Essay-style Examination

The Committee for Examinations followed established procedures to set the August 2017 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 August 2017 Essay-style exam was attempted by the largest cohort of trainees and SIMGs across Australia and New Zealand since the 2012 Fellowship Training Program commenced.

The pass rate for the 146 candidates who sat the Essay-style exam was 50%. Of the candidates who sat the Essay-style exam for the first time, approximately 61% passed.

Candidates are provided feedback as to their performance in identified curriculum areas taken from the syllabus. The average performance of the cohort in the areas of Treatments in Psychiatry and Specific disorders (mood and trauma related) suggests that further experience, reflection and study is required for success in the examination.

Critical Essay Question (CEQ)

The cohort were provided with a pertinent question which not only lent itself to the exploration of a range of issues relevant to all medical specialties but it also allowed candidates to approach the question broadly, with a focus on the role of the psychiatrist.

Examiners have observed continuing improvement in the grammar, vocabulary and content of the essays. The improving quality of content suggests that candidates are reading more extensively, and this is actively encouraged. Some of the cohort provided excellent essays.

In many of the poorer quality essays the writer apparently failed to appreciate the depth of the quote and the opportunity for reflection. Generic essays are still common and not only deprive candidates of valuable marks but generic essays reveal a lack of confidence in their responses. It is recommended that candidates read the question carefully, think about the Fellowship Competencies that could be used for that particular essay (a generic Scoring Key is available on the College website) and plan out their response.

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, Professional Communication and Liaison and Scholarship.

MEQ 1

The rural/indigenous based questions were representative of clinical practice and invited better candidates to demonstrate a capacity to apply a biopsychosocial frame (or equivalent) in thinking about a clinical problem. It also tested candidates’ ability to manage a complex condition especially in the context of cultural and resource driven issues.

Most candidates appeared aware of the diagnostic issues present in the vignette. Better candidates were able to see beyond the diagnostic question and identify the relevance of the person's social and cultural context, and the challenges and problems in applying a psychiatric lens to the presenting problem in an Indigenous person at this particular time in history.
Common problems in the responses included providing a generic answer about cultural considerations without showing an understanding of the cultures of Aboriginal peoples and the challenges that would be raised by one’s own culture/background. Additionally, issues around confidentiality concerns, especially in a small rural community, were often not raised. Many candidates launched into describing treatment and its evidence without raising the challenges.

The performance of candidates in general on this question was quite poor, especially given the importance of rural and Indigenous mental health.

MEQ 2
The second Modified Essay question dealt with an aggressive elderly patient with Alzheimer’s. It was answered well overall with most candidates seeming to grasp some institutional barriers in collecting information. Most of the cohort also organised their answers into staff factors, patient factors, workplace factors which was a good way to present the information. Most also grasped countertransference issues. This was the best performed MEQ in the exam paper.

Unfortunately some candidates did not consider family involvement, depression nor ask about pain or mood disturbance.

MEQ 3
In responding to the questions relating to a male excessively viewing adult pornography, many candidates provided responses which were too broad and non-specific. While candidates did well in the ‘Assessment’ part of the question, aspects related to ‘Treatments in Psychiatry’ were not performed well, and overall the question was answered poorly as many answers lacked sophistication and detail.

Many candidates listed a number of sexual orientation possibilities without considering other causes. That it might represent non-pathological behaviour was not frequently considered. A number of candidates focused on clinical assessment and merely outlined how to do therapy, not addressing the specific question asked.

Again, some answers were not focused on the actual question or vignette. There was a tendency to assume that the patient may be a perpetrator of sexual abuse and some candidates inappropriately alleged paedophilia!

MEQ 4
MEQ4 focused on the safety of an elderly man who attempted suicide. The scenario was a subtle and challenging one but it assessed the candidate’s ability to think systematically at the level of a junior consultant in response to an important clinical scenario. In the Australian and New Zealand context, ethical and clinical problems for the elderly are becoming increasingly frequent.

MEQ 4 tested the ‘Leadership and governance’ and ‘Professional communication and liaison’ areas of the curriculum. Although this was the second best performed MEQ, many candidates still provided formulaic answers. Some responses lacked compassion for the patient, while others were condescending.

Few acknowledged that closer follow up might not have changed the outcome and few acknowledged issues of recognising the many roles of a psychiatrist, the medicolegal repercussions, and the importance of self-care.

MEQ 5
The scenario for the final Modified Essay question was about a patient with bipolar disorder and weight gain who wishes to become pregnant. This was a challenging clinical situation but well within scope of day to day practice.

Most of the cohort had some understanding of the issues regarding weight gain and metabolic syndrome as it pertained to the clinical example. Others appropriately identified the psychopharmacological problems.
The weaker candidates wasted time on generalisations, vague comments or irrelevancies at the expense of specific answers and some candidates supplied answers that showed lack of breadth or depth. Few candidates demonstrated a real understanding of capacity/informed consent, few showed insight into the psycho-sexual issues, or many were not prepared to take charge and manage the situation.

This MEQ was the poorest performed MEQ in the August 2017 Essay-style exam paper yet this scenario represented a common problem.

**Final comments**
Candidates are reminded of the importance of reading the question carefully, 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.