

February 2018 Essay-style Examination

Examination Report



Essay-style Examination

The Committee for Examinations followed established procedures to set the February 2018 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).

The number of candidates sitting the February 2018 Essay-style examination across Australia and New Zealand exceeded those of previous years. The pass rate for the 165 candidates who sat the February 2018 examination was 44%. Of the candidates who sat the Essay-style examination for the first time, approximately 51% passed.

A slightly increased Standard Error of Measurement for this exam resulted in a somewhat larger number of candidates with borderline passing scores. The Committee reviewed the performance of these 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.

Critical Essay Question (CEQ)

The cohort was provided with a very relevant quote in this era of biological reductionism. Many candidates spent time understanding the quote and provided some very relevant responses. Some candidates also stuck to the topic and did not just focus on how the quote was relevant to psychiatric research but the practice of psychiatry broadly; gave relevant clinical examples; were able to comment on relevant historical aspects; mentioned the psychiatric issues that are present in Indigenous populations and the psychosocial 'causation' of these. Some candidates provided a conclusion which was relevant to their earlier discussion.

Many however, attempted the question poorly and simply either had not read the quote or did not understand it; while others focused just on the research implications of the quote. The historical and clinical aspects were answered superficially or in a manner that was hard to follow. Other weaknesses were poor structure or time management as well as a lack of conclusion within some essays.

In general the February 2018 cohort performed poorly in the CEQ question as compared with the previous August 2017 examination (average score 53% vs 58%).

The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continuing improvement. However, the worst performing domain was where candidates were required to demonstrate their ability to apply clinical experience in their arguments.

Candidates should review the [February 2018 CEQ](#) component of the examination that is available on the College website to gain an understanding of their performance and assess their strengths and areas for improvement.

The Committee for Examinations carefully reviewed all results, especially considering the low overall CEQ scores.

Taking into account the slightly increased Standard Error of Measurement for this exam, the Committee reviewed a larger number of candidates on borderline, and where possible gave these candidates a "Conceded Pass".

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Modified Essay Question (MEQ)

All of the MEQs addressed clinical scenarios which are encountered in clinical practice in Australia and New Zealand. The areas of the curriculum in which the cohort performed reasonably well were in Assessment, and Epidemiology. Candidates performed most poorly in the area of 'Specific disorder- Organic', tested in MEQ 3, followed by 'Indigenous/Maori Area of Practice' as examined in parts of MEQ 1.

MEQ 1

The first MEQ featured a clear scenario for the candidates to address significant specific risks in a number of key areas. The questions allowed the candidates who demonstrated an organised and thorough approach to risk assessment to score marks. Those candidates who offered a generic and checklist approach to risk assessment did not perform as well.

Despite this, many candidates showed a lack of cultural awareness and knowledge in some of their responses and most did not pick up the risk of the patient damaging property or eroding family supports. The overall performance was below what was expected.

The performance of candidates in this question was quite poor, given the importance of risk assessment and sensitivity to cultural contexts.

MEQ 2

This question was related to the assessment of a young person with chronic fatigue syndrome in a general way giving candidates the opportunity to score well. This allowed for good assessment of breadth of knowledge and was generally performed well.

There was a lack of detailed explanations which led to a lower average scores with the final question. Most candidates were quite good at listing but provided no justification for their reasoning. Most of the cohort did not assess the specific details associated with this person's sleep problems before commencing management.

Candidates did reasonably well in this question as far as the assessment and differential diagnoses was concerned; however they lost marks for not demonstrating professional communication and management of the case.

MEQ 3

This vignette was based on important basic knowledge and was a mix of biopsychosocial aspects with legal, system and communication issues. It was a common clinical scenario which enabled good candidates to shine. A large number of candidates answered the final question well as the topic was unique to psychiatry and should be common knowledge to all psychiatrists.

Many of the cohort failed to consider ethical aspects of the treatment or understanding of what this actually means. The responses given displayed the cohorts weakness in various aspects of electroconvulsive therapy (ECT), including the legal and regulatory side of involuntary ECT.

While overall candidates performed poorly in this question; their responses to the management of ECT were done well.

MEQ 4

This was a challenging question, which fell however within daily clinical practice. The question was designed to assess the candidate's knowledge of an approach when dealing with requests for medicolegal reports for patients. Most of the candidates answered well and covered treatments in psychiatry and relevant legal matters.

However some of the cohort were generic in their answers rather than identifying the factors specific to the vignette which led to below average marks in the final question relating to governance, legal framework and forensics.

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MEQ 5

MEQ 5 presented a succinct vignette that conveyed a lot of clinically relevant and realistic information. Candidates' interpretation of the scenario highlighted their basic knowledge in neuro-psychiatric symptoms and behaviour of patients suffering from Parkinson's disease.

Most of the candidates only listed their responses and most did not provide any justification for their responses.

This MEQ was the poorest performed MEQ in this examination which was disappointing. A small number of candidates did not complete the final questions.

Final comments

Candidates are reminded of the importance of reading the question carefully, including answers specific to the questions being asked, yet maintaining an overall perspective, for example, considering the context and broader outcomes.

Junior consultant standard answers are required that 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 feedback with practice answers.

Candidates are also under pressure to complete all questions in the time allocated. Time management and pacing is important in exam preparation to ensure all questions are answered. Illegible handwriting can affect the markers ability to award maximum marks where they are warranted. We strongly recommend that candidates be mindful of their handwriting to ensure marks are not missed.

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