August 2018 Essay-style Examination

Examination Report

The Royal Australian & New Zealand College of Psychiatrists

Essay-style Examination

The Committee for Examinations followed established procedures to set the August 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). Both trainees and the partially comparable Specialist International Medical Graduates sit the Essay-style examination.

The number of candidates sitting the August 2018 Essay-style exam across Australia and New Zealand was 198. This is the highest number of candidates sitting the Exam since the start of the 2012 Fellowship Program. The pass rate for the August 2018 Essay examination was 48%. Of the candidates who sat the Essay-style exam for the first time, the pass rate was higher at 51%.

Critical Essay Question (CEQ)

The cohort were provided with a quote which gave candidates a good opportunity to discuss a range of issues very relevant for psychiatrists on a daily basis. The quote invited a synthesis of relevant and contemporary social issues with clinical practice, ethics and professionalism. It provided ample scope for candidates to show their skill at writing about psychiatry and its context in a broad and considered manner.

Overall the quality of CEQ submissions has improved over recent years. In general, candidates performed at an acceptable level in relation to their spelling, grammar and vocabulary usage. The average score of candidates in The “ability to communicate clearly” domain was 63.8%. Some candidates scored well across all domains, and there were some excellent answers that incorporated the issues of retirement with the characteristics of psychiatrists and the issues of psychiatry. The spread of scores suggests that the quote allowed discrimination between different levels of performance.

In terms of evident weaknesses, a number of scripts failed to demonstrate logical and coherent argument. Often the content was generic and did not address the given CEQ statement. Many candidates gave formulaic answers and presented undifferentiated essays. These candidates scored poorly. Candidates are advised that they risk failure in the CEQ if they do not discuss issues relevant for the given quote. Related to this, it was noted that candidates often interpreted the ethical awareness component of the essay in a rigid way e.g. mentioning terms such as autonomy or beneficence with only a tenuous link to the quote. The domain requiring that arguments be relevant to the proposition had the lowest average score at 51.7%. Examiners generally look not only for reference to ethical issues more broadly, but how these are relevantly integrated with the CEQ statement. A consideration of ethical issues may also include professionalism (e.g. with reference to the RANZCP code of conduct).

There were instances in the CEQ responses where candidates offered criticism of psychiatry practice without evidence and with no balanced argument. Excessive un-evidenced criticism of psychiatric practice without any counterbalancing discussion does not show the analytical maturity expected of a Junior Consultant. The points put forward in one or two cases were disrespectful to the profession and suggested professional immaturity or poor judgement. Candidates are reminded that they are required to conduct themselves appropriately through all communications. Candidates should also note that the Essay paper should not be taken as an opportunity to convey anger or derision about the examination process. The appropriate avenues for valid complaints and criticisms should be followed to bring them to the attention of the College or relevant Committee.

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Modified Essay Question (MEQ)

MEQ 1

The first MEQ featured a vignette involving the assessment and treatment of a specific disorder. It reflected a commonly encountered clinical scenario.

This was the best performing MEQ in the August exam. In general, candidates identified appropriate risks associated with exacerbation of psychotic symptoms.

However, most candidates did not address capacity or non-medication treatment options. A significant number of candidates also did not mention what they would do with clozapine dosing in the given scenario, nor refer to any outcome measures. Involvement of the patient's general practitioner, care giver, case manager and multidisciplinary meeting to draw up a management plan, was only touched on by a few candidates.

MEQ 2

This question was complex with layers of issues needing to be recognized to answer the question appropriately. Most candidates did not grasp the ethical issues around this clinical scenario, and the average score of the cohort for the ethics component of the question was low at 40%.

The responses tended to reflect the specifics of the case poorly. The actions suggested proceeded too quickly to highly intrusive interventions such as involuntary assessment of the father and child safety reporting. Many responses did not deal with the consultation aspects of the setting or consider the broad range of other people who may be able to assist in resolving the dilemma posed by the question.

MEQ 3

MEQ 3 presented a highly relevant scenario which was not too complex. While it was a child and adolescent question, the need to demonstrate an appreciation of developmental stages, support networks, the role of non-health organisations, and of the dynamics of diagnosis, are issues relevant to psychiatry across the lifespan.

In general, this was one of the better performing MEQs. Many candidates identified the risks of premature diagnosis – stigma and inappropriate treatment. Strong candidates were able to cover probabilities of primary psychosis and differential diagnoses. Most candidates considered multimodal approachs to management and mentioned seeing the child alone as well as with the foster parents. However, many did not consider developmental history or medication history as broadly as expected.

A large proportion of the cohort did not comment on the need for shared understanding with all stakeholders and failed to mention key supports e.g. GP, school, and support agencies.

MEQ 4

The question covered an issue commonly expected to arise in clinical practice. Strategies to address medication related weight gain, and an understanding of the underlying rationale was expected for someone working at a Junior Consultant level.

While the candidates demonstrated their knowledge about the use of lithium generally, it was less so in the specific context of pregnancy and breast feeding.

This MEQ was not well answered overall. Many candidates failed to provide justification for their responses, despite marking criteria which clearly stated that no marks would be awarded without justification. Additionally, very few candidates provided contextualised responses that would suggest their consideration of the information in the scenario. Many candidates provided generic answers and did not consider issues beyond the pregnancy, such as the wellbeing of the children.

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MEQ 5

MEQ 5 presented a clinical picture of an eating disorder, an important and common psychiatric condition in the community.

Most candidates could demonstrate that they knew the physical consequences of Anorexia Nervosa and the general principles of the guidelines for hospital admission in eating disorders. However, many candidates took an approach that was either superficial or narrowly focussed on the presenting complaint of an eating disorder. There was a lack of consideration of the broader context of the presentation to include developmental, social, legal and family aspects. An often neglected issue was an exploration of treatment preferences. An appreciation of family, developmental and social factors was lacking in many responses. Balancing patient/family preferences with risk minimisation was sadly absent in many responses.

It is appreciated that this question was at the end of an arduous exam and on an area in which possibly few candidates had had clinical experience, and that this may have been reflected in the often brief and superficial answers. The relative lack of actual clinical experience was suggested by answers that seemed to reflect some rote learning that was poorly reproduced under pressure. A small number of candidates did not complete the final question due to time restraints and this MEQ was the poorest performed in the August 2018 Essay-style exam paper.

Final comments

Overall, better performances were seen in the curriculum areas of assessment, child and adolescent and professional communication and liaison. Statistics on curriculum performance also showed that candidates poorly demonstrated understanding of ethical issues and knowledge in the area of mood and eating disorders.

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

Time management and pacing is important in exam preparation to ensure all questions are answered in the time given.

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

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