

# The Royal College of Ophthalmologists

17 Cornwall Terrace, London. NW1 4QW.

Telephone: 020-7935 0702, Extension 210

Facsimile: 020-7487 4674

Email: Emily.Beet@rcophth.ac.uk

Website: WWW.RCOPHTH.AC.UK

FROM THE EXAMINATIONS DEPARTMENT



PATRON HRH THE DUKE OF YORK, KCVO, ADC

## Public Report on the Part 2 FRCOphth Oral Examination November 2011

### Contents:

1.	Candidates	2
2.	The Structured Vivas	2
	2a. Results and analysis	3
	2b. Standard setting	4
3.	The OSCE	5
	3a. Results and analysis	9
	3b. Standard setting	10
4.	The Examination Overall	10
	4a. Final results	10
	4b. Breakdown of oral exam	11
	4c. Breakdown of exam overall	13
	4d. Comparison to previous examinations	15
5.	Summary	15
6.	Appendix 1: Additional Analysis	16
	Appendix 2: Candidate evaluation	18

The oral part of the seventh sitting of the Part 2 FRCOphth examination was held in Sheffield on 7, 8 and 9 November 2011.

## **1. Candidates**

Fifty-two candidates were invited to sit the oral examination having successfully completed the written papers in September. Fifty-one candidates presented themselves for the examination, as one candidate withdrew prior to the examination having successfully completed the Fellowship Assessment. An additional candidate did not complete the oral examination, having decided to leave early for personal reasons.

To satisfy the requirements to proceed to the oral examination, candidates must achieve the following:

1. Obtain a combined mark from both written papers, which equals or exceeds the combined pass mark from both papers and
2. Obtain a mark in each written paper that equals or exceeds the pass mark in that paper after it has been reduced by 1 SEM

In total, 52/77 candidates passed the written papers and were invited to attend the oral examination.

**This represents a pass rate for the written papers of 68%.**

## **Oral examinations (Structured Viva and OSCE)**

### **2. The Structured Vivas**

There were five structured vivas, which were held on Monday 7 November in the Clinical Skills Centre at the Royal Hallamshire Hospital, Sheffield. The communication skills OSCE station was conducted as one of the viva stations, making six stations in all. Each viva lasted 10 minutes. The stations were:

#### **Station 1. Patient investigations and data interpretation**

Thyroid Eye disease (*morning session*)

Glaucoma – visual fields, HRT & MRI (*afternoon session*)

#### **Station 2. Patient management 1**

Penetrating Eye Injury (*morning session*)

Vernal conjunctivitis (*afternoon session*)

#### **Station 3. Patient management 2**

Thrombosis (*morning session*)

Blow out (*afternoon session*)

#### **Station 4. Attitudes, ethics and responsibilities.**

Never Events (*morning session*)

Vision impairment registration & DVLA regulations (*afternoon session*)

#### **Station 5.**

#### **Audit, research and evidence based practice (5 minutes)**

CATT trial (*morning and afternoon sessions*)

#### **Health promotion and disease prevention (5 minutes)**

Eye Protection (*morning session*)

AMD & vitamin supplements (*afternoon session*)

The vivas were held in two large rooms, with stations partitioned by screens. The examination was conducted in four rounds. 12 candidates were examined in the first rotation and 13 in each of the subsequent stations.

Each station began with a clinical scenario, and subsequent discussion was based upon, but not limited to, the clinical diagnosis suggested by the scenario.

## 2a) Results:

Maximum mark (5 stations, 10 examiners, 12 marks per station):	120
Pass mark (using borderline candidate method):	64.5
Mean score:	80/120
Median score:	83/120
Range:	32 to 107
Reliability: (Cronbach alpha)	0.81
SEM:	7.4
Adjusted pass mark (+ 1 SEM)	72/120
Pass rate before adjustment (pass mark 64.5/120)	41/50 (82%)
Pass rate after adjustment (pass mark 72/120)	38/50 (76%)

**Table 1 Distribution of scores**

Score	Distribution	Total
31-40	/	1
41-50	//	2
51-60	//// /	6
61-70	///	3
71-80	//// //// /	11
81-90	//// //// ///	13
91-100	//// //// /	11
101-110	///	3

The distribution is bimodal with peaks at 51-60 and 81-90.

