How To Get Through the Royal Australasian College of Physicians Examinations Without Sustaining Permanent Crippling Psychological Damage[1]

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These thoughts were written after I passed the FRACP (Paediatrics and Child Health) in 2002. Although this is written with paediatric trainees in mind, the principles are readily transferred to the adult physician candidate.

INTRODUCTION

It would be fair to say that for everybody who intends to sit, the Royal Australasian College of Physicians Examinations are a much-dreaded event. Much study needs to be done to sit a theory examination that covers all basic sciences and subspecialities. Many hours of practice are required to prepare for a day when you will be presented with any conceivable clinical scenario. To contemplate such an assessment process brings an immense sense of mental anguish to all when starting out.

There is no right or wrong way to pass the exam. You will hear many people emphatically announce what you must and must not do… *You must do at least 1000 hours of study to pass the written*…. *You must have done 30 long cases to pass the clinical.* Please don't listen to them. The first key to studying is appreciating your own talents and weaknesses and formulating a strategy to maximise the former and avoid the latter. There is little point planning to read and summarise the entirety of Nelson's Textbook of Pediatrics[2] when you've never before been able read a page of a medical text without getting an intense urge to clean the bathroom. Likewise, why spend three months practising short cases after work every day when your technique is poor and what you really need is to be at home reading a textbook on what a proper examination entails?

During the examination preparation process, you need to become your own new best friend. Spend time thinking and talking to yourself. See inside yourself and appreciate your own inner workings. Look back on your successes in the past and learn from them. What were your study techniques at university that enabled you to pass? Use these same techniques as they have been tried, tested and proven to succeed. Whatever you do, don't employ someone else's techniques. If you find yourself in a study group that has a different ethos on how to study, and this gives you anxiety rather than help, then leave! Stay only if you know that the anxiety generated will help and motivate you to study in a way that you see fit. Be your own master. Don't let the exam process rule you… you control the process.

The Written

The written exam is held annually, usually in early March. It consists of 70 basic science questions, generally of clinical relevance, and 100 questions on clinical applications (investigations, clinical reasoning and therapeutics). The first paper is in the morning and you are given two hours to complete it, while the second paper is a three-hour afternoon session. All questions are type-A multiple choice (ie, best of five alternate answers). There is no negative marking and the pass mark is bell-curved.

I have known people to start studying 12 or more months before this exam. I've known someone who started the previous November. They all passed. While waiting until November is not generally recommended, again you need to know your own capabilities. Personally, I think one should be gearing up into full study mode by July/August at the latest. Remember that work commitments will preclude you from going full steam with studying all the time, so don't delay because of fear you might burn out from study alone. Likewise, factor this in when deciding on how soon to start.

As mentioned, where to begin depends on your own individual style. Personally, I (and countless others) can not over-emphasise the importance of past exam papers… (long pause for dramatic effect)… PAST EXAM PAPERS ARE IMPORTANT. Past exam papers embody the curriculum as set by the College. What has been asked in the past will be asked again. Although from a distance it would appear that the magnitude of knowledge required is insurmountable, the more one progresses with study, the more one realises that what the College will ask on the written papers is finite to a large extent. Past papers are the key to what will be on your paper. As such, past papers must be done well. When doing past papers don't just read the question and work out what the answer is by looking it up on the back page. Work for the answer. One question should take hours, sometimes days, to complete when you first start studying. The entirety of my own study did not involve much more than doing past papers alone.

An approach to a past paper question should be thorough. Decide what the topics of the lead-in are and read up on them. Try to work out which given option is the best answer. It is important to work out which answer is correct, however more importantly consider why it is correct. It is also imperative to know why the other options are incorrect. Remember, that by including other options in a multiple-choice question, the Examiners are expecting you to know about these topics as well. Spend time on each question and don't hurry through them. Read around the topics that are brought up in a single question, preferably from a variety of sources. Do not move on to the next question until you are happy that you understand the question inside out. Finding the answer to a question is not always easy. Sometimes it takes days to find the answer, especially if the question is based on a journal article. Don't get frustrated by the process. Enjoy the challenge. It is surprising how much you learn along the way.

