

Short Essay Questions

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This book is dedicated to our families:
to Tanweer, Sofia and Shafiq Abedin;
and to Zena, Omar and Abdallah Sharif

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Preface

Obtaining the Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) is an essential step to becoming a specialist in obstetrics and gynaecology in the United Kingdom (UK) as well as many other countries. The Part 2 MRCOG Examination has changed considerably in recent years, almost beyond recognition. Perhaps the most significant change is the introduction of the short-answer essay papers. These form two-thirds of the Part 2 written examination, which each candidate has to pass before being allowed to sit the oral assessment examination. Therefore, the short-answer essay papers effectively hold the key to the MRCOG. In fact, in recent examinations, poor performance in the short-answer essay papers has been identified by the RCOG as the most common cause of failure; only 20% of candidates on average manage to pass the written examination! This book has been written to address this issue. It provides advice on how to prepare for, and answer examination essays. It also contains 154 examination-like essays, together with notes on their model answers. These essays are divided into the recognized branches and sub-specialities of obstetrics and gynaecology to aid both practice and revision.

The advice and examples given in this book are born out of our experience in training our junior colleagues and running MRCOG courses over a number of years. In all our teaching we emphasize that knowledge and training could be obtained from many sources. However, as all experienced doctors know, the most informative teachers are the patients, to whom we dedicate this book.

P.A.
K.W.S.
Birmingham, 2003

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How to use this book

We believe that if you fully understand the examination system, the different types of essay questions asked, and how to prepare for and answer each type you are far more likely to pass. Therefore, to get the maximum benefit from this book, we strongly recommend that you first read the following chapter before you attempt any of the essays. Most candidates are often eager to attempt essays rather than read advice, but this is rather like starting an unfamiliar journey without planning your path. One can easily get lost.

When you come to attempt the examples in the book, you are advised to do so under examination-like conditions. You should try to answer 5 essays in 2 hours. Running out of time is a common problem in the examination, and practice makes perfect.

Having written your answers, you should get them assessed by someone who is experienced and familiar with the examination system. The hospital hierarchical system ensures many such doctors are available. In addition, the notes on model answers provided in this book will tell you what points should be included in your answer. The notes and the assessment are complementary.

The Part 2 MRCOG

short-answer essay questions

Introduction

The written examination in the Part 2 MRCOG contains two essay papers. The first paper, lasting 2 h, consists of five short-answer essay questions primarily concerning obstetrics and those relevant aspects of medicine, surgery, paediatrics and gynaecology. The second paper, also lasting 2 h, consists of five short-answer essay questions primarily concerning gynaecology and those relevant aspects of medicine, surgery and obstetrics.

Importance of the essays

The essay papers are the most important part of the Part 2 MRCOG examination. They form two-thirds of the written examination (MCQ being the remaining third). Only candidates who pass the written can proceed to the oral assessment examination. A poor performance in the essays cannot be compensated for by a good performance in the MCQ and will most probably result in failure in the written paper and, consequently, in the whole examination. Indeed, the RCOG has repeatedly identified this as a problem area and the main cause of failure in the Part 2 examination (about 80% of candidates in recent examination diets have failed in the written papers). The importance of adequate preparation for the essays cannot be overemphasized.

What is being assessed by the essay papers

A number of differing qualities are being assessed at the same time. These include:

- *Factual knowledge*: this is the basis for all your answers in the examination. This knowledge, however, is not only gained from reading textbooks and journals, but also from clinical practice. Remember, the MRCOG is a clinical examination aimed at obstetric and gynaecological Specialist Registrars (SpR/years 1–3) in the UK and their equivalents. Therefore, the knowledge expected from you at the examination is similar to what you are expected to know as an SpR.

Having said that, it is worth noting that poor knowledge is rarely the cause of poor performance in the essays. This is not to say that knowledge is not necessary, but rather not enough.

- *Analysis and solution of specific problems:* totally factual knowledge that could be tested with simple yes/no options is assessed using MCQ. The essays assess controversial issues that require providing a carefully considered opinion on a given scenario. This requires breaking down the problem into its basic components, then allotting sensible priorities to each component. This can equally apply to clinical scenarios (e.g. shoulder dystocia) or organizational issues (e.g. early pregnancy assessment units). The emphasis here is as much on knowing what to do as it is on knowing why you are doing it. Simple enumeration or listing is not adequate, and these are common causes of poor performance in the essays. Also, remember it is a clinical examination, and a clinical approach in your analysis is required.
- *Communication:* no matter how up-to-date and comprehensive your factual knowledge is, or how brilliant you are in analytical thinking, you cannot pass the examination if you do not communicate well in writing. This requires you to be proficient in the use of *basic* English (grammar, syntax and punctuation). Also your handwriting should be legible, as examiners cannot mark what they cannot read.
- *The ability to answer the question:* a common cause of failure is not answering the question. This usually results from not understanding the question.
- *Time management:* the fact that you have to answer the questions in a limited time (five questions in 2 h) is one of the most stressful aspects of the examination. Time management is essential. In the examination (and during practice) allocate 20–24 min to each question and decide what to include and what to omit from the answer. Each question has equal marks allocated to it, and a good performance in a particular question can rarely compensate for a very poor performance in another.

