The Written Examination

The Written Examination comprises two papers

- **Essay Style**
  - MEQ (Modified Essay Question)
  - CEQ (Critical Essay Question)

- **Multiple Choice**
  - EMQ (Extended Matching Question)
  - CAP (Critical Analysis Problem)

The focus of this presentation is specifically on the MEQ
Purpose of the MEQ Exam

“The written examinations assess a candidate’s knowledge of the theoretical and scientific underpinnings of psychiatry, critical thinking relevant to psychiatry, and clinical and ethical issues in psychiatry.”

“The MEQ will have a clinical focus and will assess capacity for critical thinking about clinical practice and the application of clinical knowledge, as well as the capacity for critical thinking about issues relevant to the practice of psychiatry including sociocultural, models of illness, ethical and complex service issues.”

Quotes from College website

Purpose of the MEQ Exam

• Assessment of clinical competence and problem solving.
• Understanding and describing the management of complex but common psychiatric situations – high face validity.
• Capacity to think broadly and include bio psycho social aspects in assessment and treatment planning
• Requires some clinical maturity.

The Life of an MEQ Question

- Inspiration & Researched
- Drafted & Written
- Content vetted formally & edited, checked
- Question stored & blueprinted
- Selected & content reviewed, edited
- Standard setting by the CPE and by Satellite groups across NZ and Australia
- Used & performance reviewed and analyzed quantitatively and qualitatively
Example

- Drafted, reviewed, references and curriculum coverage matched
- Content vetted formally & edited, checked
- Question stored & blueprinted
- Selected & content reviewed, edited
- Standard setting across NZ and AUS and by CFE
- Used & performance reviewed

MEQ Exam Printed

- Proof reading
- Printing
- Processing
- Facilitation
- Pearson Vue
- College Administration Staff
- RANZCP Fellows
- WSC CFE
- Standard setting
- Comment
- Proof reading
- Standard setting
- Distribution

From Feedback on Previously Sat MEQ

- An MEQ involved a scenario about a patient under a CTO and with a history of Bipolar Disorder and Cannabis use: a commonly encountered situation in clinical practice.
- Many candidates did not pick up key elements of the vignette
- Misinterpretation of the questions being asked, and generic answers occurred frequently.
- Some responses provided were trite or condescending, and some were even unsafe.
- Five per cent of the cohort did not answer the final question in this MEQ: it required some detail about a specific psychological treatment.
The Life of an MEQ Exam

- Reviewed by WSC as a whole.
- Standard Setting
- Candidates sit exams
- Cut score set by WSC
- Performance reviewed by WSC

The Modified Essay Question Exam

Setting the Standard

How does the CFE set the pass marks

- There is no predetermined pass mark.
- There is no predetermined pass %
- Every question is standard set by active clinical psychiatrists from across Australia and New Zealand.
- The modified Ebel Method is used for standard setting.
The Standard Setting Problem

Candidate is . . .

<table>
<thead>
<tr>
<th></th>
<th>Competent</th>
<th>Incompetent</th>
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</thead>
<tbody>
<tr>
<td>Pass</td>
<td></td>
<td></td>
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<tr>
<td>Fail</td>
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</tbody>
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Test Result is . . .

Standard Setting for MEQ

• Based on the difficulty of the question, each member of the standard setting group estimates a mark that a "minimally competent junior psychiatrist" should obtain.
• This is followed by discussion within the group, especially if there are outliers.
• A consensus mark is reached for that question after discussion.
• The same process follows for each MEQ question.

Standard Setting for CEQ

• Similar to the MEQ
• Here the panel members estimate a score of (0 to 5) that a minimally competent junior psychiatrist should obtain for each domain of the CEQ.
• The weighted score for each domain is then calculated to reach the cut score for the CEQ.
**Standard Setting for MCQ**

- Slightly different as candidates are expected to give one correct answer.
- The panel members assess the relevance of each item, as to whether it is essential, important or desirable knowledge.
- Next they assess the difficulty of each question and estimate the proportion of minimally competent candidates who would answer the item correctly.
- The initial estimates are followed by discussion.
- A final consensus regarding the relevance and difficulty of the item is then reached.

