

This month Andrew Lau and colleagues describe their experience organising trainee-led mock examinations for candidates preparing for the objective structured clinical examination (OSCE) part of the MRCS. This initiative, organised with the help of volunteers who had recently sat the MRCS examination and therefore had insight into the requirements for passing the examination, has received very positive feedback from candidates. The authors recommend that trainee-led mock examinations be used in other regions of the country.

Bijan Modarai
Series Editor

Ann R Coll Surg Engl (Suppl) 2012; **94**: 214–15

We welcome original articles for the Trainees' Forum on any subject of interest to surgical trainees (maximum 1,500 words). We will also consider letters commenting on articles published in the Trainees' Forum. Please email submissions to bulletin@rcseng.ac.uk.

The trainee-led MRCS mock OSCE: a useful and inexpensive adjunct in exam preparation

Andrew Lau Head and Neck Research Fellow¹

Damien Gill Trauma Fellow²

Naomi Bullen Surgical Trainee²

¹University Hospital Aintree, Liverpool

²Derriford Hospital, Plymouth

The new MRCS examination was introduced in October 2008. One major change was the integration of viva voce, clinical and communication skills components into the Part B objective structured clinical examination (OSCE). This was partly in response to changes to surgical training resulting in 'earlier specialisation [and] less exposure to the range of surgical specialties'.¹

As Fitzgerald and Giddings² noted in last June's *Bulletin*, there is significant variation in regional performance for those sitting the MRCS OSCE. Many factors influence this but there appears to be a general need to provide surgical trainees with more support, especially as training time contracts. Usually this takes the form of MRCS teaching sessions.

There are now numerous trainee-led study and audit days, as well as courses such as the *Torbay Introduction to ENT*. In addition, mock examinations form part of the programme of many well-established and popular revision courses held throughout the UK. With ever-tighter study budgets and an increasing number of courses to spend them on, trainees are always looking for extra help and extra value. It was in this context that we started to develop this inexpensive, not-for-profit and trainee-led MRCS mock OSCE.

Set-up

So far we have held three Peninsula MRCS Mock OSCEs (September 2010, May 2011 and September 2011).

We recruited volunteer examiners who had taken the MRCS OSCE within the last few years. Examiners were briefed on their stations in advance. Stations were based on those that different examiners could recall from their own MRCS OSCE.

Typically, ten to twelve stations were set up in a similar way to the real exam at the College, including strict timings, preparation and rest stations, and an invigilator. Examiners and candidates were asked to wear clinical dress according to College regulations. We were fortunate enough to book the Plymouth Postgraduate Medical Centre without charge.

Where actors were required, we recruited students from the Peninsula College of Medicine and Dentistry and foundation doctor volunteers from Derriford Hospital. They were given detailed scenarios, which they memorised in advance. Specific mark sheets were developed with nominal marks for each task or question. These were returned to candidates with one-to-one feedback after the mock exam.

TABLE I

| FEEDBACK FROM CANDIDATES | |
|---|--|
| Feedback | Number of candidates who agreed (n=23) |
| Candidates planning to go to a formal MRCS revision course | 20 (87%) |
| A series of well-run mock exams might be more useful than a formal MRCS revision course | 19 (83%) |
| Good use of revision time | 23 (100%) |
| Feel better prepared for the real thing | 23 (100%) |
| Would recommend to colleagues | 23 (100%) |
| Used this mock exam as a revision target | 7 (30%) |

At the end, candidates were furnished with an attendance certificate and invited to give anonymous feedback on the mock exam. Examiners and actors were also given certificates or letters of thanks for their portfolios.

We acknowledge that our scenarios were not validated and that mark schemes were only approximate. However, this would be in line with many established revision courses and texts.

We plan to expand the size of the mock OSCE to an 'exam preparation course'. This would consist of two OSCE sessions, one in the morning and one in the afternoon. There would be a few hours' break in between for a structured working lunch where examiners would provide one-to-one constructive feedback aimed at improving exam performance in the afternoon. Candidates would also have time for private revision.

Feedback

In total, 23 candidates have attended from across the South West region (Truro, Barnstaple, Exeter and Plymouth) as well as from as far afield as London and Canterbury. The feedback response rate was 100%.

Free-text comments were very positive and included: 'Good variety of cases, professionally executed', 'Cost-effective' and 'Broad range of stations'.

Seven out of eight candidates who attended the first mock OSCE said they would be happy to make a small donation to support the running of the course. We did not charge for the first two sittings. At the third, we charged a nominal £10 each to cover the cost of printing and props.

Discussion

Interestingly, although a large majority of candidates said they planned to go to a formal revision course, a similar number felt that a series of mock exams might be more useful for revision. This may be down to the relative novelty of this sort of scheme. It may also represent a belt-and-braces approach by trainees to exam revision – especially when one of the options is inexpensive. A relatively small number of people used the mock exam as a revision target, which would support this view.

Many people already set up informal revision sessions with peers or junior colleagues. Sometimes this includes

bedside teaching, sometimes informal run-throughs with a 'buddy'. There is a limit to the formality and breadth of stations that a small group can organise.

For a minimal cost, trainee-led schemes provide a formal but non-threatening atmosphere for candidates who want to do a 'dry run'. Candidates can also make use of examiners' recent experiences with exam technique and insight into difficult scenarios. We also found that this provides a good starting point for candidates to evaluate their own level of knowledge and preparation and to target specific areas for revision. Some have also organised follow-up tutorials with examiners whom they otherwise would not have met.

This mock exam depends very much on the goodwill of volunteers. There are, however, powerful incentives: for examiners, professional development and building up of CVs; for foundation doctors, a preview of examinations they may aspire to sit; and, for students, experience in exam preparation. Similarly, post-MRCS trainees were also strongly driven to take the course on. As such, we have found it straightforward to recruit course organisers.

Formal, trainee-led mock exams may provide another level of choice for candidates preparing for the MRCS. We would strongly recommend this model to trainees in other regions.

References

1. Ward D, Parker M. The new MRCS: changes from 2008. *Ann R Coll Engl (Suppl)* 2009; **91**: 88–90.
2. Fitzgerald E, Giddings C. Regional variations in surgical examination performance across the UK: is there a postcode lottery in training? *Ann R Coll Engl (Suppl)* 2011; **93**: 214–16.