Adequate Preparation

Practice makes perfect, and it is even more important with this type of ‘short-answer’ essays currently used in the MRCOG. Most candidates associate essay questions with spending about an hour writing many pages in the answer. This was correct with the previously used ‘long-answer’ essay questions. The current examination system, however, allows only about 24 min for each answer and requires no more than two sides of A4 paper. Prior practice is essential here to be able to concentrate your thoughts and write down the relevant points in this relatively limited time and space.

The Questions

There are various types of essay questions that could be asked in the MRCOG. Admittedly, questions usually come in a ‘combination’ form

between the different types. Here, however, we will discuss each type individually for the purpose of illustration.

1 The first type is the ‘Discuss/Critically evaluate/Critically appraise/Compare and contrast/Debate...’ question. Examples are:

- *Discuss the use of anticoagulant drugs in obstetrics.*
- *Hysterectomy for dysfunctional uterine bleeding is out of date. Discuss.*
- *Critically appraise the use of the colposcope in gynaecological practice.*

When answering this type of question, you should imagine that you are the learned expert giving a lecture to post-Membership doctors or writing an editorial about the subject in a medical journal. In fact, editorials and commentaries in journals are very good illustrations of how these questions should be answered. They start by briefly outlining the condition and its importance (e.g. incidence, effect on maternal/perinatal mortality/morbidity). They then go on to dedicate the main bulk of the essay to presenting a critical account of the predisposing factors, aetiology, presentation, symptoms, signs, special investigations, differential diagnosis, prevention, treatment, follow-up and so on as appropriate. Controversial issues are explored in depth, and the pros and cons of different options are discussed before reaching a reasoned conclusion.

2 The second type is the ‘clinical situation’ essay. Theoretically it is the easiest to answer as it asks candidates to write about what they do in everyday clinical practice. Examples include:

- *A 19-year-old-woman attends the gynaecological clinic because she has not menstruated for 1 year. Discuss your management.*
- *Describe the management of a woman with infertility and oligomenorrhoea.*
- *Discuss the management of a patient with fulminating pre-eclampsia.*

The best way to answer this type of question is to reflect on your clinical practice and write what you would do, and why, if confronted with such a clinical situation. This will almost always be in the format of presentation, history, examination, investigations, treatment and follow-up.

3 The third type is by far the commonest type that appears in the MRCOG. It is a combination of the first two types, in the sense that it requires critical evaluation of your management of a particular scenario.

This should not be difficult for a well-practised clinician like you. For every patient you actually see in real life you have to define the problem

(or problems), the aims of your management, how best to achieve these aims (given the available situation and resources) and the reasons behind your choices. This last point brings in the issues of alternatives, other options, pros, cons, and—not least—patient's choices and values.

Does this sound like a formidable task? Well, it shouldn't be, because you have been doing it for a number of years: seeing patients and managing them competently. Probably the part some doctors have not been doing so well is thinking why they have been doing a particular thing or choosing a certain option. Start from this moment thinking (and finding out) why you are doing what you are doing with every patient. By the time you reach the examination, this type of question will become much easier. Better still, work will become more enjoyable and effective.

Examples of these questions include:

- *A woman presents with a third-trimester stillbirth. She does not consent to postmortem examination of the baby. Justify the steps of your investigations.*
- *A 31-year-old woman has unexplained infertility of 2 years' duration. Compare and contrast the management options.*

4 This type of question also asks you to write about something you have been doing all the time: telling patients about their problem, what it means to them, what you are going to do about it, and why. These 'counselling' questions do fit better in the 'Oral Assessment' part of the examination, but they frequently appear in the essays. Doctors are repeatedly asked to explain to patients *in writing* about their illnesses (e.g. leaflets, the Internet), and this type of question assesses your ability in doing so. Counselling her means assisting the patient to make a choice or decision, by discussing the options and relating them to her particular situation.

Examples of these questions include:

- *A 45-year-old woman is going to have a hysterectomy for heavy periods. How would you counsel her about removing her ovaries?*
- *An 18-year-old woman in her first pregnancy is booking at 16 weeks. She requests an ultrasound scan to 'check that all is well with the baby'. How would you counsel her?*

The Answer

In the examination you are given an answer booklet, with *only* two sides of lined A4 available for the answer of each essay. You will also be given coloured paper for rough notes. The examiners will not see these.

Read the question TWICE

This is the commonest advice given in any examination. Yet, it is the least followed. The number of MRCOG candidates who misread words like ‘infertility’ as ‘fertility’, ‘pre-eclampsia’ as ‘eclampsia’ or write extensively about the past obstetric history in answering a question about a primigravida makes repeating this advice very valid. Please, read the question TWICE.

