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TWELVE TIPS

Twelve tips for performing well in vivas

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Abstract

The viva examination is a common method of assessment in medical education. It is, in essence a performance given by candidates to examiners, and as such, candidates would be well advised to optimize their performance. Knowledge and skills are essential to passing the viva, but they alone are not sufficient. The process of the performance is also important, but it is not often made explicit in feedback during viva practice. Moreover, there are many aspects to the performance process that can be worked on to improve candidates' chances of passing. Here we present 12 tips focused on performance processes, for use by supervisors and their trainees.

Introduction

The viva voce examination (colloquially known as the “viva” or “oral”) is performed as an interview between candidate and examiner/s. It has a long history of use in under-graduate and post-graduate medical exams, and while it has its caveats (Memon et al. 2010) it is likely to be retained in some form by many institutions. The viva demands a special skill set from the candidate, well beyond that for a written exam. Yet, while candidates practice for vivas this interview skill set is not often made the focus of attention. Here, we present a guide for supervisors and their candidates to encourage consideration of these skills and thus improve candidates' chances of viva success.

Like all performances, the viva relies on content (what performers say and do) and process (how performers communicate with the audience). In a fascinating set of experiments, Tsay (2013), found that music experts were influenced more by *vision* than by *sound* when judging concert pianists, despite reporting that sound mattered more. That is, in terms of assessment, the performance processes (the behaviours) were more important than the content (the music).

A similar effect was at play in a study of medical student exams in which examiners were presented with videos and transcriptions of the vivas (Thomas et al. 1993). There was a disparity between marks awarded according to transcripts and those for video recordings. In practice, vivas are not marked by transcript, thus examiners will rely on more than just candidates' literal responses. Words alone do not make the marks in vivas.

Moreover, assessors can be quick to form impressions. A study of MRCGP oral examiners (Yaphe & Street 2003) found they can form an impression, and sometimes a judgment, of a candidate very early on in the exam: “as soon as she opened

her mouth . . .” or “within 30 seconds . . .”. In other words, first impressions count. Drawing from a range of fields, Wood's recent review of the impact of first impressions (Wood 2013) makes a compelling case for their consideration in medical examinations.

Necessarily this raises issues of fairness and institutions must be on guard to ensure fair exam processes (Memon et al. 2010). Undoubtedly examiners are at pains to be objective, however, as human beings they are likely swayed by factors outside the remit of what is being tested (e.g. attire, confidence, eye-gaze, etc.). We include these factors (and others) under the umbrella term “processes”.

These processes often take a back seat during practice examinations because candidates and supervisors focus on content. This is understandable because content is the expertise of the supervisor, it is tangible, objective, measurable, and most importantly, related to competencies of the discipline. In comparison, viva processes can be perceived as vague or unimportant.

However, as we have illustrated above, processes are critically important in performance and assessment, even though they may not be explicitly acknowledged. Below we present 12 tips for supervisors to guide candidates in their viva preparation. We are by no means under-valuing the importance of content – we are merely raising awareness about the importance of processes.

The tips are written for practice viva examiners/supervisors to monitor and feedback to their trainees. It is difficult for candidates to simultaneously perform and reflect *in-situ* so the examiner must guide the feedback, not just on the clinical content, but also the processes. These tips also serve as a stand-alone document for candidates in their preparation for vivas. It can help guide their feedback requests from supervisors as well as provide a structure to master. We've drawn from a range of fields to support our advice,

and hope it is as useful to readers as it has been to our trainees.

Paying attention to, and improving these process elements is useful not only for exams but also for presentations, interviews and teaching. These are practical, life-long skills one can make use of at all levels in medical practice.

Tip 1

Behave professionally

In the viva you are a person first, a doctor second and an exam candidate third.

Politeness, manners and respect are the hallmarks of good behaviour. On entering the examination room, if there is the opportunity, the candidate might shake hands with all present. A firm handshake makes a good first impression (Chaplin et al. 2000); gripping firmly while looking the interviewer in the eye improves interviewee employability ratings (Stewart et al. 2008).

