

MCQ Writing day

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With the considerable help of
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Introduction

- Outline for today
- The MCQ
 - Short presentation
 - Writing
 - Reviewing

Introduction

- Today's team:
 - Mark Westwood
 - Maeve Durkan
 - Robert Wright
 - Chris Plummer

Introduction

- Group work
 - 4 groups of 6 people
 - The facilitators will rotate
- We have copies of your submitted questions
 - Structured review
 - Challenge but be constructive
 - Try to look at overall style rather specific medical points.....

Schedule

- 11:30 - 12:30 Group work
- 12:30 - 13:00 Plenary discussion
- 13:00 - 14:00 Lunch
- 14:00 - 14:30 Panel discussion
- 14:30 - 15:45 Group work
- 15:45 - 16:00 Summary

A guide to successfully writing MCQ's

Introduction

- Background
- The MCQ
 - Why MCQ's
 - Writing
 - Examinations
 - Examples

Types of examination

- Formative
- Summative
 - High stakes
- Viva type examinations
 - Highly subjective, even with set questions
- Essay type examinations
 - Model answers, time consuming
- MCQ's
 - Objective, least flawed

Formative vs Summative

- Formative
 - Self feedback
 - To check learning at the end of a chapter
 - Low stakes
 - Low rigour
- Summative
 - High stakes
 - Consistency
 - Accuracy

MCQ: Good MCQ

- Stem
- Clear question
- 5 answers
 - 1 correct
 - 4 distractors
- Positive question
- Plausible distractors
- Same answer across Europe

MCQ: Good MCQ

- Answers same length
- Alphabetical or random
- Must be evidence base for answer
- Avoid
 - All of the above
 - None of the above
- Ensure you cannot work out one question from the information in another one!

MCQ: Technical

- Standardised lexicon
- Standardised punctuation
- Avoid absolutes
 - Always, never etc
- Standard format
 - History
 - Examination etc
- No abbreviations

PAUSE

MCQ: Example 1

- A 32 year old woman presents to the emergency department with a 3 day history of cough and increasing shortness of breath. On examination she has a respiratory rate of 30 breaths per minute and there is an audible expiratory wheeze.
- What is the most likely diagnosis?
- A) Acute exacerbation of asthma
- B) Diabetic ketoacidosis
- C) Hypothyroidism
- D) Myocardial infarction
- E) Uncontrolled hypertension

MCQ: Example 2

- A 78 year old man presents to the emergency department with sudden onset chest pain of 2 hours duration with associated nausea. On examination he is cold and sweaty. His pulse rate is 65 beats per minute and his blood pressure is 125/80 mmHg. A resting electrocardiogram shows ST segment elevation across the anterior chest leads (V1-V5)
- What is the most likely diagnosis?
- A) Acute exacerbation of asthma
- B) Diabetic ketoacidosis
- C) Hypothyroidism
- D) Myocardial infarction
- E) Uncontrolled hypertension

MCQ: Example 3

- A 65 year old man presents to the A/E with sudden onset chest pain of 2 hours duration. O/E pulse 65 and BP 110/75. An ECG shows STEMI.
- Which of the following is NOT appropriate?
- A) Aspirin and Heparin
- B) Aspirin, heparin, Hydrocortisone and antibiotics
- C) Oxygen
- D) Plavix
- E) thrombolysis

MCQ: Example 4

- Which of the following is true in severe AS?
- A) It is always associated with a bicuspid aortic valve
- B) TAVI is never a treatment
- C) The incidence in Smith et al (1997) is 1.36%
- D) May present as angina
- E) All of the above

Conclusion

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 - Short presentation
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