POSTGRADUATE MEDICAL COUNCIL OF VICTORIA (PMCV) INTERVIEWS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. When describing a development area in a medical training interview, which approach is most appropriate?

A. Mention a weakness with no plan to improve.

B. Mention a weakness and describe concrete steps, including courses, supervision, and measurable milestones.

C. List several strengths and avoid any weakness.

D. Discuss a weakness but blame the system for it.

2. In an emergency, the registrar asks you to place an intercostal catheter and you have never done one before. What should you do first?

A. You would inform them you've never put one in before and that you'd be uncomfortable doing it.

B. Have to keep in mind patient safety and that you could be doing more harm than good if you insert the ICC.

C. At least collect the equipment and set up if you know how to.

D. Call cardiothoracics/respiratory team if needed.

3. What is the first appropriate step when you suspect a colleague is dumping workload and your registrar complains about workload?

A. Explain to the colleague that you will escalate immediately.

B. Discuss with colleague about task allocation and equal workload, emphasizing patient safety.

C. Confront the intern in front of patients.

D. Ignore the issue and hope it improves.

4. Which infection control measure is essential in reducing transmission in a clinical setting?

A. PPE use

B. Vaccination of healthcare workers

C. Hand hygiene

D. Isolation when needed

5. To prevent chronic burnout from administrative tasks, what is a constructive long-term strategy?

A. Rotate tasks evenly and schedule earlier check-ins; plan workload at start of day

B. Always have interns stay late until all tasks are done

C. Assign blame to the intern

D. Ignore the issue

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6. Your reg is about to discharge a patient but you think discharge would be detrimental. What would you do?

A. Escalate to consultant immediately.

B. Discuss with reg why you think the patient shouldn't go home.

C. Tell the patient they must go home.

D. Involve social worker.

7. You get paged to see Mr S. who is a 40M admitted with infective endocarditis. He is receiving IV abx (day 2) and requesting to go home. What do you do?

A. If still wishes, assess capacity to decide; if capacity present, respect autonomy

B. Address any concerns and reasons for staying

C. Explain the risks if he self-discharges

D. If patient is resistant and continues wanting to self-discharge after open discussion, then may need to assess capacity - ?confusion from being unwell

8. In an elderly patient with CAP who is screaming and wandering, which initial assessment should be performed before deciding on sleep aids?

A. Delirium/sepsis screen and treat underlying causes

B. Order chest X-ray only

C. Sleep study

D. Blood sugar only

9. During a surgical rotation, what is a constructive first step when you face a mean consultant?

A. Try to remember to be more aware of your own emotional state and moods.

B. Could have discussion with consultant about how they're affecting you.

C. Seek advice from senior team members if necessary.

D. Try to find out who were the interns before you.

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10. A patient is considering filing a complaint about you in the hospital, what do you do?

A. Discuss with patient what concerns they have about you, what suggestions they have, apologise for any mistakes you made/compromising their care; not being defensive about it, being open-minded to their feedback and willing to do better

B. Cry

C. If they want to still file a complaint then can't do much about it

D. Seeking support services or support from other team members for more feedback and advice on particular situation that patient is complaining about

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Answers

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1. B
2. A
3. B
4. C
5. A
6. B
7. A
8. A
9. B
10. A

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Explanations

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1. When describing a development area in a medical training interview, which approach is most appropriate?

A. Mention a weakness with no plan to improve.

B. Mention a weakness and describe concrete steps, including courses, supervision, and measurable milestones.

C. List several strengths and avoid any weakness.

D. Discuss a weakness but blame the system for it.

Self-awareness plus a proactive growth plan is what interviewers look for in a description of a development area. The best approach is to acknowledge a real area for improvement and pair it with a concrete, feasible plan: specify courses or training to undertake, arrange appropriate supervision or mentorship, and set measurable milestones to track progress. This shows you can identify gaps, take responsibility, and actively manage your professional development in a way that translates to better patient care. Options that avoid a plan or try to hide weaknesses don't demonstrate accountable growth. Mentioning a weakness without any steps implies little effort to improve. Focusing only on strengths and avoiding any weakness can come across as dishonest or superficial. Blaming system-level factors instead of taking personal responsibility signals a lack of accountability.

2. In an emergency, the registrar asks you to place an intercostal catheter and you have never done one before. What should you do first?

A. You would inform them you've never put one in before and that you'd be uncomfortable doing it.

B. Have to keep in mind patient safety and that you could be doing more harm than good if you insert the ICC.

C. At least collect the equipment and set up if you know how to.

D. Call cardiothoracics/respiratory team if needed.

Recognizing your limits and seeking supervision is essential when asked to perform a procedure you haven't been trained for. If you've never inserted an intercostal catheter, the safest first step is to tell the registrar that you haven't done this before and would be uncomfortable attempting it. This clearly communicates your lack of training, protects the patient from potential harm, and prompts immediate supervision or handover to a trained clinician. In an emergency, you still prioritize patient safety over action; you don't proceed with an invasive procedure you're not competent to perform. While it's important to want to help and to escalate care, simply thinking about safety or collecting equipment without appropriate training can lead to harm, and calling in a senior team is appropriate but should follow the acknowledgment of your limits so they can provide proper guidance and supervision.

