March 2020 Essay-style Examination

Post-examination Report

The Royal Australian & New Zealand College of Psychiatrists

Essay-style Examination

The Committee for Examinations followed established procedures to set the March 2020 Essay-style Examination, and to determine the pass mark. Standard setting to determine the pass mark involved Fellows from around Australia and New Zealand.

In order to pass the Essay-style Examination, candidates are required to pass the CEQ component as well as obtain marks greater than the overall cut score -1 SEM (standard error of measurement). Both trainees and the partially comparable Specialist International Medical Graduates sit the Essay-style Examination.

The number of candidates sitting the March 2020 Essay-style Examination across Australia and New Zealand was 204. Of this cohort, 41 candidates experienced a significant disruption in the delivery of the examination. Within this group 19 candidates were also unsuccessful on the exam. An exam attempt was not recorded for these candidates. 185 candidates were recorded as attempts. The pass rate for the March 2020 Essay-style Examination was 44%. Of the candidates who sat the Essay-style Examination for the first time, approximately 52% passed.

The Committee reviewed the performance of borderline candidates across the examination, and where possible awarded a 'Conceded Pass'. Candidates are reminded that the regulations stipulate that the CEQ must be passed in order to achieve an overall pass in the Essay-style Examination.

Candidates are provided feedback as to their performance in identified curriculum areas taken from the syllabus. The average performance of the cohort in the area Ethics, History and Philosophy suggests that further experience, reflection and study is required for success in the examination.

Critical Essay Question (CEQ)

In the context of core psychiatric skills around writing for communication and influence, as well as the broader role of the psychiatrist in the community, it remains an essential skill for every psychiatrist to be able to critically appraise and analyse, in real time, then discuss common concepts relevant to psychiatry and the psychiatrist's role, including across wider society. These concepts may have interpersonal, systemic, clinical, research, ethical, historical or cultural implications, among others. All of the CanMEDS competencies may potentially be relevant to this process. These principles underpin the CEQ.

The cohort were provided with a poem which lent itself to broad-based and varied responses, which candidates were able to use to their advantage. Candidates were able to weave in ideas around psychiatrists self-care, boundaries, transferential issues. Many candidates were able to relate this poem to clinical situations and, discussed patient-centered care and power differentials in sophisticated ways.

Overall, the quality of CEQ submissions has improved over recent years. The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continuing improvement (64.7% average score). The improving quality of content suggests that candidates are reading more extensively, and this is actively encouraged. Some of the cohort provided excellent essays. We recommend candidates read broadly as part of their preparations for the CEQ.

In many of the poorer quality essays, the writer apparently failed to appreciate the depth of the quote and the opportunity for reflection. References to the quote need to be substantial. Generic essays were commonly found and these deprived candidates of valuable marks. Candidates are reminded to include material relevant to the particular essay. It is recommended that candidates read the question carefully, think about the Fellowship Competencies that could be applicable for that particular essay (a generic Marking Guide is available on the College website) and, plan out their response.

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Modified Essay Question (MEQ)

MEQ 1

The first MEQ presented an important topic with an increasing emphasis on identifying systems for reporting adverse events and quality improvement processes.

Most of the candidates provided reasonable definitions of RCAs, but these were often insufficient in detail. Very few candidates addressed outcomes of the process.

Many candidates provided only lists in their responses when the questions specifically requested more than a list. One question allowed for testing of a broad range of knowledge in relation to ECT. Candidates had the opportunity to do well on this question as it was very fair. Many however, only made a cursory or no reference to the history of ECT which is quite relevant in a tutorial about ECT.

The question of prescribing patterns and auditing provided a good opportunity for reflective practice. Most candidates were aware of the benefits of peer support, RANZCP guidelines and, processes to explore the problem presented.

MEQ 2

MEQ 2 vignette covered a key topic in child and adolescent psychiatry and one that should have been included in the range of experiences had by candidates during their child and adolescent rotation. This question would easily have identified candidates who had spent time exploring ways of conducting assessments with children during their child and adolescent rotation. Additionally, this question covered both ethical and professional issues.