**Table 2 Results for each station**

Station		Mean score	Median score	Range
1	PI	8.6	8	3-12
2	PM	7.9	7.5	2.5-12
3	PM	8.2	9	1-12
4	AER	7.6	8	0.5-12
5	HPDP/EBM	7.9	8	2-12

**Table 3 Correlation between examiner's marks at each station**

Station 1	Station 2	Station 3	Station 4	Station 5
PI	PM	PM	AER	HPDP/EBM
0.81	0.91	0.70	0.78	0.76

**Table 4 Correlation between examiner's global judgements at each station**

Station 1	Station 2	Station 3	Station 4	Station 5
PI	PM	PM	AER	HPDP/EBM
0.74	0.84	0.77	0.65	0.86

**Table 5 Correlation between viva stations**

		<i>Station 2</i>	<i>Station 3</i>	<i>Station 4</i>	<i>Station 5</i>
		<i>PM</i>	<i>PM</i>	<i>AER</i>	<i>HPDP/EBM</i>
<i>Station 1</i>	PI	0.37	0.38	0.10	0.16
<i>Station 2</i>	PM		0.24	0.17	0.30
<i>Station 3</i>	PM			0.29	0.27
<i>Station 4</i>	AER				0.36

**2b) Standard setting for the structured vivas**

	<i>1</i>		<i>2</i>		<i>3</i>		<i>4</i>		<i>5</i>		<i>Total</i>
<i>Number of borderline candidates</i>	5	14	12	8	12	12	18	13	18	14	
<i>Median borderline candidate mark</i>	7	6	6	6.5	6.5	6.5	6	7	7	6	64.5

The pass mark for the structured viva was increased by 1 SEM to 72/120 (60%)

### **3. The OSCE**

There were seven OSCE stations in all. The six clinical stations were held on 8 and 9 November 2011 in the Clinical Skills Centre at the Royal Hallamshire Hospital, Sheffield. The communication OSCE was conducted with the vivas. There were five rotations; four rotations of 10 candidates, and one of 11 candidates. Four of the OSCE stations lasted 15 minutes. The medicine and neurology stations ran as a double station and lasted 30 minutes. The communication OSCE lasted 10 minutes. There were two examiners at each station. In the communication OSCE, one examiner was a trained lay examiner. Patients with the following clinical problems were made available by the host department for the examiners:

#### **Tuesday Morning**

##### **Station 1 – Cataract & Anterior Segment**

- ECCE, AC IOL
- Traumatic mydriasis, iridodonesis
- PXF, dense cataract
- Ocular pemphigoid
- Peters anomaly
- HSK
- PBK
- Atopic keratoconjunctivitis
- PK
- Goldenhar syndrome
- Aphakia, BSK

##### **Station 2 – Glaucoma & Lid**

- Ectropion
- Aphakic glaucoma
- Aniridia, buphthalmos, trabeculectomy
- Uveitis glaucoma
- Entropion
- Traumatic glaucoma
- Unilateral POAG
- Tube drainage surgery
- Ectropion uveae
- Trabeculectomies

##### **Station 3 – Posterior Segment**

- Macular hole
- PRP, Vitrectomy
- Treated melanoma
- Choroidal rupture, detachment surgery
- Chronic traumatic RD
- Pseudophakic CMO, ERM
- Vireo-macular traction
- Choroidal folds
- Melanoma
- Macular scar
- BRVO

- Aphakia, myopic degeneration
- Disc drusen
- Choroidal coloboma

#### **Station 4 – Strabismus & Orbit**

- 3<sup>rd</sup> n palsy with aberrant regeneration
- TED, RD surgery
- Strabismus
- Distance ET

#### **Medicine & Neurology – Station 5 and 6**

- Craniopharyngioma
- CREST syndrome
- Chronic uveitis
- Ankylosing spondylitis
- Psoriatic arthropathy
- PXE, Angioid streaks
- Chloroquine retinopathy
- Myotonic dystrophy
- Albinism
- Cerebellar degeneration
- Optic neuropathies
- Neurological field defects
- Optic n meningioma
- Disc drusen