**The 2012 Candidate for College Fellowship**

See Fellowship Competencies, Outcomes and Descriptors 2012

Themes from the Developmental descriptors end of stage 3: detailed, focussed, sophisticated, context related, thoughtful, comprehensive, complex, safe practice

In addition: experienced, anticipates problems and plans, critical and reflective practice, adaptive, able to prioritise, tailored management with developmental overview, ethical and professional practice, including scope of practice

**The 2012 minimally competent candidate for College membership**

Psychiatrists perform comprehensive, culturally appropriate psychiatric assessments with patients of all ages. Fundamental to the practice of psychiatry is the ability to perform and report thorough mental state examinations, integrating all available information to accurately formulate and diagnose patient conditions, subsequently providing an evidence-based bio-psychosociocultural management plan, mindful of the impacts of patients’ physical health. Demonstrable skills in psychotherapeutic, pharmacological, biological and sociocultural interventions are requisite. Psychiatrists define and review patient outcomes, revising management as appropriate based on this review, and are committed to early intervention and recovery. Medical expertise is supported by the application of contemporary research, psychiatric research and treatment guidelines, as well as the application of mental health and related legislation in patient care.
Some Examples

Check the website and do every one you can

Outline (list and justify) what information you require to assess John's presenting problems. (12 marks)

John is a 12-year-old who was diagnosed 2 years ago with ADHD combined type. You are the psychiatrist at a community child and adolescent clinic.

John's mother tells you that he seems to be washing his hands a lot and he also wants the rest of the family to do the same. When they do not do what he wants, he becomes very angry and there is significant stress and tension in the household.

Scoring Key

A. Confirm diagnosis of an Obsessive Compulsive Disorder (4 marks)
B. Review ADHD (4 marks)
C. Recent stressors and precipitants (2 marks)
D. Risks (1 mark)
E. John's mental state examination (2 marks)
F. Family systemic observations (1 mark)
The Modified Essay Question Exam

• How do the different exams fit into an Educational Process

• Where does the MEQ fit

Modified Essay Questions

Timing
1 mark per minute
Outline or List

Reading
Application of knowledge
and reasoning in clinical
situations
Testing your car driving
skills

Strategy
Answer each part as a
stand alone answer
Short answer technique

Critical Essay Question

Timing
1 mark per minute
There is no correct answer

Reading
Ability to reason and develop
arguments taking account of
various points of view and
write using grammatically
correct language
Testing your HT and F1 skills

Strategy
Beginning, Middle, End
Criticise, Consider, Construct
Communicate
Extended Matching Question eg:

Timing
- 1-mark per minute
- Attempt everything
- Ponder with caution

Reading
- Skim at your peril
- Note the detail
- Testing the Road

Strategy
- Read the question
- Try to answer
- Look for the answer in the option list

Critical Analysis Problem

Timing
- 1-mark per minute
- Testing the stimulus can be time consuming
- Attempt everything

Reading
- Skim at your peril
- Note the detail
- Testing Defensive Driving Skill

Strategy
- Read the question
- Try to answer
- Look for the answer in the option list

Tips from Experts

- Read the feedback about the written exams on the College website. Read it again.
- Write down the tips. Why?
- There are common themes in the feedback.
- Use common sense.
- Do not rewrite the question – there will be no marks for that.
- Do not tell us you will be “empathetic” – it should go without saying. You will not get marks for that and it will never be on the Scoring Key.
Tips from Experts

• Read and understand the instructions
• Answer the question
• Always include bio psycho social aspects in assessment and management.
• Write legibly
• Try to stick to the time frames - if a question says 9 marks then it implies 9 minutes to answer – even if you finish that in 2 then think about what you have left out
• Don’t answer generically. The questions are about a particular scenario.

Tips from Experts

• The question will define “list”, “outline,” “describe” etc.
• Where details and/or justification are required, marks will not be awarded for topic headings without elaboration (lists).
• Spend time in clinical services where you will be exposed to a wide variety of cases/scenarios.
• Make sure that your supervision is about thinking like a psychiatrist, not like a trainee.

Tips from Experts

• Bullet points may be used; however, candidates should ensure they include the justification required to effectively answer the question where required.
• Irrelevant information, even if correct, will not score marks.
• Candidates should endeavour to present concise and well-structured answers including justification for their responses.
• Candidates are advised to draw on their clinical experience when answering questions.
• Make sure you are challenged.