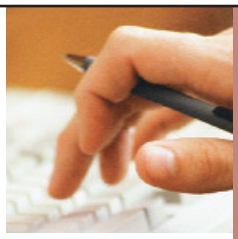

Demystifying the FRACGP exam

Elena Ghergori, MBBS, FRACGP, MClinEd, is Senior Lecturer, General Practice Vocational Education, Discipline of General Practice, School of Primary, Aboriginal and Rural Health Care, University of Western Australia.

Bob Moorhead, MD, FRACGP, DCM, MICGP, is Associate Professor of Rural General Practice, Discipline of General Practice, School of Primary, Aboriginal and Rural Health Care, University of Western Australia.

In the initial stages of examination preparation, many candidates for the Fellowship of The Royal Australian College of General Practitioners (FRACGP) feel overwhelmed by the perceived complexity and magnitude of the impending exam. This article describes an exam workshop for general practice registrars in Western Australia that provides case based and context based (ie. as if in your practice) learning experiences to address this anxiety. It aims to provide FRACGP candidates with a practical approach to exam preparation. One general practice patient case is worked through in stages, and the information obtained is related to the six question types as found in the FRACGP exam. This article will be useful for anyone contemplating sitting the FRACGP exam, general practitioner supervisors, and others involved in the education of general practice registrars.

The FRACGP exam

There is a written (2 parts) and an oral component of the FRACGP exam.[1]

The written exam

- Applied knowledge test – single best answer: question with only one right answer and extended matching questions – given a brief scenario, you choose a diagnosis from a list, and
- Key feature problems – clinical scenario looking for a critical step in arriving at a correct diagnosis or management. This assesses clinical decision making and prioritising skills.

Oral exam

These exams involve 14 encounters in objective structured clinical exam (OSCE) format with cases requiring diagnostic, management, physical examination, patient education, communication skills or discussion in varying degrees for each case. The OSCE involves examiners in 14 stations (ie. different rooms) each with a specific case. Stations can be short (8 minutes) or long (19 minutes). The candidates move from room to room in rotation until each station has been visited.

The general practice registrar exam workshop

This exam preparation workshop takes a single clinical scenario and uses it to give practice in each of the six different styles of exam questions.

Experiential learning

Stage 1. Single best answer (SBA)

The initial phase of a taped consultation with a candidate (in role of GP) and a role play patient is viewed. A SBA question based on this case is presented to candidates (*Case history a*). The group attempt to answer this, and in the process discussion occurs about the best approach to such questions.

Stage 2. Extended matching question (EMQ)

With the same available information a different question type is formulated to demonstrate a possible EMQ (*Table 1*). Discussion centres on what is the most likely diagnosis.

Stage 3. Key features problem (KFP)

At this point, the video consultation is further played to give additional pieces of information such as 'moderate severity' and 'sudden onset'. With this extra information the candidates are asked: 'What is the most likely differential diagnosis?' (Pick up to three). This requires candidates to take critical steps in arriving at the correct diagnosis, demonstrating a key features problem.

Stage 4. Short consultations (OSCE)

At this stage, the video continues the consultation demonstrating history taking,

Ron Rowe, 30 years of age, is a Commonwealth Games rower who presents with chest pain. Historical features include:

- Persistent upper left chest pain of several hours duration
- Not related to efforts or exertion
- Causes mild respiratory restriction
- No cardiac symptoms
- Otherwise well
  OE not distressed afebrile

Which is it least likely to be?

1. Spontaneous pneumothorax
2. Functional chest pain
3. Costochondral syndrome
4. Muscle strain
5. Pleurodynia (Bornholm disease)

Case history a). Single best answer question

Family history
Father moderate asthmatic
Mother diabetic on tablets since 50
Personal medical history
Appendectomy at 22
Fractured ankle at 19
Medication
Nil regularly
Allergies Nil
Alcohol/smoking/drugs Nil
Social
Engaged, life going well, fiancée nurse at local teaching hospital, supportive of his sport
Parents both teachers alive and well 28 year old sister happily married pregnant
Silver medal in coxless 4s last year at Commonwealth Games in Manchester
Selection for 2004 Olympics coming up, worried that it might be something serious to affect his performance

Case history b). Information obtained during interviewing

communication, getting patient agenda (*Case history b*). The tape is stopped, and the case is discussed. Rating forms are distributed and each candidate rates the role playing candidate independently, looking for what an examiner may be looking for (applied knowledge, clinical reasoning, clinical skills, communication skills, professional attitude).[1] This is similar to the RACGP examiner training process.

