Multiple Choice Question (MCQ) Examination MCQ Information



Candidates should familiarise themselves with the computer based exam processes prior to sitting the paper by utilising the practice exam available on the PearsonVue website. This provides an experience of the functionality of the online exam, and future candidates are recommended to avail themselves of this opportunity.

Please Note:

Candidates who choose to commence the MCQ exam with the CAP section (rather than the EMQ section) should carefully note the warning messages that appear on the screen. Otherwise there is a possibility that they may find themselves exiting the examination prematurely at the end of the CAP section.

If candidates are at the final CAP question and need to commence the EMQ component, the "Navigator" button on the bottom of the window (see the screen shot below), is used to navigate to the start of the exam, where you can commence the EMQs.

	🖓 Elag for Re
0 marks)	Question 13
ase read the following abstract, table and figure and answer the questions based on this information I your other knowledge.	Table 4:
ental Disorders and Suicide among Young Rural Chinese: A Case-Control Psychological Autopsy Study."	1941 T wind and using the Mutuan lique mutual wave from a line of the Mutual and Mutual for University 1951 How T wave from the Mutual And And Mutual And
ang, J. Xiao, S. Zhou, L. American Journal of Psychiatry 2010; 167:773-781.	are 10 05:00 10 05:01 10 05:01 64 10 10 10 10 10 10 10 10 10 10 10 10 10
iertive	KIAMA Tay LPT-Log VP ENA-LOG Log ENA-LOG KLAI-MERN LOG LOG LOG-AL LOG LOG-AL LOG LOG-AL
e authors examined the prevalence and distribution of mental disorders in rural Chinese 15-34 years of age who	Regeneral Beginned 18 La La
nmitted suicide. They hypothesized that mental liness is a risk factor for suicide in this population and that the	Computer All Disk of all disk
valence of mental ilness is lower in females than in males.	7.4 10 Mar 1
	No control count in
thod:	lang dawa na 440 5,00×00 100 100 100 100 100 100 100 100 10
this case-control psychological autopsy study, face-to-face interviews were conducted to collect information from proxy	NY KANNYA NA KANA KANA KANA KANA KANA KA
ormants for 392 suicide victims and 416 living comparison subjects. Five categories of DSM-IV mental disorders (mood	No. 104 food happen hades. Mark annue 108 108 109 109 109 109 109 109 109 109 109 109
orders, schizophrenia and other psychotic disorders, substance use disorders, anxiety disorders, and other axis I	10.07 1.09 100.109 109 109 109 109 109 109 109 109 109
process) at the time of death or interview were assessed using the chinese version of the structured Chical Interview DSM IV, Saciademercable variables, actival support, and the avents were also accessed.	Audor of any 10 years 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Don't v. Soudoueniographic variables, soudi support, and the events were also assessed.	A funder of long-loss file content
sults:	2 10 10-10 10-10 10 10-00 10 10-10 1 10 10-10 10-10 10 10-10 1 10 10-10 10 10-10 10 10-10 10 10-10
e prevalence of current mental ilness was 48.0% for suicide victims and 3.8% for comparison subjects. Among suicide	$\frac{1}{2}$ The the small standard parameters and a parameters for $g^{-1} > 0.000$, $g^{-1} = 0.000$,
tween mental ilness and suide was observed after adjustment for sociodemographic characteristics. Other risk factors uided having a lower eductatio level, not being currently married, having a lower level of social support, and having a story of recent and long-term life events. Additive interactions were observed between mental liness and lower level of cial support.	Having regard to Table 4 in the stimulus (repeated above), the additional information provided and your other knowledge
nclusions: hough mental liness is a strong risk factor for suicide, it is less prevalent among rural Chinese young people who matted unicide particularly formater, in comparison with other populations in China and in the West	Which of the following statements cannot be supported by Table 4 in the stimulus (repeated above)? (2 marks)
Infritee succe, particularly remains, in comparison with other populations in china and in the west.	 A. Suicide was more likely when there was a low score on the index of social support.
MUTE A Version Neuron Conference on Conferen	O B. There was a significant association between not currently married and completed suicide. The association was due to the contribution of males.
angene en organisation en angene en ange	O C. There was a slight but insignificant association between female gender and completed suicide.
ay dana dana dana sana Analahan ang dana dana sana dana dana dana dana dana	O D. There was a strong association between the presence of any psychiatric diagnosis and completed suicide.
Amalian and a manufactura da analizati a da analizati a manufactura da analizati a da analizati a da analizati a manufactura da a	O.E. The association between the presence of any psychiatric diagnosis and suicide was stronger in males than in females.
American Ame	
Lindifications and expendent of the second	
A Click to Enlarge	



If you press "Navigator" the following window appears. From here candidates can go to any question within the exam.