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3. What is the first appropriate step when you suspect a colleague is dumping workload and your registrar complains about workload?

A. Explain to the colleague that you will escalate immediately.

B. Discuss with colleague about task allocation and equal workload, emphasizing patient safety.

C. Confront the intern in front of patients.

D. Ignore the issue and hope it improves.

When you sense a colleague is dumping workload and your registrar has raised concerns about the overall workload, the first move is to talk directly with the colleague about how tasks are allocated and work toward a more even distribution with patient safety front and center. This approach tackles the issue at its source: it opens a respectful, private dialogue to clarify responsibilities, set expectations, and adjust duties so everyone carries a fair share and patient care isn't compromised. It also reinforces professional teamwork and gives both of you a chance to identify any miscommunications or hidden bottlenecks before things escalate. Escalation or public confrontation isn't the best first step. Jumping straight to escalation can create defensiveness and strain working relationships, and addressing the intern in front of patients is unprofessional and risks patient trust. Ignoring the issue allows the problem to persist and could jeopardize patient safety. If the discussion doesn't yield improvement or safety remains at risk, then escalate through the appropriate channels.

4. Which infection control measure is essential in reducing transmission in a clinical setting?

A. PPE use

B. Vaccination of healthcare workers

C. Hand hygiene

D. Isolation when needed

Interrupting transmission through proper hand hygiene is the most effective infection control measure in a clinical setting. Hands are the main vehicle for spreading pathogens between patients, staff, and surfaces. Regular and correct hand hygiene—before touching a patient, before aseptic tasks, after exposure to body fluids, after patient contact, and after touching patient surroundings—greatly reduces the microbial load on hands and stops the chain of transmission at its source. In practice, alcohol-based hand rubs are typically preferred for routine contact, as they are fast and effective, while soap and water are used when hands are visibly soiled or when dealing with certain organisms like C. difficile. PPE use and isolation are important components of infection control, but they depend on specific risk, context, and identified pathogens, whereas hand hygiene is a universal measure that applies to every patient interaction. Vaccination protects workers and reduces certain transmission risks but cannot prevent spread in all scenarios or for all pathogens.

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5. To prevent chronic burnout from administrative tasks, what is a constructive long-term strategy?

A. Rotate tasks evenly and schedule earlier check-ins; plan workload at start of day

B. Always have interns stay late until all tasks are done

C. Assign blame to the intern

D. Ignore the issue

Sustainable workload management through proactive planning and fair task distribution is what this item tests. Rotating tasks evenly prevents any one person from bearing an excessive share of administrative duties, while scheduling earlier check-ins and planning the day's workload at the outset creates a predictable, manageable rhythm. This approach helps catch problems before they snowball, ensures coverage, and supports a steady pace, all of which reduce chronic stress and protect both staff well-being and patient safety over the long term. By distributing tasks, you also promote cross-training and shared accountability, which strengthens the team's resilience. In contrast, asking people to stay late regularly leads to burnout and diminishes motivation; blaming a team member damages trust and collaboration; and ignoring the issue guarantees burnout will worsen.

6. Your reg is about to discharge a patient but you think discharge would be detrimental. What would you do?

A. Escalate to consultant immediately.

B. Discuss with reg why you think the patient shouldn't go home.

C. Tell the patient they must go home.

D. Involve social worker.

When you're worried that discharging a patient would be detrimental, the first and most appropriate step is to discuss your concerns with your supervising registrar and explain why you think discharge isn't safe. This leverages senior clinical judgment, supports patient safety, and keeps you within the proper team-based approach. It also opens the door to re-evaluating the plan, considering alternatives such as continued observation, additional investigations, a different discharge arrangement, or arranging appropriate inpatient care or community support. Telling the patient they must go home bypasses clinical judgment and can risk harm, so it's not appropriate. Involving a social worker can be helpful for discharge logistics or social factors, but it doesn't address the immediate clinical risk on its own. Escalating to a consultant right away may be needed in urgent situations, but the usual path is to raise concerns with the registrar first to trigger the appropriate escalation and ensure a safe, well-considered plan.

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7. You get paged to see Mr S. who is a 40M admitted with infective endocarditis. He is receiving IV abx (day 2) and requesting to go home. What do you do?