Fidgeting can negatively influence perceived effectiveness (Ambady & Rosenthal 1993), thus it is important candidates keep it in check. Considered emphasis of key points can be made using hand movements, appropriate gesturing confers motivation to work and social skills (Gifford et al. 1985), but in our view if overused they lose value and can look unprofessional.

The posture when seated should be erect and comfortable. Slouching, leaning back, leaning across the table, do not reflect professionalism in our view.

Candidates should not be scared to smile. Smiling elicits trust (Scharlemann et al. 2001) and generates leniency (known as the smile-leniency effect), principally by increasing perceived trustworthiness, as well as other positive attributes (LaFrance & Hecht 1995). In interview settings, smiling may improve employment chances (Anderson & Shackleton 1990) conveying a perception of motivation to work (Gifford et al. 1985). It goes without saying that the smile should be appropriate for the context and content.

Tip 2

Appearance should be professional

Professional appearance, including attire and personal grooming, is strongly related to interviewer ratings of interviewees (Barrick et al. 2009). It is one of the first impressions candidates make on examiners, potentially influencing their overall assessment (Wood 2013).

Attire and personal appearance should be within the expected norms of the profession (Barrick et al. 2009). Colours should be solid and neutral (e.g. greys, browns, blacks, navy blues) and strongly patterned designs avoided (Doyle 2013). In short the candidate should be presentable – the sort of look their desired institution would appreciate representing them.

Tip 3

Make eye contact

Eye contact is an aspect of performance with profound effects on social interactions (Frischen et al. 2007). Establishing eye contact confers likeability (Mason et al. 2005) and maintaining eye contact makes one appear more credible and attractive (Burgoon et al. 1985). Indeed when identical surgical viva transcripts were videoed with actors either maintaining eye gaze or not¹, examiners scored those who maintained gaze significantly higher globally and across items such as “has knowledge of facts”, “understands concepts”, “identifies problems”, “integrates relevant data”, “is motivated”, “communicates effectively”, “is resourceful”, “has integrity”, “is attractive in appearance” (Rowland-Morin et al. 1991). In short, establishing eye contact invokes many positive attributes in the eyes of examiners. It also ensures the examiners stay alert – it is much harder to drift in concentration if one knows the candidate is likely to make eye contact every few minutes. Beware however of unrelenting eye contact which can be perceived as aggressive (Frischen et al. 2007).

Thus, when reading from notes, candidates might adopt a news-reader approach – briefly scanning the material then looking up to meet the examiners’ eyes. Often there are multiple examiners, which means establishing and re-establishing eye contact with each in turn. Necessarily, different cultural norms need to be taken into consideration.

Tip 4

A positive affect has a positive effect

That vivas are stressful for candidates is understandable (Arndt et al. 1986; Hashmat et al. 2008). Nonetheless, appearing positive and confident is important. When experienced psychiatrists marked a video of medical students sitting their psychiatry viva, their marks correlated positively to their perception of the candidate’s confidence. Conversely, higher levels of self-reported candidate anxiety (in men) were associated with lower marks (Thomas et al. 1993).

Confidence, enthusiasm, positivity and care are seen as characteristics of good candidates by examiners (Yaphe & Street 2003).

Thus, while examiners will necessarily be attuned to content, candidates’ affect can sway assessment. Hence, candidates might think to themselves, “I’ve studied hard, I’ve passed the written exam, I deserve to pass!”.

For candidates with significant anxiety, consideration should be given to its management well in advance of the viva.

Tip 5

Speak like a news-reader

Rate of speech: Anxiety tends to increase speech rate, but a moderate speech rate should be the aim (Rowland-Morin et al. 1991).

Clarity of speech: Anxiety can impede speech clarity, through mumbling or faltered speech. Clear speech and good

grammar can strongly influence employment interviews (Parsons & Liden 1984). Indeed, good articulation is judged by viva examiners as a positive characteristic, and faltering, a negative one (Yaphe & Street 2003). Proper enunciation requires practice. Also, news readers can make for good enunciation role models.

Tip 6

Punctuate and emphasize speech

Emphasis is an area where speech has an advantage over text. Emphases can be made not just by the quantity of time given to an issue but also by the candidate's tone of voice. Varying one's pitch enhances perceptions of competence, character and socialibility (Burgoon et al. 1990). We encourage candidates to think of a written word in **bold** or *italics* then pronounce it with that emphasis. Important points in their presentation can be emphasized using this technique.