😵 Navigator 🕒 click on a c	question to go to it	X
Question # 🔺	Status	Flagged - Review
⊕ MCQ Examination		
Extended Matching C	Questions	
Question 1	Incomplete	
Question 2	Unseen	
Question 3	Unseen	
Question 4	Unseen	
Question 5	Unseen	
Question 6	Unseen	
Question 7	Unseen	
Question 8	Unseen	
Question 9	Unseen	
Question 10	Unseen	
Question 11	Unseen	
Question 12	Unseen	
Question 13	Unseen	
Question 14	Unseen	
Question 15	Unseen	V
177 Unseen/Incomplete		⊠ <u>C</u> lose
		And the second se

If candidates press "Next" on the final CAP question (1st screen shot), the "Navigator" button disappears.

The following screen is then presented to candidates:

MCQ Examination - Candidate Name	• Time Remaining 178:23	
Review Screen		
⊖ Instructions		
Below is a summary of your questions. You can review your questions in three (3) different ways.		
The buttons in the lower right-hand corner correspond to these choices:		
 Review all of your questions and answers. Review questions that are incomplete. Review questions that are flagged for review. (Click the 'flag' icon to change the flag for review status.) 		
You may also click on a question number to link directly to its location in the exam.		
Extended Matching Questions Section	(140 Unseen/Incomplete)	
⊕ Critical Analysis Problem 1 Section	(16 Unseen/Incomplete)	
⊕ Critical Analysis Problem 2 Section	(20 Unseen/Incomplete)	

→] <u>E</u>nd Review

🖗 Review All 🛛 🗙 Review Incomplete 🛛 🥖 Review Flagged

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Candidates then have the option to either:

- 1) **Review All** your completed questions.
- 2) Review Incomplete questions that you have not yet completed.
- 3) **Review Flagged** questions you have flagged and wanted to return to later.

(The only way to go back to the EMQs from this window is to either press "**Review Incomplete**" or "**Review All**"). This will take candidates to the first EMQ question in the exam.

If you click "End Review", the below window appears:

MCQ Examination - Candidate Name		O Time Remaining 178:05		
Review Screen				
Instructions				
Below is a summary of your questions. You can review your questions in three (3) different ways.				
The buttons in the lower right-hand corner correspond to these choices:				
 Review all of your questions and answers. Review questions that are incomplete. 				
3. Review questions that are flagged End Review				
You may also click on a question nur	You have chosen to end the current review, but have			
Extended Matching Questio	176 incomplete questions. If you click Yes, you will NOT	(140 Unseen/Incomplete)		
🕀 Critical Analysis Problem 1 S		(16 Unseen/Incomplete)		
🕀 Critical Analysis Problem 2 S	Are you sure you want to end this review?	(20 Unseen/Incomplete)		
	Yes No			

🔁 End Review All 🛛 🛪 Review All 🗡 Review Incomplete 🖉 Review Flagged

If "No" is clicked, the 'warning' window disappears and the screen remains. If "Yes" is clicked, you are presented with the second 'warning' window below:

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MCQ Examination - Candidate Name			O Time Remaining 177:24	
Review Screen				
Instructions				
Below is a summary of your question	ons. You	a can review your questions in three (3) different ways.		
The buttons in the lower right-hand corner correspond to these choices:				
 Review all of your questions and answers. Review questions that are incomplete. 				
3. Review questions that are flagge	End Re	view Confirmation		
You may also click on a question n		Please confirm that you want to end this review. If you click Yes, you will NOT be able to return to this review and answer the 176 susctions you have not appreciated		
⊕ Extended Matching Quest	<u>~~</u>		(140 Unseen/Incomplete)	
⊕ Critical Analysis Problem 1		the 170 questions you have not completed.	(16 Unseen/Incomplete)	
⊕ Critical Analysis Problem 2		Are you sure you want to end this review?	(20 Unseen/Incomplete)	
		<u>Yes</u> <u>No</u>		

→ <u>E</u>nd Review

A Review All X Review Incomplete Review Flagged

If candidates click "No", the second 'warning' window disappears and the above screen remains.

From here you can click the "Review Incomplete", "Review All" or "Review Flagged" button to go back to your EMQ question.

If candidates click "Yes", on the above screen, the exam will end and the below window will appear.

Please note if you click "End Review", the above 'warning' window and the "Yes" and "No" options reappear.





If candidates click "End Exam", two options are given:

Click "No" and the 'warning' window will disappear and you will remain on the above window. Click "Yes" and the exam will end and the screens will disappear.

MCQ Examination - Candidate Nan	ne	
The Royal Australian & New Zealand College of Psychiatrists	Your Health "Mind	:
You have completed the MCQ Examina	End Exam Tou have chosen to end this exam. Are you sure you want to end this exam?	
	<u>Y</u> es <u>N</u> o	

Dr Lisa Lampe Chair, Committee for Examinations

🔁 End Exam

Dr Jill Reddan Co-Chair Written Subcommittee Dr Crawford Duncan Co-Chair Written Subcommittee