Questions published by the College are valuable because of the accuracy of style and content. They also frequently reappear in following years, often the wording subtly changed in a bid to catch out the inattentive. However, remembered questions are not to be dismissed lightly. While they are often remembered inaccurately and the answers quoted are heavily biased towards what a particular candidate thought to be the correct one, it is their content and themes that are of most value. Questions that have been remembered from the preceding three years or so are most likely to make reappearance in the up and coming exam. They reflect the current pool of questions as well as what are current "hot topics".

It is not unusual to have difficulty finding a good answer amongst the options presented to you in a remembered past exam question. It may be the case that the real answer is not even one of the options. By doing past questions it is the content that you are learning, not the question *per se*. On the day of the exam, don't expect to see a collection of questions that you have seen before. Rather, expect to see questions that are similar to ones you've seen in the past. This attitude will help you in two ways. Firstly, while studying you can focus on the topic rather than the actual question. Secondly, on the day of the exam you will be less likely to rush into answering a question you think you've seen before. Remember that the "best" option may not have been on your copy of the remembered questions, or that a double negative may have been inserted since the question was last asked.

Reference material for the exam needs to be varied, but not necessarily over the top. In my opinion the bare basics are:

(1) A good recently published general paediatric textbook. Nelson's[2] and Ruldolf's[3] are the standard ones, and choice is usually based on personal preference and most recently published. Each book has topics better covered than in the rival text.

(2) A good medical physiology textbook. Ganong[4] is generally considered the industry standard. I think it is best to have a more recent edition because of advances in molecular physiology.

(3) A pharmacology textbook. I used the one I had in medical school, which was seven years old. It did the job fine. Remember that paediatric therapeutic agents are at least 5-10 years behind adult advances. Make sure the text has a reasonable section on pharmaco -kinetics and -dynamics.

Pull all your old medical school textbooks off the bookshelves, because you will probably use them. Anatomy, biochemistry, embryology, pathology, parasitology, histology, psychiatry, genetics, surgery, orthopaedics and neuroanatomy are all old texts that I used many times while studying. Antibiotic TherapeuticGuidelines[5] and the Australian Immunisation Handbook[6] serve well for studying infectious diseases. A good clinical epidemiology and statistics book is a sound long-term investment. Harrison's Principles of Internal Medicine[7] is surprisingly very helpful. Again, I used an old copy from medical school, although I'm sure a more current edition would have been better. If you don't have this text I would try and borrow a friend's old copy rather than purchasing it new. There is actually a copy of the entire text on the internet, which can be accessed through hospital/university library accounts. I also had a couple of smaller paediatric textbooks that I used in medical school. Current Pediatrics[8] is accurate and concise (good for reading during night shift at work). Robinson & Robertson's Practical Paediatrics[9] was the standard paediatric textbook at medical school. I disliked it's style back then (hence why I bought Current Pediatrics) and I still have trouble finding information in it. Having said this, it does contain local Australian data and practices. Even though this book is aimed at undergraduates, the authors often contribute to the written examination.

Don't go overboard on buying new textbooks, especially subspeciality books. If you sold your basic sciences textbooks back when you were an impoverished medical student, find a friend who will lend you their's for 6 to 12 months. I borrowed subspeciality books from the library when I had trouble with a topic. Myung Park's Cardiology[10] was the most frequently borrowed, but colleagues have also found useful:—

Cardiology: — Jordan & Scott[11]
Respiratory: —West[12] (physiology)
Phelan[13]

College guidelines state that you need to be familiar with recent scientific literature. Many people don't bother with journals and don't seem to be any worse off. Recommended journals are:
Pediatrics
Journal of Pediatrics
Archives of Disease in Childhood
Journal of Paediatrics and Child Health

Plus relevant articles in
The Lancet
The New England Journal of Medicine

It is very easy to waste eons of time sifting through the last five years worth paediatric journals, as I came close to doing. The main thing to get from the medical literature is an understanding of what is topical and evidence behind recent (and again topical) changes to clinical practice. This information can be obtained without even looking at the original articles. Editorials, commentaries and discussions in the major journals need only be glanced at to gain an appreciation of what people are currently excited about.