#### **Tuesday Afternoon**

##### **Station 1 – Cataract & Anterior Segment**

- AC IOL
- Traumatic mydriasis, iridodonesis
- Rotating autograft, AK, artisan IOL
- Iris naevus, tufts, tonic pupil
- Iris atrophy
- Atopic keratoconjunctivitis, DALK
- Megalocornea
- Endothelial keratoplasty
- Aphakia
- PK
- Fuchs dystrophy, dense cataract
- PXF
- Iris melanoma
- Traumatic cataract

##### **Station 2 – Glaucoma & Lid**

- Ectropion
- PDS
- UGH syndrome, Vitrectomy
- Haemangioma
- Fuchs cyclitis

- Small glaucomatous discs
- PXF, trabeculectomies
- Cicatricial ectropion
- Ptosis
- Rubeosis

### **Station 3 – Posterior Segment**

- Macular hole
- PRP, Vitrectomy
- Macroaneurysm
- Melanoma
- Choroidal scar
- RD repair
- CHRPE
- Disc pit
- BRVO
- Treated melanoma
- AMD
- Toxoplasmosis

### **Station 4 – Strabismus & Orbit**

- Esotropia
- Exophoria
- TED
- Haemangioma
- 3<sup>rd</sup> n palsy
- Moebius syndrome

### **Medicine & Neurology – Station 5 and 6**

- Chronic uveitis
- Craniopharyngioma
- Chloroquine retinopathy
- Psoriatic arthropathy
- NF1
- Myotonic dystrophy
- Diabetic neuropathy
- Albinism
- AF, valve replacement
- Cerebellar nystagmus
- Optic n meningioma
- Tectal cavernoma
- Neurological field defects
- MS
- AION

### **Wednesday Morning**

#### **Station 1 – Cataract & Anterior Segment**

- Traumatic aniridia
- Keratoconus
- Aphakia

- PK, toric IOL
- Microphthalmos
- Complicated cataract surgery
- AC IOL
- Atopic keratoconjunctivitis
- Iridocyclectomy

### **Station 2 – Glaucoma & Lid**

- Ahmed valve
- Aphakic glaucoma
- NTG
- TED
- Lester-Jones tube
- Disc pit
- ICE
- Muir-Torre syndrome
- PXF glaucoma

### **Station 3 – Posterior Segment**

- Choroidal atrophy
- Myopic degeneration
- RD surgery
- Disc neovascularisation
- RP
- Macular telangiectasia
- Melanoma
- Retinal dystrophy
- Sticklers syndrome
- Disc coloboma

### **Station 4 – Strabismus & Orbit**

- Brown's syndrome
- TED
- NF1
- Goldenhar syndrome
- Esotropia

### **Medicine & Neurology – Station 5 and 6**

- Craniopharyngioma
- Pseudoxanthoma
- Sympathetic uveitis
- MS
- Toxic optic neuropathy
- VHL
- Ankylosing spondylitis
- Multifocal choroiditis
- Diabetic neuropathy
- Myotonic dystrophy
- Cerebellar degeneration
- RAPD



- Pituitary adenoma
- Neurological field defects

### 3a) Results

Candidates examine three patients in stations 1-3, two patients in stations 4, four patients in station 5 and one patient in station 6. Each patient is worth a maximum of 12 marks (2 examiners x 3 marks x 2 criteria). To balance the contribution to a candidate's mark from each station, the mark from each of stations 1-3 and 7 is weighted by 0.666. The relative contribution from each station in the OSCE is thus 2,2,2,2,4,1.