By the same token, punctuating speech with pauses – verbal full stops and commas – allows key sections of a presentation to be separated. Tempo variation conveys confidence (Burgoon et al. 1990). It also allows examiners to catch up, note a change in direction, and create their own mental image of what the candidate is communicating.

Tip 7

Remember to breathe

Because anxiety can cause shallow breathing candidates may run out of breath and hurry to finish making their point. The “pause-think-speak” model is used for training anxious interviewees (Hollandsworth et al. 1978), as it allows a brief space in which to plan one's answer. Planning conveys the capacity for reflection, which is viewed as a positive candidate characteristic by examiners (Yaphe & Street 2003). Thus, we encourage candidates to take a breath and plan their answer before responding to a question.

Composure in an interview is advantageous (Hollandsworth et al. 1979). It is time well spent in the minutes before the exam practicing breathing exercises, as they can be an effective means of reducing anxiety (Davis et al. 1982). There are many websites, books and other resources that can provide detailed instructions for simple, effective techniques that can be used anywhere.

Tip 8

Thoughts should be logical

The flow of the presentation should be logical and easy to follow. The capacity to articulate one's thoughts clearly, using well chosen words is a highly desirable trait in hiring interviews (Hollandsworth et al. 1979). Fluent speech is also persuasive (Burgoon et al. 1990).

Candidates might consider a handful of elegant phrases that set them apart; phrases they can insert into a variety of contexts. For example, “*A confluence of factors precipitated this...admission/relapse/decline*”. Or “His impaired renal

function *brings into sharp focus* the importance of medical adherence”.

The following should be avoided:

- Pejorative language
- Specific numbers, unless necessary. For example, rather than “there are five issues...” candidates might say “there are a number of/some/a handful/many/several...” This is important if a point is forgotten or more are remembered.
- Technical terms, unless the candidate is absolutely certain of the meaning.

Tip 9

Difficult questions are an opportunity

(a) Decision questions

Questions on decision-making are often open-ended. When responding:

- It is important to focus on the patient rather than on generic principles.
- It is useful to organize responses into a time frame: for example, immediate, short and long term.

For example, a sensible response to the question, “How would you manage this patient's heart failure?” might be, “The patient is currently in fluid overload and this can be managed by an increase in his current diuretic dose. Once this has been treated the long term management of his heart failure can be addressed...”

Requesting to review information that can influence decisions may be appropriate. For example, “I would like to confirm systolic heart failure by reviewing results of an echocardiogram”.

(b) Missed data questions

This section refers to where the candidate has not gathered important data on which they are then questioned. For example, the patient was a sexually active teenage girl taking sodium valproate and the examiner asks, “When was the patient's last normal menstrual period?” The risk of teratogenicity has been raised but the candidate had not enquired about the possibility of pregnancy.

Our advice is as follows:

First, the error must be admitted. For example “On reflection, I did not gather that very important piece of information”.

Second, its significance must be explained. For example “The risk of teratogenicity needs to be considered should she become pregnant”.

Third, what action should be taken? For example, “I will ask the patient to return for an appointment as soon as possible to discuss pregnancy risks”.

Finally, value (i.e. marks) can be added to the response. This is where the candidate might talk of their knowledge of teratogenicity, teenage contraception, etc.

(c) Confusing questions

Sometimes questions are not clearly articulated. In such cases the candidate might ask the question to be repeated or they might pose the question as they understood it – e.g.

“I understand the question to be...”, wait for acknowledgment then proceed.

(d) Limit testing questions

Examiners need to determine the extent of a candidate's knowledge. Hence even the best candidate may not know the answer to some questions. Candidates should not be fazed by this. When faced with such a question, our advice is to respond as one would in their day to day practice. And then add value.

For example:

Examiner: “What are the echocardiogram criteria of severity?”

Candidate: I'm unsure of the criteria. I would however discuss this with a cardiologist and look this up in the recent literature. The severity in this case is important because...”