How you obtain this information in a time saving manner can be a challenge. Firstly, listen to your consultants. When someone is raving about the STOP-POOPY-NAPPY study, take a minute to register that it might be important and keep an eye out for discussion regarding the paper in the literature. All the major journals have web pages. You can sign up to all the journals for free and they will e-mail you the contents of each new edition as it is published. I signed up for all the recommended journals. I was able to access articles on the internet for free via my hospital/university library access. Don't read the studies (unless they interest you, of course), just the discussion on topical issues. I'm told the exam paper is set at least six months before the quiz, so don't get too caught up on new topics. I went back three years, but I would think five years would be more comprehensive. I must specifically mention two journals. Firstly, Journal of Pediatrics has a running segment called "Abstracts From the Literature" which summarises topics from most of the major paediatric journals. Secondly, it should be noted that Journal of Paediatrics and Child Health is the local rag, and contributors are often involved with the exam. Again, commentaries from this journal are important. Case studies in this journal have also been known to appear as exam questions!

With all the effort I went to scanning the literature, I think it helped me with two to three questions at the most on the actual day. I admit that it is questionable if my efforts were worth the benefits.

Other sources of information which are not only useful, but not uncommonly appear on exams are Paediatric Self Assessment Programmes, published annually by the College (for a fee) and the College practice guidelines (available on their web site). The American College of Pediatrics also publishes practice guidelines on their internet site. The internet itself is a good last resort in finding answers to obscure questions that you can't seem to find anywhere else.

There are a couple of expensive preparatory courses available to attend in the lead up to the exam. The majority of candidates seem to attend one. Which course is "the best" seems to seesaw from year to year. The programme goes over two weeks and basically entails a didactic crash course in each of the subspecialities. By the end of the two weeks you are burdened with ten kilograms of notes and a vague sense that you will never know everything. Personally, I found the notes quite useful as an additional reference source. I could find the answers to many past exam questions within the 10kg of paper. Having said this, I believe I could have passed the exam without going to a course, and indeed I have a number of friends who did. I am not a strong advocate of the preparatory courses, mainly because of their costs. However, if you can afford the time and money, they certainly won't hurt your cause. At the very least, they make you feel that you are not disadvantaged by not attending.

Study groups are a resource in which candidates enter a symbiotic relationship with peers also planning to sit the exam. This state of mutual parasitism has benefited many people in the past, and quite a number of people believe that it is dangerous not to be in one. Many need others to motivate themselves to study. I did not join a study group until late January. There, my colleagues and I went through one past paper a week. I obviously benefited from the information sharing, but I found being in a group more beneficial because of the social aspects. It was quite comforting to meet up with a group of people who were having the same challenges that I was. To be able to share emotions generated by the intense studying process was reassuring. Of course, some people are quite insular and don't see the need for a study group. Once again, it depends on what you believe is best for yourself.

The process of studying for the written examination is arduous for most of us. It is difficult to come home from work after an 8 to 10 hour shift, do normal things like prepare dinner, spend time with flat mates/ loved ones etc, and then start studying. One has to be sensible with time management and recognise limits. It is normal not to be able to do much in the evening after a hard day at work. But remember, you do need to sacrifice time. Weekends and days off work are the first and main sacrifice. However, build in rewards for your efforts. Give yourself a chocolate treat or a glass of wine or a trip to the movies as a pat-on-the-back for a hard day's studying. Make sure that you keep some semblance of normality in your life. You are not a machine, and most of us are unable to devote our lives purely to work and study. Most candidates take one or two weeks annual leave before the written exam to have one final sprint of swotting. I found two weeks of pure study the month before the exam very helpful.