Underline the key words

After reading the question twice, underline the *key* words. These will tell you what type of question it is, what exactly it is asking for, and in what particular situation or context. You should look for these elements in every essay question. If you get any of them wrong, you will simply not be answering the question. The key words will tell you what the question wants and, as importantly, what it does not want. Writing what is not required attracts no marks, wastes valuable time, and gives a bad impression to the examiner.

The following example should illustrate these points:

1 Discuss the use of anticoagulant drugs in obstetrics.

The three key points are:

- *Discuss* (a critical evaluation-type question).
- *Use* (all uses—prophylaxis, treatment, DVT, PE, recurrent pregnancy loss with antiphospholipid).
- *Anticoagulant drugs* (main subject, include all drugs—heparin, warfarin, aspirin, etc.).
- *Obstetrics* (not gynaecology).

Anatomy of the essay

Plan

This is the vertebral column of the answer on which you can attach other parts and build a complete essay. Having read the question TWICE, underlined the key words and understood what is required, you should now spend about 2 min planning the general structure of the answer. The skill is in deciding the most important points to include *before* you start writing down the answer. This is particularly important because you have a relatively short time to answer each question (average 24 min). If you do not plan your answer in advance, you may spend a long time discussing an important point, only to discover that there is another equally important

point that deserves discussion, but with no time available. The instructions to examiners indicate specific marks for each point, and elaboration on one point will not compensate for omission of another. Although the plan is not written down on the answer sheet and is not marked, nevertheless, it helps you to organize your thoughts and makes essay writing a straightforward process. In the examination the plan should be written on the coloured rough paper provided and not in the answer book. For example, if you are asked to discuss an operation it will be easier (for both you and the examiner) if your discussion is planned broadly into three parts: preoperative, intraoperative and postoperative care. Other examples that may be of use to you in the essay planning include:

- Preconception. Antenatal (1st, 2nd, 3rd trimesters). Intrapartum. Postnatal.
- History. Examination. Investigations. Treatment. Follow-up. Rehabilitation/Home care.
- Effect of pregnancy on the disease. Effect of the disease on pregnancy (mother, fetus, neonate, breast feeding, contraception).
- Causes: obstetric/non-obstetric. Maternal/fetal. Congenital/acquired. Gynaecological/non-gynaecological. Other 'issues' that are useful in various situations include:
 - Senior involvement.
 - Multidisciplinary approach.
 - Team approach.
 - Social support.
 - Timing and mode of delivery.
 - Home care.
 - Involvement of partner/family.

The introduction

This is the first brief paragraph of the 'Discuss/Evaluate/Critically appraise/Debate' type of essays, where you give a broad overview of the subject and what you intend to discuss in the main body. You also show the examiner that you understand the importance of the subject in question. This should be in the form of factual information. For example, when answering a question about thromboembolism or anticoagulant drugs, it is very pertinent to introduce your essay by mentioning that thromboembolism is one of the commonest causes of maternal mortality in the UK. Similarly, in answering a question about infertility you should mention that it affects 1 in 6 couples. Percentages and figures are the most powerful tools for illustrating factual information, and you are well advised to learn those related to common conditions. Important points include effects on peri-

natal/maternal mortality/morbidity, incidence, 5-year survival rates and cost-effectiveness.

Also in the other types of questions that deal with a particular case scenario the introduction is important. Here you start by stating what your aims are in brief. For example in questions about counselling you can introduce the answers by stating that your aim is to assist the patient in making a decision about, say, prophylactic oophorectomy by providing her with easily understood information about the options and their implications. Another example is in a question about the management of a case of eclampsia. You can introduce your answer by stating your aims (provide basic life support, control fits, prevent recurrence, control blood pressure, assess the situation both maternal and fetal, stabilize the condition, and delivery). You can see that a well-written introduction will not only impress your examiner but also assist you in writing the rest of the answer.

Body of the essay

This consists of a number of paragraphs, each discussing a distinct issue related to the subject. Emphasis on the discussion is very important, as at the Membership level simple listing and enumeration is neither adequate nor acceptable. What is required is a mature discussion reflecting your understanding of the controversial issues and leading to a reasoned conclusion. If dealing with a clinical situation, please remember that the sequences of your actions as well as the reasons behind them are very important.

If you have written a logical well thought out plan you should have no trouble in writing this part of the answer. The plan will tell you what other important issues you need to discuss so you do not 'over do it' with a particular issue at the expense of others. It will also provide you with the 'filing compartments' you need to fill so you are less likely to forget important items.

The conclusion

This is the final paragraph in the essay and the part the examiner reads last before deciding your mark. Therefore, it should be positively strong. A good essay which ends abruptly without a conclusion (most probably because the candidate has run out of time) is unlikely to attract high marks.

It is all too easy to fall into the trap of repetition when writing the conclusion. If all it does is just repeat what you have already said in the rest of the essay then it is probably a waste of effort and time. Ideally, it should be an opportunity to pick out the most significant parts from the answer and comment on their practical implications, prognosis, or future development—as appropriate.