Maximum mark after weighting: 156

Stations 1-3: 2 criteria scored 0-3 for 3 patients by 2 examiners x 0.666 = 24

Station 4: 2 criteria scored 0-3 for 2 patients by 2 examiners = 24

Station 5: 2 criteria scored 0-3 for 4 patients by 2 examiners = 48

Station 6: 3 criteria scored 0-3 for 1 patient/actor by 2 examiners x 0.666 = 12

Pass mark (using borderline candidate method):	91/156
Mean score:	101/156
Median score:	102/156
Range:	64-135
Reliability (Cronbach alpha):	0.825
SEM:	10
Adjusted pass mark (+1 SEM)	101/156 (65%)

Pass rate before adjustment (pass mark 91/156)	40/50 (80%)
--	-------------

Pass rate after adjustment (pass mark 101/156)	29/50 (58%)
--	-------------

**Table 6 Distribution of scores**

Score	Distribution	Total
61-70	/	1
71-80	////	4
81-90	////	5
91-100	//// //// /	11
101-110	//// //// /	11
111-120	//// ////	10
121-130	//// /	6
131-140	//	2
		50*

\*1 candidate left the examination prematurely and was not awarded a score in the OSCE.

**Table 7 Station marks (before weighting)**

Station		Maximum possible	Mean	Median	Min	Max
1	Anterior segment & cataract	36	26	26	11	36
2	Glaucoma & lid	36	26.7	27	14	36
3	Posterior segment	36	26.5	28	8	36
4	Paediatric & strabismus	24	15.3	16	1	24
5/6	Medicine and neurology	48	27.6	27	7	45
7	Communication	18	10.4	11	1	18

**Table 8 Correlation between examiner's marks at each station**

Station 1	Station 2	Station 3	Station 4	Station 5/6	Station 7
Cat/AS	Glauc/lid	Posterior	Orbit/Strab	Med/neuro	Comm.
0.88	0.88	0.70	0.76	0.57	0.74

**Table 9 Correlation between examiner's global judgements at each station**

Station 1	Station 2	Station 3	Station 4	Station 5/6	Station 7
Cat/AS	Glauc/lid	Posterior	Orbit/Strab	Med/neuro	Comm.
0.80	0.78	0.80	0.80	0.53	0.88

**Table 10 Correlation between station scores (combined marks 2 examiners)**

		Station 2	Station 3	Station 4	Station 5/6	Station 7
		Glauc/lid	Posterior	Orbit/Strab	Med/neuro	Comm.
Station 1	Cat/AS	0.38	0.34	0.17	0.05	0.27
Station 2	Glauc/lid		0.26	0.16	0.12	0.36
Station 3	Posterior			-0.15	0.29	0.19
Station 4	Orbit/Strab				0.01	0.25
Station 5	Med/neuro					0.27

**3b) Standard setting for the OSCE**

Station	1		2		3		4		5 & 6		7	
No. of borderline candidates	14	16	12	17	8	21	20	24	18	10	15	8
Median borderline candidate score	8.3	6	7	7.3	8.7	8	7	7	13	14	3	2

The pass mark for the OSCE was increased by 1 SEM from 91/156 to 101/156 (65%).

**4a) Overall results for the oral examination**

Pass mark	173/276
Mean	182.7
Median	188.5
Range	105-242

To pass the oral examination candidates must achieve 173/276 overall, 65/120 in the viva and 101/156 in the OSCE)

Pass rate for the oral examination	27/50 (54%)
Pass rate for the entire examination	27/77 (35%)

**Table 11 Distribution of scores**

Score	Distribution	Total
101-110	/	1
111-120	/	1
121-130		0
131-140	////	4
141-150	//	2
151-160	////	4
161-170	///	3
171-180	/// /	7
181-190	//// /	6
191-200	//// ///	8
201-210	///	3
211-220	//// /	6
221-230	///	4
231-240		0
241-250	/	1
		50

**Table 12 Correlation between scores in each part of examination**

	<i>EMQ</i>	<i>VIVA</i>	<i>OSCE</i>
<i>MCQ</i>	0.35	0.19	0.39
<i>EMQ</i>		0.07	0.54
<i>VIVA</i>			0.32

Correlation between written and oral examinations 0.46

**4b) Breakdown of Oral Examination****Table 13 Breakdown of results by training**

	Failed	Passed	Total
In OST	13	25	38
Not in OST	10	2	12
Total	23	27	50

These differences are statistically significant ( $p = 0.007$ )

Pass rate for the oral examination for candidates in OST 25/38 (66%)

Pass rate for the Part 2 examination for candidates in OST 25/54 (46%)