Devote time to your family, friends, and hobbies. While these things will inevitably suffer, it is important not to totally neglect them for your own sake and sanity. Balance is important. Eat well, get outside, and look after yourself. Do not forget that your mental and intellectual health depend on your physical health.

Health and balance become more important the closer the exam approaches. One needs to avoid panic cramming, and instead consolidate those things that you already do know. In the week leading up to the exam it is time to wind the bookwork up. Read up on things only as they pop into your mind. Try to relax: some treat themselves to a massage. Focus your mental energy. Tell yourself every night that you have worked hard and that you deserve to pass. Tell yourself that you will pass. I can not emphasise enough the power of positive thinking (see "Exam Psychology" section). The day before the exam, take it easy. I spent the day going to my local markets, buying the freshest and best quality ingredients available, and made the best lasagne known to man (I've still yet to replicate it).

If cooking is not your thing, then go for a jog, play tennis, get a hair cut and a facial… just do something to make yourself feel happy and special. Make sure that you go to bed early. You have a big day ahead of you and it really is quite exhausting.

Finally the day arrives. Techniques on how to approach the questions are varied. Some read the question first; others like to read the answers then the question. Some do each question in turn, while others only do the ones they can answer leaving the rest until later. Whatever you like to do, there are a number of things you should keep in mind.

(1) Watch your numbering. By skipping a question and not leaving a blank on the answer sheet you can get all your answers downstream out of order. The College states that every year a number of people fail not because they couldn't answer the questions; rather their answer does not match the question number. Be paranoid and ever vigilant not to make this potentially fatal error.

(2) Go with your first instinct. You are smart and clever. Don't doubt yourself. It has been demonstrated that your first instinct will more often than not be correct. Only go back and change your answer if you realise that you misinterpreted the question or over-looked a vital piece of information.

(3) Pictures are expensive. The College must have spent the money for a reason.

(4) Answer all the questions. The exam is not negatively marked, so make sure you take an educated guess. By and large you should be able to eliminate one or two options, thereby increasing your chances. Even if you do not have any clue about the question, a 20% chance is significantly better than 0%.

(5) There are no "always" in medicine!

(6) Statistics are generally at the extreme. Few are interested in 50:50 statistics.

(7) If two answers are opposite to each other, by ruling out one does it mean the other must be correct?

After the exam don't forget to write down some questions for the following years' candidates.

A week or two later you will find out your results. The vast majority of people will pass. I have observed three groups of people who have difficulty in passing the exam. The first group are those that don't deserve to pass. These are generally people who decided at the last minute that they would give it a shot and haven't done the bookwork. The second group of people deserve to pass, but have an intrinsic difficulty with the multiple-choice process. There are books and private tuition companies that can help overcome this problem. There is technique to multiple-choice. If you know that you don't have this technique, then you need to address this weakness early on. The last group consists of people who also deserve to pass, but for whom English is a second language. People who have excellent communication skills may still have difficulty in accurately interpreting written questions. Questions are filled with English nuances such as double negatives and subtle qualifying remarks. It is my understanding that the subject of how to interpret the language of multiple-choice questions is again dealt with in published books and by tuition companies.

If you pass, well done. Now you need to concentrate your efforts on the clinical exam (after a well-deserved break, of course). If you are unsuccessful, don’t despair too much. It is hard not to feel dejected, especially if this is the first exam you have ever failed. Even more difficult if this is not the first time you were unsuccessful in this one. Remember that the exam process is **not** your life. Though it may have seemed so for the past eight months or so, failure in the written exam does not define you as a person or as a doctor. Remember that you have many other facets to your life. Enjoy a break from study. Enjoy your passions, your friends and your family. You can pass the exam, and don't forget this. Don’t think of it as a setback in your journey through life, rather as an alternate path. There is always next year.

