

## ESSAY WRITING FOR UNDERGRADUATE AND POSTGRADUATE MEDICAL EXAMINATIONS

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### INTRODUCTION

The written examination in most medical examinations consists of long and/or short essays and multiple choice questions. The essays contain numerous questions on topical issues in the respective faculties and most times, all questions are compulsory.

### IMPORTANCE OF THE ESSAYS

The essay papers are usually the most important parts of the postgraduate and even undergraduate examinations. They form between 50 and 75 percent of the written examination (MCQ being the remaining 25 to 50 percent). In many postgraduate colleges, only candidates who pass the written can proceed to the decisive clinical examinations. A poor performance in the essays cannot usually be compensated for by a good performance in the MCQ and will most times result in failure in the written paper and consequently in the whole examination. Candidates should also be aware of the close marking scheme of the essays hence must make every effort to reasonably attempt all questions.

### 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 postgraduate examination is a clinical examination aimed at producing specialists in the various faculties. Therefore, the knowledge expected from you at the examination is similar to what you are expected to know as a senior registrar or a fellow of the relevant college.

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.

- *Analysts and solution of specific problems*: total factual knowledge that could be tested with simple yes/no options is assessed using MCQ. The essays assess controversial issues that requires 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 not as much as 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 (e.g. five questions in 2 hours) 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.* Remember the close marking scheme.

#### ADEQUATE PREPARATION

Having seen and practised with previous examination question papers

is a good means of preparation. This gives the candidate an idea of what to expect and to plan how many minutes to tackle each question. As the old saying goes, practice makes perfect. 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. 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.

- A. The first type is the 'Discuss/Critically evaluate/Critically appraise/Compare and contrast/Debate...' question. Examples are:
1. *Discuss the use of anticoagulant drugs in obstetrics.*
  2. *Hysterectomy for dysfunctional uterine bleeding is out of date. Discuss.*
  3. *Critically appraise the use of the colposcope in gynaecological practice*
  4. *Critically appraise the role of antiretroviral therapy in neonates born to HIV positive mothers.*
  5. *Discuss the use of CT scan in the head injured patient.*

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.

B. 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. Example includes:

1. *A 19-year-old-woman attends the gynaecological clinic because she has not menstruated for 1 year. Discuss your management.*
2. *Describe the management of a woman with infertility and oligomenorrhoea.*
3. *Discuss the management of a patient with fulminating cardiac failure.*
4. *How will you investigate a child with chronic cough*
5. *Discuss the treatment of a 68 year old man with difficulty with micturition.*

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.

C. The third type is one of the commonest type that appears in the postgraduate examination. 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 are you 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:

1. *An 18 yr old girl presents with bleeding gum. Justify the steps of your investigation.*

2. *A 60 year old man has a swollen red eye. Evaluate the management options.*
  3. *A 31-year-old woman has unexplained infertility of 2 years' duration. Compare and contrast the management options.*
- D. 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 here means assisting the patient to make a choice or decision, by discussing the options and relating them to her particular situation.

Example of these questions include:

1. *A 45 year old woman is going to have a hysterectomy for heavy periods. How would you counsel her about removing her ovaries*
2. *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?*
3. *A chronic renal failure patient is being planned for a kidney transplant. How would you counsel him.*
4. *A business executive is diagnosed with a right leg tumour. Counsel him for an above knee amputation.*

### 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 postgraduate candidates who misread words like 'infertility' as 'fertility', 'pre-eclampsia' as 'eclampsia' chronic renal failure as acute renal failure, cholelithiasis as cholecystitis 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:

Discuss the use of anticoagulant drugs in obstetrics.

The key points are:

1. *Discuss* (a critical evaluation-type question).
2. *Use* (all uses—prophylaxis, treatment, DVT, PE, recurrent pregnancy loss with antiphospholipid).
3. *Anticoagulant drugs* (main subject, include all drugs—heparin, warfarin, aspirin, etc.).
4. *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 20 to 45 minutes). 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:

1. Preconception. Antenatal (1st, 2nd, 3rd trimesters). Intrapartum. Postnatal.
2. History. Examination. Investigation. Treatment. Follow-up. Rehabilitation/ Home care.
3. Effect of pregnancy on the disease. Effect of the disease on pregnancy (mother, fetus, neonate, breast feeding, contraception).
4. Causes: obstetric/non-obstetric. Maternal/ fetal. Congenital/acquired. Gynaecological/ non-gynaecological. Other 'issues' that are useful in various situations include:
5. Counselling
6. Urgency/Emergency
7. Senior involvement
8. Multidisciplinary approach
9. Team approach
10. Social support
11. Timing and mode of delivery
12. Home care
13. 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 perinatal/maternal mortality/morbidity, incidence, 5-year survival rates, cost-effectiveness, effect on social and economic life and effect on society. It must be stressed that the issues raised must be verifiable facts and not fables.