A. If still wishes, assess capacity to decide; if capacity present, respect autonomy

B. Address any concerns and reasons for staying

C. Explain the risks if he self-discharges

D. If patient is resistant and continues wanting to self-discharge after open discussion, then may need to assess capacity - ?confusion from being unwell

Decision-making capacity and patient autonomy are being tested here. When a patient requests to leave hospital against medical advice, you must first determine whether they have the capacity to make that decision. Capacity is decision-specific and hinges on four abilities: understanding the information about the condition and proposed plan, appreciating the consequences of the decision, reasoning about options, and communicating a clear choice. Illness can affect capacity, but you shouldn't assume incapacity simply because the patient is unwell; you should assess it directly. If the patient demonstrates capacity, his autonomous choice must be respected—even if you disagree or believe staying is safer. You should still provide clear information about risks and discuss his concerns, but you would not coerce him to stay. If capacity is lacking, you would involve appropriate safeguards or decision-makers and consider ethics consultation as needed. The other actions—addressing concerns or explaining risks—are important parts of the conversation, but they assume capacity and do not substitute for a proper capacity assessment.

8. In an elderly patient with CAP who is screaming and wandering, which initial assessment should be performed before deciding on sleep aids?

A. Delirium/sepsis screen and treat underlying causes

B. Order chest X-ray only

C. Sleep study

D. Blood sugar only

The main idea here is that acute agitation and wandering in an elderly patient with pneumonia is often delirium, which is usually caused or worsened by an underlying reversible problem. Before giving sleep aids, the priority is to screen for delirium and look for treatable causes of it, especially infection/sepsis, metabolic disturbances, hypoxia, dehydration, and pain or electrolyte issues. By performing a delirium/sepsis screen and addressing underlying problems, you reduce the risk of worsening delirium with sedatives and improve overall outcomes. In practice, this means assessing mental status with a quick delirium screen, checking for signs of sepsis or organ dysfunction (vital signs, oxygenation, urine output, labs), and treating reversible causes—administering antibiotics if indicated, correcting fluids and electrolytes, ensuring adequate oxygen, managing pain, and reviewing medications that may contribute to delirium. Once the underlying issues are stabilized and the patient's delirium is better controlled, sleep aids can be reconsidered with caution. The other options don't fit as the initial step because they address only a single aspect or are not relevant to the acute situation: a chest X-ray alone doesn't address delirium or its causes; a sleep study isn't appropriate for acute agitation; and checking blood sugar alone ignores other potential drivers of delirium.

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9. During a surgical rotation, what is a constructive first step when you face a mean consultant?

A. Try to remember to be more aware of your own emotional state and moods.

B. Could have discussion with consultant about how they're affecting you.

C. Seek advice from senior team members if necessary.

D. Try to find out who were the interns before you.

Handling a mean consultant in a surgical rotation centers on using constructive communication to address the issue directly and professionally. The best first move is to have a candid, private discussion with the consultant about how their behavior is affecting you and your ability to learn and perform safely. This approach targets the source of the problem, opens a channel for feedback, and helps set clear expectations and boundaries. It also demonstrates professionalism and a commitment to patient care, showing you're focused on solutions rather than blame. When you talk with them, choose a calm moment, be specific about observations, and use I-statements like "I felt [emotion] when [specific behavior] happened, which affected [learning/patient care]." Suggest concrete changes or support you'd find helpful and invite their perspective. If the situation improves, great; if it doesn't, you've established a documented, professional step to seek further guidance from senior team members or the program, without immediately escalating or blaming. Other options miss the opportunity to resolve the issue at its source. Reflecting on your own emotions is useful for coping, but doesn't address the behavior. Turning to others before attempting a direct discussion can undermine the learner–supervisor relationship. Trying to identify who interns were before you is not relevant to solving the current problem.

10. A patient is considering filing a complaint about you in the hospital, what do you do?

A. Discuss with patient what concerns they have about you, what suggestions they have, apologise for any mistakes you made/compromising their care; not being defensive about it, being open-minded to their feedback and willing to do better

B. Cry

C. If they want to still file a complaint then can't do much about it

D. Seeking support services or support from other team members for more feedback and advice on particular situation that patient is complaining about

When a patient is considering filing a complaint, the key is to engage with them openly and constructively. The best approach is to sit down with the patient, listen carefully to their concerns, invite their suggestions, and acknowledge any mistakes that affected their care. An honest apology for any impact on their care, coupled with a calm, non-defensive stance and a clear willingness to improve, communicates accountability and respect for the patient's experience. This not only helps address the specific issue but also preserves trust, supports patient safety, and aligns with professional duties to be transparent and patient-centered. Crying doesn't address the concerns or show professionalism. Doing nothing or dismissing the complaint undermines safety and trust. Seeking support from others is helpful for getting guidance and learning from the situation, but it should accompany direct engagement with the patient rather than replace it.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://pmcvinterview.examzify.com

We wish you the very best on your exam journey. You've got this!

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