THE CLINICAL

The *viva voce*, or clinical exam is generally held towards the end of July that same year. Candidates successful in the written are expected to attend the clinical exam that same year. You are given two attempts at the clinical exam before having to sit the written again. Failure to attend your clinical examination is a forfeit at that attempt. The exam consists of two long cases and four short cases. Scoring is done along the lines of traditional British university making: 1– Didn't show up; 2– May as well have not shown up; 3– Below expected standard; 4– Expected standard; 5– Above expected standard; 6–Well above expected standard; 7– Exceptional. Twos and sevens are rarely assigned. Threes, fours and fives are most commonly given. Each long case is weighted three times as much as each short case, thus making the pass mark forty out of a potential seventy.

Short cases are 15 minutes in duration. During this time you are required to perform an examination directed towards the clinical lead-in that you are given. Usually the lead-ins are straightforward, sometimes obscure or lateral. Examiners are assessing you for clinical acumen and competence. This includes your ability to interact with the patient and the parent. It is expected that cardiovascular, respiratory and gastrointestinal examinations will be performed smoothly and effortlessly.

The long case takes 95 minutes: — one hour with the patient and parent for history taking and examination, 10minutes to gather your thoughts and put the finishing touches on a management plan, and 25 minutes with the examiners to present your findings and management plan and to be asked management questions pertinent to the case.

The clinical examination is the part of the assessment process that worries most. If there was ever an exam you were to work hard for and fail, this is the one. The reasons why this is so are varied. Some people, in particular those who have a number of years of clinical experience under their belt, are more concerned about the written than the clinical. Personally, the written exam did not worry me too much. I knew that if I put in the time, I should pass. The clinical on the other hand, had concerned me since the day I decided to do paediatrics.

Preparation for the clinical examination is not complex… just time consuming, arduous, and at times boring. The beauty of the clinical examination is that it is very do-able. You just need to keep telling yourself this. A long case is nothing more than doing a good admission and using common sense. A short case is merely a formal systematic examination, sometimes requiring a bit of lateral thinking and flexibility. Two things make the exam difficult— showmanship and luck.

Showmanship is actually a big part of the clinical exam, rightly or wrongly. Some candidates, especially those on their 2nd or 3rd attempt, go to the extreme in taking speech and drama or acting lessons! Less confident people, introverts and the quietly spoken typically have to work harder to pass the clinical exam. I agree, there is a selection bias based on personality, which is neither just nor appropriate. To be fair to the College though, it is a difficult selection bias to overcome. But remember, a loud extrovert who speaks frank garbage is much less likely to pass than a mousy introvert who knows their stuff. The selection bias is more evident in people in the middle of these two extremes. One of the qualities examiners look for is your ability to make a decision and stick by it.

This is obviously more easily achieved by the self-confident. Over confidence is not a plus. If a candidate makes a management decision that is frankly wrong, the overconfident may be stubborn and refuse to waver from their verbal commitment. The clever self-confident will be able to change their mind and justify why they have done so without appearing uncertain. Another quality the Examiners want to see is safety. Over-confidence may negate your ability to demonstrate safe practice. At the other end of the spectrum, an introverted person more commonly has difficulty sustaining the constant pressure put to them, and the Examiners can easily get the candidate to change their mind. This may give the impression that the candidate is unable to formulate and commit to a management decision.

Showmanship is about developing an appearance and personality that the Examiners expect to see. In the long case setting, one needs to give an air of confidence and control. You need to look comfortable and happy to be there. The long case is really just roll playing, where you are the consultant and the examiners are *your* junior colleagues. When they ask a question, it is like being asked a question on the ward by your resident or medical student. You need to answer questions as if you know more than they do. Honesty and safety are imperative. If you don't know the answer to a question, then admit it. However, your ignorance should be quickly backed up by a remark demonstrating that you know how to find the answer for yourself. Saying "I would like to search the literature for the most recent evidence and review articles on this topic" sounds much better than "I would refer them to a sub-specialist". The former demonstrates autonomy, the latter only a lack of knowledge. It's about putting on a show.