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 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 'filling 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 probably is 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.

### **REVIEWING THE ANSWER**

Again this is vital advice that is rarely followed. You should allow a couple of minutes to review your answer at the end. You WILL find mistakes and you should correct them in a tidy way (see below). Correcting your mistakes tells the examiner that not only can you recognise your mistakes but are prepared to correct them—as all safe doctors should be.

### **Handwriting and presentation**

It is a myth that good doctors have bad handwriting. They may have started with bad handwriting, as they have started with not knowing how to do operations, but with practice and persistence they should become good at both.

It goes without saying that the examiners cannot mark what they cannot read. It is of primary importance that you should write legibly. Many people think that they can never improve their handwriting, but this is not true. Legible handwriting is a skill, not a talent, and it is learned by practice. Practice makes perfect, or at least makes legible. You need to practice writing larger, clearly and slowly. Some suggest writing with a 'fluid-ink' pen, as this will make you write slowly. You have to make sure, however, that you do not smudge the ink on the paper, which is easily done with these pens. The best advice is to try different types of pens during your practice until you find the one that suits you most and makes your writing clearer.

You also have to make sure that your answer is tidy, with not much

crossing out. If you make a mistake, it is better to use a single line to cross it, as this will appear more tidy than using multiple heavy lines. The best thing, of course, is to avoid crossing out altogether.

A good tip, next to being perfect and making no mistakes, is to use correction fluid (e.g. Tipp-Ex) to cover any mistake. Several brands are available in the market, and you are well advised to try some of them during your practice and decide on the most appropriate one to take to the examination.

To aid the clarity of the answer, it is worth writing headings for the main paragraphs and sparingly underlining the key words using a different colour (e.g. red). Do remember to take a ruler to the examination, as zigzag lines are not very presentable.

### **TIMING THE ANSWER**

One of the main aspects of examinations in general is the limited time available for answering. Each examination has a specified duration. This time duration must be shared equally amongst the various questions with some time left for planning and some for revision. Many candidates, having found that they know more about one or more questions than the rest (which is not unusual), spend most of the time answering those questions at the expense of the others. This is based on the mistaken belief that an excellent answer will compensate for a very poor one.

The first 2 – 10 minutes should be dedicated to the plan, the following 20 to 45 minutes, as the case may be, to the actual essay and the last 2 – 10 minutes to revision and correction. This revision is very important as the absence or presence of small words

like 'not' can make a big difference to the meaning. What you can write in 20 min, you can say in 3 – 4 min depending on your speed. It might appear unfair that you are expected to write an essay about a big subject like preterm labour in such a short space of time. It is the purpose of the examination, however, to test your ability in presenting the important and relevant information in the allocated time.

### **GOOD BASIC ENGLISH**

Your aim is to convey your scientific thoughts clearly and concisely using good English language. This is best achieved by dividing your essay into paragraphs each addressing a separate issue. Short sentences, each containing no more than two clauses and presenting a single clear idea are easier to construct and understand than complex multicaused sentences. Thoughts should flow logically and effortlessly from one sentence to the next.

The rules of good basic English should be adhered to. These include

grammar (the relation between words) and syntax (the construction of sentences).

### **EXAMINERS' INSTRUCTIONS**

For each essay, the examiners are given a structured marking scheme with suggested guidelines on how many marks to be allocated to each part of the answer. Half marks may be used for components within the answers but the total must be rounded *down* to a whole mark. There is an ongoing debate between examiners on how many marks to allocate for logical coherent expression and overall impression. What is not debatable, however, is that a good answer always attracts high marks.

Writing a good essay requires a clear sensorium. The candidate should be well rested, calm and calculated. All distractions must be avoided. The ability to recall facts is of great importance. Time too must be allocated to a short prayer of supplication to the Almighty God. Success ultimately depends on His grace.