to run the MRCPsych II examination. *Bulletin of the Royal College of Psychiatrists*, **12**, 229–230.

How to run the MRCPsych Part II Examination

Organising the clinical examination without affecting your mental health

David Armstrong, Senior Registrar, Regional Secure Unit, Wakefield, Yorkshire and Simon Loosmore, Senior Registrar, Regional Addiction Unit, Birmingham

"the main thing about organising the exam is keeping the examiners happy" (*Anonymous Professor and Examiner, 1987, personal communication*)

The clinical examination is an artificial but unbettered assessment of the candidate's ability to assess a patient humanely, produce a formulation and treatment plan and speak knowledgeably on random aspects of psychiatry. It is the most important single part of the Part II examination and it must be passed. The emphasis is on general psychiatry. The new MRCPsych Part I also has a clinical component and the same administrative principles apply.

The aim is that the whole process passes off smoothly, with minimal stress to candidates, examiners, patients and staff. This helps the assessment of all concerned, including the examiners, if the College representative has come to check up on things.

The practical part of the examination has two components which take place on the same day:

(a) a clinical interview with a patient, lasting an hour, followed by a presentation to a pair of examiners, lasting 30 minutes, during which the patient is brought in

(b) a viva lasting 15 minutes with a different pair of examiners.

In Birmingham the examination runs over two days. About 30 candidates are timetabled in total although not all turn up; there is a drop out rate of about 10%.

Preparation

The setting

The examination centre should be accessible and quiet. An out-patient department with normal activities suspended is ideal. A large number of conveniently situated rooms is needed; four rooms equipped for interview and physical examination, including working ophthalmoscope, sphygmomanometer and writing paper; three rooms for the examiners and candidates to meet, capable of taking at least four people, five if the College representative is there; three waiting rooms, one for the candidates, one for patients awaiting their interview and one for patients while they wait to be called in to meet the examiners and candidate together. Especially important is a co-ordination centre where the organiser can keep an eye on things and where notes, summaries, timetables and confidential papers can be safely stored. The rooms are made ready on the day before the examination although the porters should be given two weeks' warning in writing. The task requires two men for two hours.

The staff

The senior organiser should select an organiser to do his work for him. Senior registrars keen to obtain consultant posts in the region protest least when approached. He should have a list of hotels catering for a variety of tastes and pockets for those examiners staying overnight. He should not otherwise intrude. Two stewards, a cheerful receptionist and two nurses will also be needed, one to act as a chaperon.

The patients

In the fortnight preceding the examination junior doctors should be exhorted to select patients suitable for interviewing. A summary is required for each patient who appears in the examination. The examiners have ample time to study the clinical notes so it is not necessary to give a blow-by-blow account of the patient's life unless the notes are of poor quality. There should be an outline of presenting problems, psychopathology and salient social and demographic details. For certain patients physical and neuropsychiatric findings should be included. Details of current treatment, in its broad sense, are important, diagnosis less so. In our experience the shortest summaries are prepared by post-membership registrars and GP vocational trainees, the longest by career psychiatrists at SHO grade. The best length is about one side of A4. There should be two copies for the examiners, one for the College assessor and one to allow for mishaps and unexpected demands. The examiners seem to be so pleased to have any summaries at all that they make no adverse comment. At present official guidelines on the form of the summary are scanty.

A final list is drawn up on the day before. Patients should reflect a broad range of conditions including organic states, neuroses, psychoses and substance abuse. Examiners become bored if confronted by a series of patients suffering from schizophrenia although such chronic long-stay patients are most likely to turn up when needed. Those least reliable are patients coming from other hospitals. It is risky to call out-patients but occasionally a day-patient or two may be used. The clinical examination should begin with patients who are immediately to hand, preferably known personally to the stewards. The inevitable cancellations that develop later through the day can then be accommodated in real time by the agility of the organiser. Reserve patients are vitally important. The lowest ratio consistent with safety is one reserve to every four time-tabled patients. Reserves should receive their fee even if not needed.