With respect to the short cases, showmanship is even more important. This act can really only be perfected by practice, and a lot of it. I suggest that by three months out from the exam every single patient you see should have a short case examination performed upon them. Do whatever you are in the mood for… cardiovascular, respiratory, cranial nerves, gastrointestinal, developmental… whatever. Just choose an examination and do it well on each and every patient. Good examination techniques are outlined in standard texts, and senior colleagues will give you pointers in practice sessions.

As mentioned, there is an element of luck in passing the clinical examination. While very good candidates could probably pass no matter what is thrown at them, for the rest of us chance can play a significant role. I consider myself lucky. One long case I was required to see involved complex endocrinological issues. Fortuitously, I had just completed an endocrinology term and so I did not need to spend time thinking about basic history taking and formulating medical management. Rather, I could devote my preparation time to more complex psychosocial issues. What if my long case had been a patient with chronic inflammatory bowel disease or post-liver transplant? Having never done a gastroenterology term I would have had to work a lot harder for points. Some people believe luck is only a small part of the exam. I believe it is more significant than we would otherwise hope. Obviously chance becomes less of an issue the better and more experienced you are at both short and long cases, but no basic trainee will have encountered and thought about every possible scenario the exam may present.

Preparation for the clinical exam is relatively simple; it just takes a lot of time. Time management becomes important in preparing for the exam. You must allocate time appropriately so that you are not spending twelve hours a day, every day of the week, confined to your workplace either working or seeing cases. If you want to know where to invest your time, the answer is clearly in the long case. One long case is worth three times as much as one short case. If you do well in only one long case you can fail all but one short case. For example:—

	MARK	ADJUSTMENT	SUBTOTAL
Long Case 1	4	x3	12
Long Case 2	5	x3	15
Short Case 1	3	x1	3
Short Case 2	3	x1	3
Short Case 3	3	x1	3
Short Case 4	4	x1	4
		TOTAL	**40 = PASS!**

If you get a five for each of your long cases, you don't need to pass any of the shorts. Note however that the converse is true— fail a long case and you have to do a lot of work to save yourself. Preparing for short cases can be done in your day-to-day work as mentioned. Long cases are the key to passing, and these are where the most time should be invested.

Long case presentation is an easily acquired skill, attainment accelerated immensely by a few good dressing downs by a consultant in front of your peers. Don't let this make you shy away from presenting practice long cases. It can be difficult for the more introverted, but must be overcome. Only through direct feed-back from a variety of consultants (in particular, current and past College examiners) can you find your weaknesses early and work on them. Observing peers presenting long cases and listening to the feed-back they receive is also very helpful in obtaining ideas to tune your own presentations. The style of your long case presentation really is something you need to discover for yourself. The structure that examiners expect to see includes (in order): initial problem list, history, examination, brief summary of main problems, outline of management issues, presentation of your management plan. Some advocate the use of proformas. I personally disagree with their usage as each case is different. As such, a case may not lend itself to be presented in your preconceived order. Early on, practice long cases should be devoted to developing your own style rather than adhering to strict time limits. It is easy to become more time efficient as you become more practised. It is very difficult to change key presentation styles as they become more entrenched.

Two things most of us put too much worry into are 1) what to wear on the day and 2) what to carry in our examination bag. Regardless of gender, your dress should consist of something that you feel comfortable, happy and self confident in, without drawing undue attention to yourself. Suits are usually considered imperative by candidates… I didn't realise this is nonsense until after the exam. Who usually examines children wearing a suit? Ladies look awkward as they bend down to the floor in a tight skirt simultaneously attempting to build a tower out of blocks, trying to conceal their underwear and hoping not to fall over onto their back-side. Men look ill at ease as they attempt to keep their jacket cuffs out of a baby's face while their neck-tie is being dragged over the patient, all the time endeavouring to elicit deep tendon reflexes. Make sure that what you choose to wear is practical. As long as you are well dressed, Examiners will not care whether you wear a suit or not. Deciding what to wear is a balance. Your outfit needs to be both practical and comfortable while not drawing undue attention to yourself. Keep in mind that the medical fraternity is still quite conservative. You want the examiners to remember you by is your fine performance rather than purple pin stripes. Not everyone adheres to this philosophy, and strongly believe (and rightly so) that their multiple facial piercings, daggy dress sense, sensual scents, or sartorial flamboyance should have no bearing on their performance. Indeed, many candidates have attended the clinical examination in less-than traditional attire and have passed.