**Table 14 Breakdown of results by gender**

	Failed	Passed	Total
Female	4	8	12
Male	19	19	38
Total	23	27	50

These differences are not statistically significant ( $p = 0.34$ )

**Table 15 Breakdown of results by deanery**

	Failed	Passed	Total
East Midlands (North)	1	2	3
East Midlands (South)	0	1	1
KSS	1	0	1
London	2	11	13
Mersey	0	1	1
N Scotland	0	1	1
North Western	1	0	1
Oxford	1	0	1
SE Scotland	1	0	1
Severn	0	2	2
South Yorks & Humberside	1	1	2
Wales	3	0	3
Wessex	1	0	1
West Midlands	1	4	5
Yorkshire	0	2	2
Total	13	25	38

**Table 16 Breakdown of results by level of training**

	Failed	Passed	Total
ST5	2	6	8
ST6	6	10	16
ST7	2	7	9
Total	10	23	33

**Table 17 Breakdown of results by country of qualification**

	Failed	Passed	Total
UK	11	21	32
Outside UK (Inc Republic of Ireland)	12	6	18
Total	23	27	50

These differences are statistically significant ( $p = 0.05$ )

**Table 18 Breakdown of results by first language**

	Failed	Passed	Total
English	16	23	39
Other	5	4	9
Total	21	27	48

These differences are not statistically significant ( $p = 0.7$ )

**Table 19 Breakdown of results by ethnicity**

	Failed	Passed	Total
Asian	13	8	21
Chinese	4	3	7
White	3	15	18
Other	3	1	4
Total	23	27	50

These differences are statistically significant for white/non-white ( $p = 0.008$ )

**Table 20 Ethnicity of candidates in OST**

Ethnicity	In OST	Not in OST	Total
White	17	1	18
Non-white	21	11	32
	38	12	50

**Table 21 Breakdown for candidates in OST by ethnicity**

Ethnicity	Fail	Pass	Total
White	3	14	17
Non-white	10	11	21
	13	25	38

These differences are not statistically significant for white/non-white **in training** ( $p = 0.18$ )

**Table 22 Breakdown of results by number of previous attempts**

Attempts	Failed	Passed	Total
1 (First)	18	22	40
2	3	3	6
3	1	1	2
4	0	1	1
5	1	0	1
Any resit	5	5	10

**4c) Breakdown of both parts of the examination****Table 23 Breakdown of results by training**

	Failed	Passed	Total
In OST	29	25	54
Not in OST	19	2	21
Total	48	27	75

These differences are statistically significant ( $p = 0.006$ )

**Table 24 Breakdown of results by gender**

	Failed	Passed	Total
Female	10	8	18
Male	38	19	57
Total	48	27	75

These differences are not statistically significant ( $p = 0.4$ )

**Table 25 Breakdown of results by deanery**

	Failed	Passed	Total
East Midlands (North)	1	2	3
East Midlands (South)	0	1	1
East of England	1	0	1
London	4	11	15
Mersey	0	1	1
N Scotland	0	1	1
North Western	5	0	5
Oxford	1	0	1
SE Scotland	1	0	1
Severn	1	2	3
South Yorks & Humberside	2	1	3
Wales	3	0	3
Wessex	2	0	2
West Midlands	7	4	11
Yorkshire	1	2	3
Total	29	25	54

**Table 26 Breakdown of results by level of training**

	Failed	Passed	Total
ST3	0	0	0
ST4	2	0	2
ST5	5	6	11
ST6	12	10	22
ST7	7	7	14
Total	26	23	49

**Table 27 Breakdown of results by country of qualification**

	Failed	Passed	Total
UK	22	21	43
Outside UK (Inc Republic of Ireland)	26	6	32
Total	48	27	75

These differences are statistically significant ( $p = 0.01$ )

**Table 28 Breakdown of results by first language**

	Failed	Passed	Total
English	34	23	57
Other	13	4	17
Total	47	27	74

These differences are not statistically significant ( $p = 0.23$ )

**Table 29 Breakdown of results by ethnicity**

	Failed	Passed	Total
Asian	28	8	36
Chinese	4	3	7
White	8	15	23
Other	8	1	9
Total	48	27	75

