MCQ Writing day

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With the considerable help of
Chris Plummer
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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
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
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
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
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
  - Writing
  - Reviewing