To my own thinking, Examiners are College representatives choosing future colleagues. If you are so desperate to join their club, then is it not worth abandoning your usual dress for just one day. As I've said, the exam is a show. Why not wear the costume? Just make sure that you're comfortable in it.

Examination bags are often filled with more toys than found in a Toystore Megamart. It really is a waste of money buying every trinket under the sun. On the day of the exam, you will never get the opportunity to use them all, and run the risk of distracting attention away from your performance with your portable play pen. I believe that you should do well with the bare basics, and these include:

(1) Stethoscope.
(2) Tendon hammer.
(3) Pen torch.
(4) Tape measure.
(5) Denver blocks are requisite.
(6) Red hatpin and a hand held Snellen chart for use in older children.
(7) Kush Ball— it intrigues all age groups. It may be used to test an infant's visual fields or fixing and following ability. It is a simple distraction toy for toddlers. I recommend a red one.
(8) Rattle for hearing assessments.
(9) Small toy car for use as a toy or to assess gait.
(10) Small colourful ball, as a back up if the car doesn't interest the child. May also be used to check co-ordination.
(11) Colour pencils or crayons with both blank paper and a colouring-in book. Not only is this helpful for developmental assessments, it gives the bored child something to do in a long case other than distracting you and the parent during history taking. I presented the products of what both my long case children drew as evidence of their developmental status to the approving nods of the examiners.
(12) Both raisins and hundreds-and-thousands for pincer assessment.
(13) Sweet-smelling substance for cranial nerve examination.
(14) Cotton wool for sensation.
(15) Picture cards or picture book for object recognition and action-uses.

Make sure your watch has a second hand. Tuning forks (128 and 256Hz) and an oto/ophthalmoscope are usually supplied, but for piece of mind I brought my own (borrowed from friends for the day). Your kit needs to be assembled months in advance and you must carry it with you throughout your working day (another good reason not to make it too heavy). It is essential that you know its contents without thought, and their usage is second nature to you. It's all part of the show.

In preparing for the clinical exam, having a paediatric examination textbook is helpful. The adult's old faithful Talley & O'Connor[14] still remains a valuable text for paediatric trainees for its simple, thorough and methodical approach to each system's examination. Note however that examinations do need to be modified for children. You won't look particularly paediatrically trained when you sit a neonate at 45° looking for a jugular venous pressure! Wayne Harris' Examination Paediatrics[15] tries to be a Tally & O'Connor for paediatric trainees, but doesn't come close. I find each of the examinations over-inclusive with important and key elements buried amongst a myriad of superfluous issues. Not withstanding this criticism, it does contain valuable information on differential diagnoses and points of management. A far more concise text is Clinical Paediatrics for Postgraduate Examinations by Stephenson & Wallace[16]. It is very specific in each of the examinations outlined and is quite succinct in outlining discussion points. I found a happy medium using both texts.

EXAM PSYCHOLOGY

You must have examination psychology. I can not over-emphasise the power of the mind when it comes to this examination. I mentioned its importance in preparing for the written. Here it is vital. The power of positive thought will get you through this exam, for better or for worse. Once you have done a few practice cases, you should be able to see that passing the exam is achievable. Once you recognise this, grasp the thought with both hands and don't let go. Constantly remind yourself that you have the skill to pass. Think this thought when you wake up in the morning and before you go to sleep at night. Whenever you happen to do a bad practice case, remind yourself how you have seen that the exam is passable, and you can do it. Keep all thoughts positive. When alone, practice cases in your head. Visualise yourself doing the best long or short case ever. Go through the motions in your mind. If you happen to make a mistake, then rewind and do it again until you can picture the perfect end product in you head. Don't just confine this process to your head. When you're at home (preferably alone) or in the car, talk out loud. Practice presenting long cases to yourself in the mirror. Get used to the sound of your own confident voice. Again, if you make a mistake then do the case again and again until you are happy with the result. You must be happy and confident, and carry this attitude with you into the examination room on the day. Picture yourself passing. Picture yourself getting your results. Picture yourself celebrating your well-deserved victory.