These differences are statistically significant for white/non-white ( $p = 0.002$ )

**Table 30 Breakdown for candidates in OST by ethnicity for the examination overall (written and oral parts)**

Ethnicity	Fail	Pass	Total
White	7	14	21
Non-white	22	11	33
	30	25	54

These differences are statistically significant for white/non-white candidates in ophthalmic specialist training ( $p = 0.03$ )

#### 4d) Table 23 Comparison to previous examinations

Date	Oct 08	April 09	Sept 09	April 10	Oct 10	April 11	Nov 11
Candidates	7	15	16	21	26	46	77
MCQ pass mark	61%	64%	64%	66%	65%	65%	58%
Reliability	0.55	0.81	0.77	0.83	0.77	0.7	0.7
EMQ pass mark	64%	64%	66%	65%	64%	65%	59%
Reliability	0.82	0.90	0.83	0.86	0.81	0.7	0.7
Viva pass mark	59%	59%	64%	57%	56%	63%	60%
Reliability	0.88	0.80	0.84	0.90	0.79	0.79	0.81
OSCE pass mark	65%	60%	63%	61%	62%	63%	65%
Reliability	0.85	0.82	0.94	0.80	0.87	0.85	0.83
Written pass rate	86%	53%	38%	48%	58%	46%	68%
Oral pass rate	50%	50%	33%	50%	73%	71%	54%
Overall pass rate	29%	27%	13%	24%	58%	33%	35%

#### 5) Summary

The Part 2 FRCOphth examination is now attracting significantly more candidates, with 77 candidates sitting the examination in September 2011. The pass rate for the written papers was 68%, of whom 54% went on to pass the oral examination.

The two written papers have a less than optimal reliability, probably caused by the relatively limited number of questions in each paper on its own. The oral examinations have an acceptable reliability above 0.8.

Michael Nelson BSc (Hons) FRCOphth MAEd  
**Education Adviser**

December 2011

**Additional analysis for Confidential Report of the Part 2 FRCOphth examination**

Analysis of the Part 2 FRCOphth results revealed a statistically significant difference in the performance of white and non-white candidates. It was considered that this difference actually represented a difference in the performance of UK and non-UK graduates, regardless of whether they were in UK training posts.

Tables 17 and 27 in the confidential report above identified a statistically significant difference in performance in UK and non-UK graduates (reproduced below):

**Table 17  
Breakdown of oral results by country of qualification (OST and non-OST)**

	Fail	Pass	Total
UK graduate	11	21	32
Non-UK graduate	12	6	18
<b>Total</b>	<b>23</b>	<b>27</b>	<b>50</b>

These differences are statistically significant (p = 0.05)

**Table 27  
Breakdown of overall results by country of qualification (OST and non-OST)**

	Failed	Passed	Total
UK	22	21	43
Outside UK (Inc Republic of Ireland)	26	6	32
<b>Total</b>	<b>48</b>	<b>27</b>	<b>75</b>

These differences are statistically significant (p = 0.01)

**New analysis of results (UK vs non-UK graduates in OST)**

**Table i Trainees in OST (where data is available)**

	UK graduates	Non-UK graduates	Total
White	17	6	23
Non-white	21	12	33
	38	18	56

These differences are not statistically significant p=0.56

**Table ii OST trainee performance**

	Fail	Pass	Total
UK graduates	18	20	38
Non-UK graduates	12	5	17
<b>Total</b>	<b>30</b>	<b>25</b>	<b>55</b>

These differences are not statistically significant p=0.15

**Table iii UK graduates**

	Fail	Pass	Total
<b>White</b>	7	10	17
<b>Non-white</b>	11	10	21
<b>Total</b>	<b>18</b>	<b>20</b>	<b>38</b>

These differences are not statistically significant p=0.53



**Table iv Non-UK graduates**

	Fail	Pass	Total
<b>White</b>	1	4	5
<b>Non-white</b>	11	1	12
<b>Total</b>	12	5	17

These differences are statistically significant  $p=0.01$

**Table v Performance of each country of qualification**

Country	Fail	Pass
Australia	1	0
Egypt	1	1
Germany	2	0
India	10	0
Ireland	0	1
Jamaica	1	0
Jordan	1	0
Malaysia	2	0
Malta	0	1
Pakistan	4	0
South Africa	0	2
Sri Lanka	2	0
Syria	2	1
Total	6	6

## Comments

The performance of candidates who graduated in the UK is significantly better than that of candidates who graduated overseas (Table 17). Although the performance of trainees who graduated in the UK is better than those who graduated outside the UK, this does not reach statistical difference (Table ii).