Ward staff should be regularly reminded if and when patients are needed. Too much anticipatory planning will inevitably be confounded by last minute alterations so one should not make rash predictions about when exactly patients will be called. However thorough the preparation various patients will have been discharged, be intoxicated, be on leave, or be having their monthly perm when called.

The building should be well signposted and labelled within. There should be clear instructions to the candidates about where to sit and where to go. These instructions will need regular repetition on the day as information is poorly absorbed in states of pathological arousal and candidates readily become confused.

On the day

Given some co-operation and intelligence only two stewards and one organiser are needed. If there are too many helpers then confusion develops. The organiser must make sure every one knows what they are doing. The College supplies a complicated timetable with candidates' numbers. Chaos will develop if the timing is not closely observed and stewards must not allow themselves to be bullied into letting the clinical examination run late because the examiners want to stop for coffee. They can always have refreshments 'on the job' or if there is a cancellation.

As candidates arrive they should be placed in the first waiting room and cared for by the receptionist who will become accustomed to directing them to the lavatories which should be nearby and numerous. The patients should arrive about 20 minutes before they are due to be seen and are entertained by a nurse in the second waiting room. A brief assessment to check they are not too disturbed to talk is a good idea although candidates should expect occasional difficulties.

As much silence as possible is helpful. To this end telephones should be disconnected near the rooms in use and sounds of mirth from the stewards suppressed.

The examiners should be asked how they would like to be reminded that their time with each candidate is over; never let them try and keep time themselves. Either a knock on the door or a head poked round is sufficient. The reminder should be repeated fearlessly if there is reluctance to liberate the luckless candidate. Textbooks should be available for those examiners whose knowledge base is a bit shaky.

There should be constant supplies of coffee and biscuits for all concerned and, regrettably, but necessarily, large numbers of ashtrays. For the more recalcitrant patient a plentiful supply of cigarettes is also necessary to facilitate speech and co-operation. The receptionist, forewarned, can give the candidate a small stock as he goes into the interview room. Replenishment may be needed.

Once the day is into its stride there are four clinical interviews running simultaneously, with candidates in two lots of two, staggered by 40 minutes. One steward can manage this alone and, if competent, the ebb and flow of patients and candidates will assume the syncopated rhythm of a well-oiled machine. This steward's job is to take the candidate to the interview room, confiscate books and paper, and explain the procedure to be followed. The candidate's patient is then brought in, introduced, and the two of them are left to get on with it. Some patients show a tendency to wander and a wary eye should watch for this. The interview lasts an hour with a warning knock after 55 minutes, and a second knock five minutes later, at which time the patient is extracted and taken to the third waiting room from where he will be retrieved after the candidate has discussed the case. When the candidate has gathered his wits he is taken to the door of his examiners. The other steward manages the vivas, sitting a succession of candidates outside the examiners' room and keeping time.

The senior organiser should be encouraged to content himself with paying off patients with used notes, herding examiners about, and worrying about the whereabouts of the confidential examination folders.

The examiners should be provided with food at lunch time. It is important that they are denied access to alcohol. It would be unfair on the morning candidates. Transport to and from the food may need to be arranged. If the food is distant then those marooned at the examination centre over lunch should have food brought in. The afternoon start should be prompt and post-prandial anecdotes may need merciless truncation. Patients should have food provided for them on a nearby ward. Candidates have to fend for themselves; if resilient they can risk the staff canteen.

After the examination

The senior organiser should gather all the candidates' folders together and despatch them to the College. Secretaries, stewards and the doctors who prepare the summaries are all entitled to a fee. If it is intended to use these people more than once then it is important that their claims are settled promptly. It is worth remembering that doctors who both prepare summaries and act as stewards will only be paid for one of these tasks so to maximise their income they may need to adopt pseudonyms.

Everyone involved in the running of the examination should be led to believe their contribution has been appreciated. The receptionist's work, in particular, deserves special recognition.