In the back of your mind there will always be a voice saying "what if I fail?" While you should quickly respond with "unlikely, as I **can** pass", I think it is prudent and realistic to have a mental contingency plan. I personally thought to myself that by not passing I will have the opportunity to gain another 12 month's of clinical experience… and besides, there is always next year. I think that is important… there is always next year. Remember, this exam does not define you as a person or a doctor. It is just a series of hoops you need to jump through to join "The Club". Just because you didn't get through all of the hoops doesn't mean you're not good enough to join. Failure occurs for whatever reason— luck was not with you on the day is the most likely. Learn from your experience of the day and remember that there is always next year. Stay positive.

I believe you should reward yourself after the results are released with something special, something you would not usually do. For me, I had decided a bottle of Dom Perignon to wash down my caviar was an appropriate way to celebrate success. Have a plan to do something special even if you don't succeed. You are still a special person who has put a lot of work into this exam. Have a weekend away... the Dom Perignon can wait until next year.

Stay positive. Stay confident. Stay focused. You *can* do it.

Good-luck.

REFERENCES

1. Title inspired by **"How to Become a Dinner Party Legend and Avoid Crippling Psychological Damage (Easy Recipes for a Triumphant Dinner Party)"** by Ziggy Zen, 1998 Sydney: McPherson's.

2. **Nelson's Textbook of Pediatrics**. 16th ed. [edited by] Richard E. Behrman, Robert M. Kliegman, Hal B. Jenson; Philadelphia : W.B. Saunders Co., 2000

3. **Rudolph's Fundamentals of Pediatrics** 3rd ed. [edited by], Abraham M. Rudolph, et al. New York: McGraw-Hill, Medical Pub. Division, c2002.

4. **Review of Medical Physiology**, 20th ed. William F. Ganong**.** New York : McGraw-Hill Medical Publishing, 2001.

5. **Therapeutic Guidelines. Antibiotic.** Version 11; North Melbourne, Vic: Therapeutic Guidelines, 2000.

6. **The Australian Immunisation Handbook** 7th ed**.** National Health and Medical Research Council, 2000

7. **Harrison's Principles of Internal Medicine.** 15th ed [edited by] Eugene Braunwald ... et al. New York : McGraw-Hill, c2001,

8. **Current Pediatric Diagnosis & Treatment**. 15th ed [edited by] William W. Hay, Jr. et al. Stanford, Conn. Appleton & Lange, 2001.

9. **Practical Paediatrics**, 4th ed [edited by] M.J. Robinson, D.M. Roberton. Edinburgh : Churchill Livingstone, 1998.

10. **Pediatric Cardiology For Practitioners** 4th ed Myung K. Park St. Louis: Mosby, c2002

11. **Heart Disease in Paediatrics** 3rd ed S C Jordan, Olive Scott, Butterworth Heinemann

12. **Respiratory Physiology : The Essentials** 6th ed John B. West. Philadelphia : Lippincott Williams & Wilkins, c2000.

13. **Respiratory Illness In Children** 4th ed Peter D. Phelan, et al. Oxford, England : Blackwell Scientific Publications, 1994.

14. **Clinical examination : A Systematic Guide to Physical Diagnosis** 2nd ed Nicholas J. Talley, Simon O'Connor. Sydney, NSW : Maclennan & Petty, 1992.

15. **Examination Paediatrics: A Guide to Paediatric Training** 2nd ed Wayne Harris, Brian Timms, Robin Choong. Sydney : MacLennan & Petty, 2002.

16. **Clinical Paediatrics for Postgraduate Examinations** 2nd ed Terence Stephenson, Hamish Wallace Churchill Livingstone. Note New Edition Due Early 2003.