Surviving a viva: a guide for candidates

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To pass a viva a candidate must not only possess a thorough understanding of the subject but must also be able to convey this to the examiners. Vivas are different from other exams: you cannot deal first with the questions you know best and come back later to the ones you are not so sure about; and you cannot cross out previous answers and rewrite them. In assembling the knowledge base it may be helpful to remember facts in a way that makes them easily retrieved and communicated in a viva. An intelligent, structured, cogent answer wins the points.

LONG BEFORE THE VIVA

Start planning early. Study leave may have to be booked months ahead of a course or examination. Some of the more popular Royal College courses are fully booked-up six months or more in advance; you may even require a letter from your consultant to get a place. Make sure you have a copy of the syllabus well beforehand so as not to leave any holes in your knowledge; in a viva the examiners might accept one question as a complete non-starter but you cannot choose your favourite three out of five questions. If you need books, the time to get second-hand bargains is when the round of exams before yours has just finished.

Candidates often feel that they have a good idea of the standard of knowledge expected by the examiners, only to be jolted by the breadth of questions that they are expected to field. Consider reading the reports of previous examinations, talking to other candidates and reading internet comments. You might organize or join a local study group to practise viva questions on each other. Senior doctors or lecturers will often give up some of their time to work with a committed study group.

REVISING

Consider how viva questions are characteristically formulated. A common way is with a request from the examiner to define, classify, or list: define what you are about to talk about; classify it into a logical sequence of subdivisions; list the causes, differential diagnoses, complications, management options. When you think you

have covered a subject—for example neoplasia—put the book down and try asking yourself the sort of questions you could expect in a viva. ‘What is the commonest neoplasm of the . . .’, ‘classify inflammation of the . . .’, and ‘list the causes of neoplasms of the . . .’. You can do this on your own or in work groups: either way, have a suitable textbook to hand to clarify any points and avoid sharing incorrect information. Another common examiner’s gambit is the question ‘Why should a surgeon (or physician, pathologist, radiologist) know about . . .?’ The question puts you on the spot since it dictates that you *should* know.

There are many viva revision books on the market that can help a candidate learn in a question-and-answer format. These are useful in helping you store the information in a way that is quickly retrievable and gives you an idea of the standard and style of questions to be expected; but they are not comprehensive and should be used in conjunction with broader texts. Ask yourself *why* you really should know the answers. Examiners are always impressed by insight. Practise coping with the more predictable opening questions. Your programme should take you to the point where, in the week before the exam, you are working from brief notes or revision cards and are comfortable, confident and quick with the common and important definitions, classifications and lists.

ARE COURSES HELPFUL?

Several universities run revision courses for undergraduate finals. A postgraduate might consider applying to attend one of these since a good solid MB pass level, with clinical skills and experience relevant to your stage of training and evidence of knowledge of safe practice, is not far from what most Royal Colleges are looking for. For postgraduate exams, the choice of courses is wide. Some are organized by the Colleges that set the exams and some are run by specialist businesses. Cost, quality and value for money vary greatly. If some of the lecturers are also examiners, this may be a plus-point. Talk to people who attended a course and took the exam.

THE EXAM

Appearance and etiquette

You need to feel as comfortable as possible, psychologically as well as physically. What you wear will help both. You

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will feel better if you look the part that you are hoping to achieve by success in the viva.

If you have a plain two-piece dark suit, wear it. If you do not possess a suit do not buy one; you will look ill-at-ease, gauche and uncomfortable. A man could wear a dark plain jacket or, on a hot day, just a shirt and tie (and trousers). Windowpane checks and broad chalk-stripes are best kept for the race-course, but neither will cause you to fail. Whatever you wear will really make no difference at all if you are properly professional. An attributable tie (one that says 'I'm a Barts man' or 'I'm a member of the MCC', for instance) can be chancey. If your examiner is also a Barts man you will get a very correct viva, so that he cannot be accused of bias. If the examiner was rejected by Barts when he applied for a consultant post, it might colour his judgment. Better not to take the risk.

Women candidates can wear almost anything they like. No examiner will react against trousers, stilettos or fishnets. Beware of low-cut tops if you are a blusher. The blush will start somewhere around the manubrium sterni and spread upwards; it can be disconcerting to watch your examiners tracking its progress towards your chin. Men blush as commonly as women but the collar and tie hide the blush for about 10 minutes, by which time the viva is either well under way or over.

Before you go in, consider the possibilities of the initial few minutes. If an examiner stands to greet you with his right arm extended, you have no option but to shake hands. Not to shake hands without a very obvious reason gets the viva off to a sticky start (it is the examiner's fault, not yours, but you will be psychologically wrong-footed). Your hand will be warm and wet because of nerves, so think ahead. Before going into the examination room find a cool surface, such as a wall or tabletop, and press your right hand against it in several places until the moment that you are called in. Then if you are forced to shake hands, yours at least will be cool and dry.

