**“Dos”**

* Do get feedback from a wide range of sources (don’t stick with one practice partner).
* Do practice scenarios outside your comfort zone (healthcare, health protection etc.).
* Do be flexible and have a conversation with the role player (don’t impose a rigid framework).
* Do stay cool (potential for high conflict and/or absence of non-verbal feedback from examiner or stand-in consultant).
* Do be comfortable explaining technical concepts in lay terms (do practise this).
* Do revise/prep Part A material (but not all of it – focus on epidemiology/statistical interpretation).
* Do bring in personal experience if you can.
* Do shake hands and introduce yourself clearly (first impression and gets your voice working).
* Do have a strong opening statement – first impressions count, don’t ‘tail off’.
* Do focus in early on finding the ‘common ground’ importance of the topic – ask ‘what do we both care about?’.
* Do watch out for banana skins (e.g. commitments - “can you write that report for me?”).
* Do wear comfortable clothes.
* Do eat/drink before the exam – is physically demanding.
* Do ‘be an expert’ and give a view – don’t say “I’ll get back to you” too often. Be confident to call out rubbish charts/presentation of data when you see it.
* Do be interested in the topic and what is being said – appreciate the public health importance of the question.
* Do try to anticipate/guess the concerns of the stakeholder in advance (but don’t assume you know them).
* Do acknowledge uncertainty and proactively bring it into the discussion – set out an approach to handling it.
* Do articulate concrete next steps and ‘real world’ things you would do – e.g. follow up email, stakeholder meeting, information gathering.
* Do ‘chunk-up’ if you can – e.g. If topic is cervical screening, try to mention women’s health, breast screening, HPV vaccines etc. If topic is meningitis, mention childhood vaccinations.
* Do take a few notes – outline structure only, and don’t worry about deviating from it - this is highly likely.
* Do use language appropriate to the stakeholder.

JPH article comment:

*“Don’t use terms that are not appropriate to the audience - while appropriate for a lay audience, a term such as ‘value-for-money’ may not be if in discussion with a health professional where you should consider ‘cost-effectiveness’ (which is a specific health economic concept and part of the public health sciences you are demonstrating that underpins your professional work).”*

* Do use the visual prompts (e.g. tables/figures) where possible - show it to the role player, point to details and be specific (don’t fudge or talk in generalities about the table).

**“Don’ts”**

* Don’t be too formulaic/framework-led.
* Don’t impose an arbitrary framework on the discussion.
* **BUT** Do have a structure.

JPH article comments:

*“Some candidates continue to rush into prepared introductions or ‘model answers’ rather than listening carefully to the opening questions.”*

*“Listen and communicate carefully—you are being tested on your ability to listen to the questions you are being asked in the context of the scenario, not give a prepared speech on a topic.”*

* Don’t waffle – keep answers precise by focusing on answering the question.
* Don’t fixate/dwell too long on data – focus on the *implications* of the data and what ‘we’ need to do next because of this data – actions, next steps etc. Also consider what data is missing – do we need more or different data? What do we need? How will we get it?
* Don’t interrupt (be courteous).
* Don’t ‘over-infer’ the agenda of the stakeholder or what the scenario is about/testing (but Do try to guess) – often doesn’t become clear until meeting begins.
* ‘Don’t patronise’ is common advice – this is about the perceptions of examiners so get feedback from a wide range of sources to help with this.

JPH article:

*Don’t patronize with over-simplistic explanations in a professional scenario and don’t make it over complex for a lay scenario.*

* Don’t argue with the examiner/role player– sounds obvious but high stress environment so I can see how this might happen.