Practical Guidance for Writing Single Best Answer MCQs

A GOOD SCENARIO

- Allow 90 secs per question this will guide what goes into the question
- Set in authentic clinical contexts think about patients you've seen.
- Addresses range of topics, diseases, clinical contexts (over a number of qs)
- Emphasises the more important LOs/topics.
- Uses non-identifiable data and investigations.
- Follows the house-style for presenting the information (see below).

House style for scenario (Each institution should develop this list further with specifics)

- Good structure, 30-120 (max 150) words, concise description using present tense, no immaterial facts, does not deliberately mislead or include bad practice.
- Includes information on some of the following in this order:
 - age, gender (man/woman/boy/girl), symptoms, duration, the setting IF relevant, relevant past history, family history, social history
 - o Presents examination findings in this order:
 - temperature, pulse e.g. 90 bpm, blood pressure, respiratory rate e.g.
 breaths per minute.
 - o Mini-mental state examination and Glasgow coma score
 - Physical findings giving positive/abnormal findings first
 - Results and investigations in logical, standardised order giving normal ranges. (Appendix Word document has these normal ranges.)
- Describe signs and symptoms of a clinical state e.g. dehydration, rather than the medical summary.

Data and images

- Add data / images where possible and relevant, rather than report findings only.
- To access teaching images/photographs in NHS Lothian you can seek a Medical Image Manager User Profile.
 - Contact: medical.photography@wlt.scot.nhs.uk
- Photographs need explicit written consent
- X-rays can be used IF they have **no** name/ ID, and have **no** additional features such as pathology or jewellery that might identify patient.
- ECGs basically same rules as for X-rays

A GOOD LEAD-IN QUESTION

- Tests a range of learning outcomes think of relevant biomedical and social science, ethics etc as well as skills such as diagnosis, clinical management and prescribing.
- Tests a range of relevant cognitive skills (<u>recall</u> of causes and drugs, <u>interpretation</u> of results, <u>judgement</u> of likely diagnosis). Avoids small print facts, and favours application of knowledge over simple recall. Students may have to work out the diagnosis *then* recall the management.
- Asks for the single **BEST** answer and not which one is TRUE e.g.
 - What is the most likely diagnosis? (The other diagnoses may be reasonable but not 'best' as agreed by experts.)
 - What is the best description of the process?
 - What is the most likely site of the lesion?
- Passes the cover test i.e. students should be able to answer the question while covering the options
- Avoids asking what does NOT apply e.g. what is the least likely diagnosis/treatment. Avoids double negatives!

A GOOD SET OF OPTIONS

- Similar in style and length reasonably short
- Grammatically correct all flow from the lead-in question without 'cueing' the correct answer
- Homogeneous (all treatments, or diagnoses as required by the question)
- All options plausible, familiar to students and possibly appropriate, BUT one is **better** than the others
- BEST (keyed/correct) answer is widely agreed by experts
 conforms to UK practice and NICE/SIGN guidelines
- Listed in order e.g. alphabetically or numerically as appropriate (but drawback if re-using question)

FROM ONE GOOD QUESTION TO MANY

- If you have just written a question on **diagnosis**, think if you can write more questions with slightly different presentations, accompanying photographs, images, or ECGs for example.
- Then consider if you can write questions on the **management** of each patient in your range of presentations. The management might focus on investigating / **investigations**, **prescribing**, drug interations, **non-drug treatments** etc.
- And then you can consider the ethical issues, social science and biomedical science aspects of the patients' situations or the disease processes.

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