If the difference in performance of white and non-white trainees were solely based upon ethnicity, this would be reflected in performance of trainees who were UK graduates. This does not appear to be the case (Table iii).

There is a statistically significant difference in the performance of white and non-white trainees who graduated outside the UK.

There is evidence to suggest that the difference in performance of white and non-white candidates can be explained by country of qualification.

Michael Nelson BSc (Hons) FRCOphth MAEd  
**Education Adviser**

February 2011

Candidate evaluation Part 2 FRCOphth November 2011

**Structured viva  
Comments**

**Viva Station 1 Patient Investigations & Data Interpretation**

*"Very much put at ease."*

*"Very friendly."*

*"Friendly."*

*"Very pleasant examiners."*

*"Didn't finish answering the question before I was waved onto next question and I still had things to say"*

**Viva station 2 Patient Management 1**

*"Put at ease"*

*"Yes very friendly."*

*"VKC difficult to see photo details."*

*"Yes, quite helpful to make me feel comfortable."*

*Poor quality photo"*

**Viva station 3 Patient Management 2**

*"Not Enough Clinical Information Given, Not specific clinical information, but if more clinical info was given it would have run more fluently"*

*"Direct to correct directions and lots of good questions"*

*"Not Enough Clinical information. Felt had to be guided through station too much."*

**Viva station 4 Attitude, Ethics and Responsibilities**

*"Unclear as to what they were wanting, could ask more direct questions"*

*"Too Much Complicated"*

*"Not very clear what answers were expected."*

*"I felt the examiner talked excessively and it would have been more appropriate to ask more closed questions."*

*"Difficult to understand lines of questions for 1<sup>st</sup> part very vague."*

*"Very nebulous and not much leading"*

*"Not obvious what examiners wanted. A bit of leading would have helped."*

**Viva station 5 Audit, research and evidence based medicine**

*"You were expected to remember a lot of detail about the paper"*

*"Need to know type 2 drivers – driving standards"*

*"Statistics questions too advanced – we have basic knowledge of study methodology, not statisticians"*

*"Very detailed questions on Statistics."*

*"Very Difficult to determine disease (and) from 2-D photos – not obvious."*

*"Felt like this was partially a test of how well I could memorise the research paper."*

*"Excessive level of details regarding figures - no question of clinical relevance of CATT study."*

**Overall**

*"Very Well Organised"*

*"Could have had more cases per station"*

*"Too many statistics questions"*

*"Conducting all stations in the same room is not ideal. Separate rooms would prevent candidates from being distracted by others."*

*"Perhaps 15 minutes per station may allow more time for answers without being pushed for time."*

*"Provide pen and paper for writing/making notes."*

*"Quality of some of the images could have been better."*

*"The Research Station' Questions were rushed and long."*

*"I think for Px management the scenarios should be clear."*

*"Open plan formats off putting – can hear other candidates talking."*

*"Ethics station confusing."*

*"But I think it could be better."*

*"Good to have a few minutes between cases"*

*"I'm sure this could all be included in one viva exam. It seemed like a lot of (illegible)."*