The video then continues with introduction of the observing examiner to take the candidate through the physical examination. Findings can be given virtually upon request, or a physical examination station of 'conduct a respiratory examination of this patient' can be introduced, depending on the availability of a model. The video shows the candidate reporting his finding to the patient and referring him for a chest X-ray (*Case history c*).

Stage 5. Long consultation (OSCE)

The video then shows how a short case can become a long case by having the patient return with results of his chest X-ray (*Table 2*). The candidate explains the results to the patient, addresses his concerns, and discusses management issues. Management options such as expectant treatment, needle aspiration, or chest tube are covered, as are complications, long term outlook, and restrictions on activities. Standardised patient questions are used to demonstrate how the OSCE process ensures a fairer assessment (*Table 3*).

When the video is completed the group discussion is directed to the content of the patient questions. This allows discussion of the patient's perspective and how to deliver unwanted news. There is discussion about pneumothorax management and ethical issues such as confidentiality and duty of care that may be raised by this case.

Stage 6. Viva (OSCE)

The next part of the video demonstrates one possible type of viva station. In this station, the candidate is interviewed by the examiner (as colleague to colleague) without a patient present and the following prompt is used (*Case history d*). After the viva station video is observed, there is further group discussion. The issues raised by the station are

General appearance
184 cm 90 kg tanned fit looking smiling young man
T 36.8 **BP** 120/85 **PR** 52
RR 20 (need to ask) seems a bit shallow
O2 Sats 99% **PEFR** 500
Peripheral
Hands/mouth/teeth/eyes all normal
Trachea Midline
Respiratory
Expansion possibly bit decreased
PN Resonant **BS** Normal
Cardiovascular
HS dual nil added
Abdomen
Tanned, well defined, no masses no tenderness
CNS/PNS Not examined

Case history c). Examination findings

Table 1. Extended matching question

What is the most likely diagnosis?
1. Atypical pneumonia
2. Myocardial ischaemia
3. Muscle strain
4. Dissecting aortic aneurysm
5. Costochondral syndrome
6. Asthma
7. Spontaneous pneumothorax
8. Pleurodynia (Bornholm disease)

Ron Rowe is a patient of yours in whom you have diagnosed a spontaneous pneumothorax. He comes to you with the result of a follow up chest X-ray which shows the pneumothorax though smaller is still present. He is feeling well and states he has no symptoms now.

He happens to mention that he is going for a deep dive off the coast on the weekend as the practical component of a diving course he is doing. You had previously passed him for his diving medical. You are aware that a pneumothorax is a contraindication to diving.

What issues are raised by this case? Would you prevent him from diving by breaching confidentiality?

Case history d). Viva content

Table 2. Investigation result

Chest X-ray
Small left apical pneumothorax
There is no mediastinal shift
The lung fields are clear
Heart size normal

Table 3. Patient prompts

How long will it take to get better?
Will I get it again?
How can I prevent it?
Will it affect my chances for the Olympics?
Will I be able to fly in 2 days time?
I do not want you to tell anyone, I am going anyway

discussed and the role playing candidates' answers are critiqued.

Discussion

According to the FRACGP Examination Handbook,[1] the content of the exam correlates with the patient load of a typical Australian general practice; the clinical exam is specifically designed to reflect a typical general practice session.

This video based examination workshop uses case based learning to demonstrate the direct relevance of each exam question type to clinical practice, and attempts to demystify each component of the exam. This format helps the candidate to think of possible questions that arise from cases in their day-to-day practice. When formulating possible questions, the candidate has to do some background reading and thus expand their knowledge around the particular case.

This sample case was presented to a small group of registrars as a pilot before a large exam seminar planned for candidates in the immediate pre-examination period. Qualitative feedback was positive. All participants evaluated the format as five on a 5-point Likert scale (where 5 = excellent).

Conflict of interest: none declared. AFP

Reference

1. The Royal Australian College Of General Practitioners. The college examination 2004. A handbook for candidates and examiners. South Melbourne: the RACGP, 2003.

Correspondence
Email: ghergori@cyllene.uwa.edu.au

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