You will be offered a chair. Put your backside as far into the angle of the chair as it will go: this will throw your upper body forwards into the appropriate posture for a viva. Cross ankles but not legs and never arms. If you are an enthusiastic hand-waver, wave your hands; if you refrain you will feel odd and look odd.

Never seek to appear to be anxious: if you aim for sympathy by showing excessive signs of anxiety you will get none. The examiners will immediately assume that there is good reason (i.e. that you are not properly prepared). By the same token, if things do not go well, pick up the pieces and start again. Never refer to a viva earlier in the day in which you have done badly (or think you have).

Eye contact is not essential; there are many places in the world in which it is considered disrespectful. If you usually make eye contact with people, meet your examiner's eyes.

With two or more examiners, engage both or all of them even though only one is asking the questions. They will feel more comfortable if you do.

Answer the question

Examiners are looking for a clear and logical dissertation on a subject, usually within a few minutes because of the pressure of time. They tend to like a definition that shows that you know what is going on, and you need to make yours as watertight as possible. You may need to refine some parts of your definition if the examiners challenge it.

If you do not understand a question, ask for it to be rephrased or ask for clarification, such as 'I'm sorry, would you like me to tell you about . . .?' If you are asked several questions at once, the examiner is clearly at fault: pick one of the questions that you are happy with and answer that. If you cannot respond, say so early with a use of words that suggests that, although you cannot immediately recall the answer, you do know really.

Never accept the 'Tell me about . . .' gambit. This is the cardinal sign of a woolly examiner who cannot formulate a proper question that has a clear expected response. Establish precisely what the examiner wants you to tell him about, rather than wading in and allowing him to quibble with your answer ('No, that's not what I was looking for . . .'). Try 'Yes, certainly, what would you like me to start with?', which sounds cooperative and positive, and might concentrate the examiner's mind.

In the viva you may be hit with a heartsink question. A heartsink is a question that is perfectly simple yet for some reason completely unanswerable at that instant—'What is the difference between plasma and serum?' There is no good way of responding to a heartsink question, by definition, so think of as many as possible before you go into the exam. If, however, you are asked, say, 'What fungi are of surgical importance?' and cannot think of a single one, you might try 'Well, there are lots. Which one would you like me to start with?'. When the examiner suggests you start with *Candida albicans*, at least you will get a handhold on the question.

Consider how to move the questioning on. Sitting quietly saying nothing is a waste of everyone's time. Practise saying 'I can't recall' (better than 'I don't know'—especially as you almost certainly do know but cannot at that instant retrieve the answer).

You are likely to be asked for a list at some point. Clarify early whether the examiner wants a straight list (they usually do but not always) or whether he or she wants you to expand on the items as you go. Put common items first: scorpion bite might be true but is probably not as common as gallstones. Put *iatrogenic* on every list because it will almost always belong there. Never repeat items that

you have already mentioned—you will have gained the points and will be seen as wasting time. Close a list by saying ‘And the last example on my list is . . .’ so that the examiner cannot keep asking ‘And another?’.

At the end of the viva

When the bell goes, say ‘thank you’, stand up and leave the room immediately. Ignore anything that is said after the final bell. Do not dwell on instances of ‘Good’, ‘Well done’, ‘Excellent’, ‘Oh dear’, ‘Never mind’, ‘It doesn’t matter if you don’t know but . . .’ that are said to you—they are now in the past and seldom have a bearing on the outcome of the viva. Do not grimace, weep or look desperate. Do not thank the examiners for their time. Do not say ‘I’m sure I could have done better’; it invites the response ‘Yes, I’m sure you could’. Do not shake hands or hang around. Your examiners have to mark your performance and cannot do so while you are within hearing.

If you have more vivas that day, put the last one from your mind and start all over again as if nothing has

happened. You will inevitably think of all the things you forgot to say or got wrong. You will not think of the many things that you said that were correct and so you will have a distorted view of how well you did. Try to avoid this—easy to recommend, very hard to do.

CONCLUSIONS

As a final consideration, think about the pressures on the poor people who have to ask you the questions. If you can somehow alleviate these, this may help get the examiners on your side. Many examiners find vivas challenging: ‘All that the candidate has to do is answer each question as I ask it, whereas I have to think of five or six questions in a logical sequence’. Some examiners frown at candidates, not because they are being censorious or doubtful but because they are considering where the questioning should go next.

Tailor your revision style to the exam style, practise questions and answers and remember that the examiners really want you to do well. Meet them halfway—give them a chance.