*"Why not assess this in the written + focus more on (illegible) in viva."*

*"Very good."*

*"Very courteous - questions bit difficult."*

*"Very well organised."*

*"Felt it was an appropriate exam. Examiners were courteous."*

*"Examiners very friendly. Makes you feel relaxed. Relevant questions."*

*"Good assessment, thank you."*

## **OSCE**

### **Comments**

#### **OSCE station      Communication Skills**

*"Very Good"*

*"Good scenario, good actress."*

*"Not very clear what was needed."*

*"Long pause at end – bit awkward."*

#### **OSCE station 1      Cataract and Anterior Segment**

*Quite Nonstandard codes (but questioning around here was fair)"*

*"Good Cases + Discussion"*

*"V. Specialised"*

#### **OSCE station 2      Glaucoma and eyelid**

*"Very Friendly"*

*"Good Cases + Discussion"*

#### **OSCE station 3      Posterior Segment**

*"Indirect ophthalmoscope – Poor quality – not used commonly type."*

*"Patients were not dilated. Pupils constricted during examination."*

*"Poorly dilated pupils in the child, it was therefore very difficult to see."*

*"One patient could not comfortably reach the slit lamp as the chair was low and not able to adjust. Also poorly dilated with medial opacity making examination difficult."*

*"90d lens v. scratched."*

*"Really disappointed that bed did not go down so that I could not use the indirect correctly"*

#### **OSCE station 4      Strabismus and Orbit**

*"Difficult, v. advanced questions."*

*"It was excessively difficult in comparison to the other stations and no chance to 'recover' because examiner lumped too much of topics (sic). I felt the strabismus questions were more appropriate for a strabismologist! I was not moved on when it was clear I was struggling."*

*"Difficult Cases/Questions."*

*"One of examiners – a bit unfriendly. Could smile a bit."*

*"Difficult to elicit signs in patients who had surgery previously."*

*"Not enough time to assess complex motility case. In real practice you take a better history and can examine at length, unlike today."*

*"1<sup>st</sup> Px with Prenotes RD Surgery vague history and not sure if needed orbit or strabismus examination."*

### **OSCE station 5    Medicine and Neurology**

*"Felt that one of the examiners was very fussy and rude."*

*"Too much direct ophthalmoscopy when we use the slit lamp or indirect normals"*

*"Only allowed to use direct for optic atrophy and unable to tell if disc was elevated."*

*"Inappropriate exam for angioid streaks + Px undilated (direct)."*

*"Very medically based"*

*"Very short of time for 4 patients and one patient did not really understand the vf rest."*

*"At times it was very confusing, hard to know what examiners wanted."*

*"limited history about the condition and only allowed to do limited examination on all PXs e.g. optic atrophy + not allowed to say how long Sx had been for."*

*"Undilated direct examination in bright room with patient moving around."*

*"Direct ophthalmoscope for myopic patient is difficult."*

*"Difficult. Spinocerebellar ataxia – gaze evoked nystagmus bilateral 6<sup>th</sup> nerve + peripheral neuropathy."*

*"Unfair to have 2 medicine/neuro stations in an ophthalmology exit exam."*

*"Upper limb not relevant to an ophthalmology exam."*

### **The OSCE overall**

*"The height of chair and slit lamp was not okay, I have to stand and examine because my hands are not stable, I couldn't examine properly. "*

*"Even though in the same room as other candidates, the sound was not a problem."*

*"Good number of patients. Good variety."*

*"Very Well Run."*

*"Limited Breadth"*

*"But some limited questions of some examiners lead to omitting of some answers."*

*"Patients not fully dilated in retinal exam."*

*"Narrow focus in Neuro and Medical station."*

*"Well Organised, Courteous Examiners."*

*"No Strabismus or orbital problem in strabismus and orbit station."*

*"I couldn't examine the patients properly because the height of the chair and slit lamp was not matching. My hands and legs are shaking and so the lens in posterior segment section of ant seg section as well."*

*"Strabismus station really excessively hard in comparison to the other stations. Examiner not helpful and not willing to move on. I felt this was unfair and did not occur in other stations."*

*"Location good in hospital. Very good organisation. Well done."*

*"Helpful Examiners."*

*"Courteous people, well organised. Thanks"*

*"Was unsure whether to swap room, after 2<sup>nd</sup> patient in neurology station."*

*"Not fair assessment- no"*

*"Excellent Organisation, Very fair Examiners."*

*"Very good cases + well organised."*

*"Very well organised"*

*"For the stations where the direct is used, if it is intended that the patient is meant to be dilated then they should be well dilated. I feel competent with the direct and have practiced extensively but could not get an acceptable view."*