Tip 10

Demonstrate sophistication and maturity

Examiners will be evaluating candidates' capacity for reflection and synthesis within the discipline's framework (Yaphe & Street 2003). Thus, the candidate needs to know the meaning of the data they are presenting, incorporating it such that it aids diagnosis and/or management.

Candidates must also understand and communicate the limits of their assessment in the exam (i.e. artificial) context. What other information would they have liked to gather? What challenges did they face when taking the history or doing the examination and how did this impact upon their diagnosis or management?

It may be hard for candidates to imagine themselves out of the exam and in a real clinical setting, but that is the goal. They should think about how they would act if at work. For example, issues of non-adherence, finances and social circumstances are important to recognize. They demonstrate candidates' insight and judgment in complex cases.

Tip 11

Make the examiners' job easy

It can be a long day for examiners, paying close attention to a steady stream of candidates then having to make high stakes, often difficult, decisions. Needless to say it is tiring, thus it seems sensible to make the examiners' job easy.

In employment interviews behaviours identified as critical to success are: responding with concise and comprehensive answers, keeping to subject at hand and stating personal opinions when relevant (Hollandsworth et al. 1979). The viva interview is similar. Thus, candidates should be encouraged to organize their content and present a structured discussion to ease examiners through their tasks. Explaining one's thinking, rather than giving “yes/no” answers will guide examiners through the steps, rather than expecting them to make the connections themselves or having to tease out the answer with multiple follow-up questions.

Hence it is may be a good idea for candidates to co-examine with supervisors during practice vivas for their

colleagues. Experiencing the role of examiner is excellent practice for being a candidate.

Tip 12

Video practice vivas

Watching a video of one's performance has many benefits including seeing how one is perceived by others as well as facilitating self-awareness through reviewing the performance in a more relaxed atmosphere (Steinert 1993). It is best viewed within a structure with a supervisor (Quigley & Nyquist 1992). Video feedback can enhance skill acquisition in public speaking (Bourhis & Allen 1998) and improve interview performance skills (Hollandsworth et al. 1978). Hence we encourage candidates to video their practice presentations (de-identifying patient information) and watch them analytically, using the above tips as a structure for review.

Conclusion

A candidate's knowledge and skill base will necessarily be the foci of scrutiny by viva examiners. But being well versed in content only, without a positive means of communicating it to examiners can let candidates down. The ability to put one's best foot forward is also important. Indeed, there are many factors that can potentially impact on examiners beyond the explicit scope of the examination. Here we have outlined 12 of these, providing some ideas for supervisors and candidates to optimize their exam performance. They are in no way a substitute for a good, solid foundation in the core content required from the discipline. These tips are also neither infallible nor appropriate for every context. They may however, with practice, potentially improve candidates' chances of passing the viva examination.

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Declaration of interest: R. S. and R. R. ran a commercial exam preparation course 2001–2003 utilizing many of the above principles. R. S. and S. E. co-authored a psychiatry textbook which derives royalties.

Note

1. The eye gazers also had a vocal “moderate rate of response” as compared to non-eye gazers who had a “slower rate of response”.

