

examination questions very carefully and answering them, and then take them to someone more qualified than yourself for unbiased criticism. If you persevere at this success should be yours next time.

Inability to write good answers to questions and to formulate ideas clearly is treated in the same way. If you are to overcome this you *must* practise writing papers and you *must* have someone who is qualified to do so to criticise and advise you.

Watch the "Easy" Questions!

A question which appears easy is rarely done so well as one which is difficult, because the latter has much thought expended on it whereas the former is answered more rapidly and many important points are usually left out. Bear in mind that examiners give no credit for subject matter not included and take nothing for granted, not even the points which you think are obvious.

In spite of some candidates' opinions, examiners are really very human and are anxious to find out what you know and want to pass you. If you try answer what is asked, and, in the practical room, pay attention to all the little details which matter when setting up for treatments or handling your patient, you should do well. Occasionally an examiner cannot get any answer at all out of a candidate. If this is the case what else can he do but fail her? If this has happened to you the best thing you can do is to arrange to answer oral questioning as much as possible and if possible, arrange for further coaching classes.

The last cause of failure should never occur but it does do so in these difficult times. Next time, allow yourself a good half-hour longer than you think you will need and if possible, have your day off for your examination so that you are not rushed or worried first thing in the morning.

There is no reason why you should not sit again and succeed so may I remind you that you should study carefully the conditions for re-entries as issued.

Discover where you "slipped up" and correct it. **GOOD LUCK!**

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Examining Technique

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We are all familiar with the man who is brilliant in his subject, and yet is quite incapable of imparting it to others; hence the group of bad lecturers in every University. St. Bartholomew's Hospital, London realise this and makes a practice of appointing to its staff men who are both excellent at their work and good teachers. In the same way there are well informed examiners who have little idea of how to examine; in the London examination halls, we used to say there should be an examination for examiners.

The candidate nurse up for her "oral" in her preliminary examination is emotional material. She is often appearing for a verbal exam. for the first time, and she is very nervous; she may not have slept for two or three nights before she appears—usually the final year candidate is harder bitten than she, and not so easily shaken. In England there is an oral examination in Anatomy and Physiology conducted by medical men—this is good and should be introduced in South Africa.

In anatomy, the examiner should have a table of bones; the nurse should be invited to sit down and make herself comfortable, and then invited to choose the first bone and talk about it. While she talks sense the examiner should not interrupt; his job is to find out what she does know, and not what she doesn't know, and he should reserve his tripquestions and harassing tactics for candidates for the F.R.C.S. or M.R.C.P. diplomas.

By letting the nurse choose her first question, she gains confidence gains marks, and shows her paces on something she does know, then the examiner can ask the second and third questions. The nurse usually likes the Femur, the Humerus, and the Scapula. She may be invited to put joints together, the examiner helping, when some funny combinations will result. I have seen the Ulna fitted on to the lower end of the Femur, and the Radius put into the Acetabulum; the nurse candidate should practice placing the various bones in position on herself.

In Physiology, in like manner, the examiner may invite the candidate to choose her subject and talk about it; questions should be of a general nature and clearly started, such as—'What do you know about Respiration?' How would you feed a new born baby with cow's milk?' I once said to a candidate, "You are given a cow and a baby how would you feed the one from the other?" and she said, "Which is to be fed, the cow or the baby?"

A greater favourite is "Digestion." Let the nurse follow the process of digestion from the time food goes into the mouth—and let her run on as the food goes down. Some like the kidney, and it is wonderful what a kidney can do; I have been told the kidney secretes gastric juice, and is concerned with respiration! A woman has a little idea of measurements and figures, and often she will know there are 5,000,000 R.B.C's, but in what volume she hasn't the foggiest notion.

Ten minutes for an oral exam is ample time for each subject; and if an examiner cannot find out whether a girl knows her work in that time, he should be thrown off the pedestal.

Under no circumstances should an examiner bully a candidate; to do so is a gross breach of good manners and is quite unfair to the candidate and to the examining board. In Cambridge, they have an excellent system by which candidates can complain of bullying or unfair methods, and more than one examiner has found himself out of a job. In the London Conjoint Medical Exams, a candidate may ask not to be examined by any one or more men whom he feels will not give him a just trial. I am told by individual South African nurses that they do NOT like to be examined by local men, and would willingly pay a few shillings extra to have outside examiners.

Marking

There are two methods of marking; giving a mark for each of, say, five questions, and then adding up the total; and, that of giving a round figure for the whole oral. By far the better method is the latter, and I find that a figure comes to my mind within the first 30 seconds of the oral exam, and although I keep an open mind to raise or lower that figure, yet seldom have I to do so.

I personally tend to mark toward the pass line, and to a poor candidate whenever possible I give the minimum mark to avert a complete failure of the whole exam, and leave her to stand or fall by the other examiners. A good