The cohort did not perform well on this MEQ. There was limited ability to consider the broader function of assessment in terms of generating a biopsychosociocultural and spiritual formulation; emphasis was on diagnosis out of context. There was a tendency toward paternalistic approaches in dealing with a struggling junior colleague. Candidates also struggled to adapt knowledge and experience to the specific context of the question.

A large number of responses suggested that different forms of abuse could be discerned through projective testing, without qualifying that projective testing should be a part of the broader and more comprehensive assessment of the child and their experiences. There was a tendency to not actually answer the question, but rather discuss the importance of play in general, or to focus on the practical aspects of the presentation rather than the content.

MEQ2.2 presented as particularly problematic with a relatively high proportion of no response provided. Additionally, the examiner feedback indicated some unintended difficulties. MEQ2.2 was subsequently excluded from the exam results for all candidates The intended proportional contribution of the MEQ section of the exam to the Total score was preserved by scaling the MEQ scores to the equivalent of the intended contribution of 140 marks.

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MEQ 3

This vignette was based on very realistic clinical scenario with which all candidates should be familiar. There were some very comprehensive answers allowing for candidates to accrue marks easily. However, there were many candidates who did not address the details of the vignette.

MEQ 3 question enabled markers to discriminate between candidates demonstrating knowledge and clinical expertise. Psychological concerns or the impact of childhood trauma were inadequately addressed. In general, there were only limited descriptions of the different anxiety diagnoses, and of alcohol related disorders. Few described more than one possible Personality disorder cluster. Social concerns and rurality were recognised as salient aspects of this question.

MEQ 4

This vignette tested candidates' factual knowledge in changing from clozapine to an alterative antipsychotic. It also tested the candidates' ability to recognise the need for a collaborative approach with the patient, family, and case manager in the decision-making process. This MEQ was well answered and demonstrated core knowledge in everyday practice. There was ample opportunity in the marking guide to obtain marks.

In general, candidates were not able to identify the need for a collaborative approach in decision making regarding a change in medication or non-pharmacological approaches in the treatment of chronic psychosis. Simply listing relevant areas resulted in no marks awarded.

MEQ 5

Candidates performed well on this MEQ. The vignette was a common and simple presentation in emergency rooms in a busy hospital that needed to be handled sensitively and appropriately managed. A large proportion of the cohort did not answer distress reduction strategies well and did not offer temporary respite for the patient.

Many candidates failed to provide justification for their responses, despite instructions clearly stating that no marks would be awarded without justification.

Final comments

The CEQ achieved a higher pass rate than in previous examinations however performance on the MEQs was relatively poor and detracted from the overall pass rate.

All of the MEQs addressed clinical scenarios which are encountered in clinical practice in Australia and New Zealand. Overall, better performances were seen in the curriculum areas of assessment, specific disorders (anxiety), psychology, philosophy and psychodynamic principles, leadership, governance and legal frameworks. Statistics on curriculum performance also showed that candidates demonstrated a relatively poor understanding of ethics, history and philosophy, and specific disorders (trauma and stress related and dissociative).

Candidates are reminded of the importance of reading the question carefully and including answers specific to the questions being asked whilst maintaining overall perspective. At junior consultant standard, answers are required to reflect a capacity to appreciate both broad issues and specific perspectives, and an understanding of clinical governance. Candidates are encouraged to use supervision opportunities to discuss consultant perspectives in their daily clinical work and to seek advice and formative feedback on practice answers.

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In all MEQs, there were numerous instances where the candidate had not read the instruction clearly. Time management and pacing is important in examination preparation to ensure all questions are answered in the allocated time.

As usual, there were instances where markers had major trouble deciphering candidates' handwriting. We strongly recommend that candidates are mindful of their handwriting to ensure marks are not missed because the examiner cannot decipher what had been written.

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