References

- Ambady N, Rosenthal R. 1993. Half a minute: Predicting teacher evaluations from thin slices of nonverbal behavior and physical attractiveness. *J Pers Soc Psychol* 64(3):431–441.
- Anderson N, Shackleton V. 1990. Decision making in the graduate selection interview: A field study. *J Occup Psychol* 63(1):63–76.
- Arndt CB, Guly UM, McManus IC. 1986. Preclinical anxiety: The stress associated with a viva voce examination. *Med Educ* 20(4):274–280.
- Barrick MR, Shaffer JA, DeGrassi SW. 2009. What you see may not be what you get: Relationships among self-presentation tactics and ratings of interview and job performance. *J Appl Psychol* 94(6):1394–1411.
- Bourhis J, Allen M. 1998. The role of videotaped feedback in the instruction of public speaking: A quantitative synthesis of published empirical research. *Commun Res Rep* 15(3):256–261.
- Burgoon J, Manusov V, Mineo P, Hale J. 1985. Effects of gaze on hiring, credibility, attraction and relational message interpretation. *J Nonverbal Behav* 9(3):133–146.
- Burgoon JK, Birk T, Pfau M. 1990. Nonverbal behaviors, persuasion, and credibility. *Hum Commun Res* 17(1):140–169.
- Chaplin WF, Phillips JB, Brown JD, Clanton NR, Stein JL. 2000. Handshaking, gender, personality, and first impressions. *J Pers Soc Psychol* 79(1):110–117.
- Davis M, Eshelman ER, McKay M. 1982. *The relaxation and stress reduction workbook*, 2nd ed. Oakland, CA: New Harbinger Publications.
- Doyle A. What colors to wear to a job interview. Tips for choosing the best color to wear for an interview. [Accessed 7 November 2013] Available from: <http://jobsearch.about.com/od/interviewattire/a/job-interview-color.htm>.
- Frischen A, Bayliss AP, Tipper SP. 2007. Gaze cueing of attention: Visual attention, social cognition, and individual differences. *Psychol Bull* 133(4):694–724.
- Gifford R, Ng CF, Wilkinson M. 1985. Nonverbal cues in the employment interview: Links between applicant qualities and interviewer judgments. *J Appl Psychol* 70(4):729–736.
- Hashmat S, Hashmat M, Amanullah F, Aziz S. 2008. Factors causing exam anxiety in medical students. *J Pak Med Assoc* 58(4):167–170.
- Hollandsworth JG, Glazeski RC, Dressel ME. 1978. Use of social-skills training in the treatment of extreme anxiety and deficient verbal skills in the job-interview setting. *J Appl Behav Anal* 11(2):259–269.
- Hollandsworth JG, Kazelskis R, Stevens J, Dressel ME. 1979. Relative contributions of verbal, articulative, and nonverbal communication to employment decisions in the job interview setting. *Personnel Psychol* 32(2):359–367.
- LaFrance M, Hecht MA. 1995. Why smiles generate leniency. *Person Soc Psychol Bull* 21(3):207–214.
- Mason MF, Tatkov EP, Macrae CN. 2005. The look of love: Gaze shifts and person perception. *Psychol Sci* 16(3):236–239.
- Memon M, Joughin G, Memon B. 2010. Oral assessment and postgraduate medical examinations: Establishing conditions for validity, reliability and fairness. *Adv Health Sci Educ* 15(2):277–289.
- Parsons CK, Liden RC. 1984. Interviewer perceptions of applicant qualifications: A multivariate field study of demographic characteristics and nonverbal cues. *J Appl Psychol* 69(4):557.
- Quigley BL, Nyquist JD. 1992. Using video technology to provide feedback to students in performance courses. *Commun Educ* 41(3):324–334.
- Rowland-Morin PA, Burchard KW, Garb JL, Coe NP. 1991. Influence of effective communication by surgery students on their oral examination scores. *Acad Med* 66(3):169–171.
- Scharlemann JPW, Eckel CC, Kacelnik A, Wilson RK. 2001. The value of a smile: Game theory with a human face. *J Econ Psychol* 22(5):617–640.
- Steinert Y. 1993. Twelve tips for using videotape reviews for feedback on clinical performance. *Med Teach* 15(2-3):131–139.
- Stewart GL, Dustin SL, Barrick MR, Darnold TC. 2008. Exploring the handshake in employment interviews. *J Appl Psychol* 93(5):1139–1146.
- Thomas CS, Mellsop G, Callender K, Crawshaw J, Ellis PM, Hall A, MacDonald J, Silfverskiold P, Romans-Clarkson S, Romans-Clarkson S. 1993. The oral examination: A study of academic and non-academic factors. *Med Educ* 27(5):433–439.
- Tsay C-J. 2013. Sight over sound in the judgment of music performance. *Proc Natl Acad Sci* 110(36):14580–14585.
- Wood TJ. 2013. Exploring the role of first impressions in rater-based assessments. *Adv Health Sci Educ Theory Pract*. DOI: 10.1007/s10459-013-9453-9.
- Yaphe J, Street S. 2003. How do examiners decide? A qualitative study of the process of decision making in the oral examination component of the MRCGP examination. *Med Educ* 37(9):764–771.