The Royal Australian & New Zealand College of Psychiatrists

The Royal Australian & New Zealand College of Psychiatrists

A BEHIND-THE-SCENES LOOK AT THE CEQ EXAMINATION

A DAY IN THE LIFE OF AN EXAMINER, *WITH APOLOGIES TO A. SOLZHENITZYN*

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Writtens Subcommittee

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Chair
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ACKNOWLEDGEMENT

The Royal Australian & New Zealand College of Psychiatrists

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the traditional custodians of the lands and waters now known as Australia, and Māori as tangata whenua in Aotearoa, also known as New Zealand.

We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and Māori. We honour and respect the Elders past and present, who weave their wisdom into all realms of life— spiritual, cultural, social, emotional, and physical.

We wish to acknowledge this workshop is being conducted on the lands of the Wajuk people of the Nyoongar nation in Boorloo (Perth), on the banks of the Derbal Yerrigan.

ACKNOWLEDGEMENT

We recognise those with lived and living experience of a mental health condition, including community members and College members. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

OVERVIEW

The Royal Australian & New Zealand College of Psychiatrists

- The assessments' organisational structure
- The CEQ
- Standard setting, Marking & Post-hoc Analyses
  - The Minimally Competent Junior Psychiatrist/End of Stage 3 level
- Preparation and Tips
- Exemplars & an exercise
- General housekeeping
- Q&A session

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ORGANISATIONAL STRUCTURE

ASSESSMENTS ORG STRUCTURE

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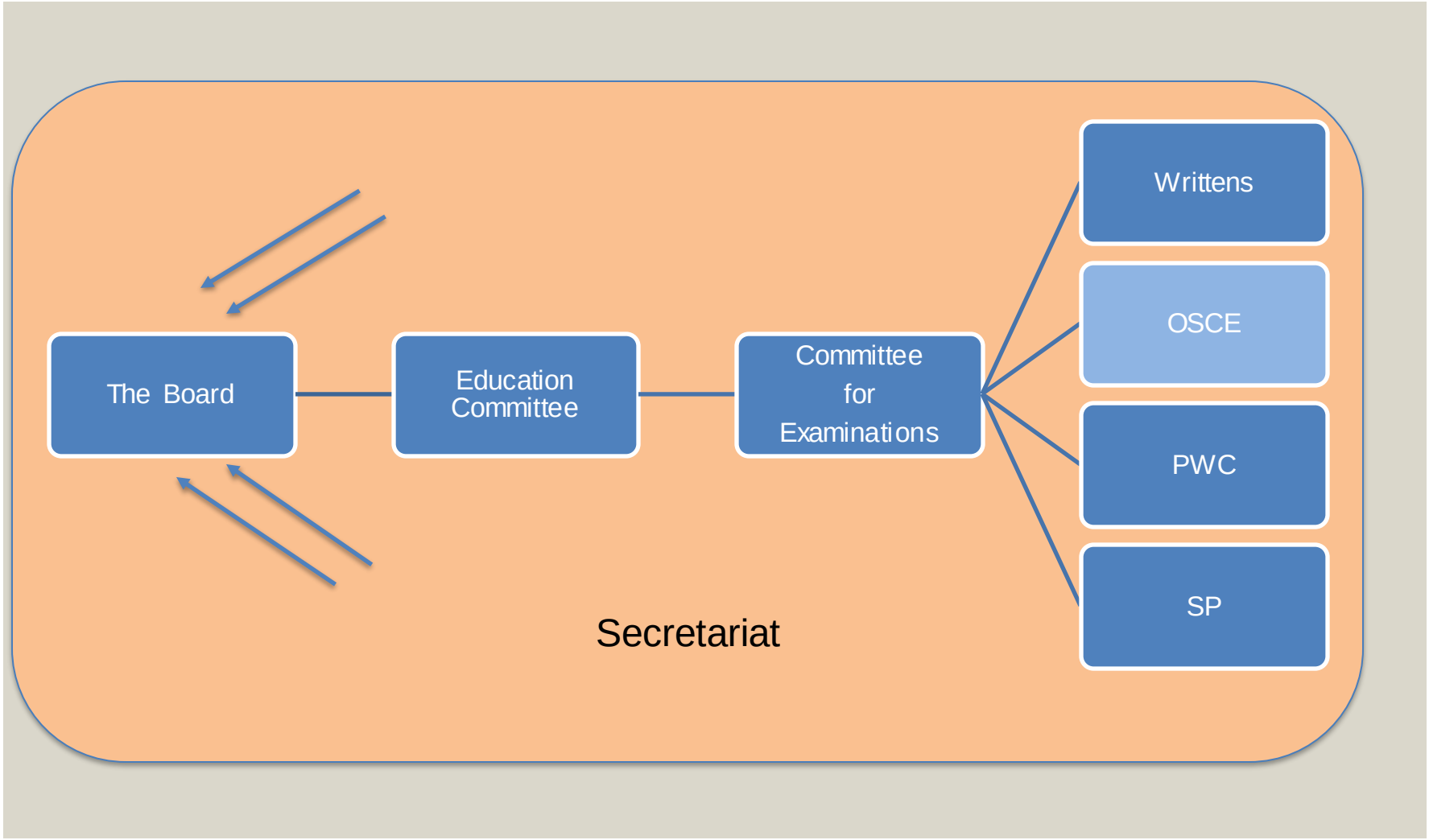

MEMBERSHIP OF THE CFE* & WRITTENS SUBCOMMITTEE

The Royal Australian & New Zealand College of Psychiatrists

- Chair, Deputy Chair, & Co-chairs of the Subcommittees.
- Nominations of Fellows by Fellows
- To be Subcommittee member, Fellows must have three years post nominals.
- 3-year terms (max of 2).
- Volunteers

* CFE: Committee For Examinations

WHO ARE THE QUESTION WRITERS AND MARKERS?

The Royal Australian & New Zealand College of Psychiatrists

- RANZCP Fellows
- Binational representation
- Passionate about training and teaching in psychiatry
- Question Writing Workshop (annually in November)
- Vetting, a continual process
- To be a marker, Fellows are to have two years post nominals

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THE CEQ

PURPOSE OF THE EXAM FORMATS: CEQ

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- Paper-based examination
- Capacity for critical thinking about issues relevant to the practice of psychiatry.
- This is a knowledge application examination.
- Candidates are expected to have broad and deep knowledge around:
  - clinical psychiatry, governance and,
  - the practice of psychiatry in a cultural and political context.

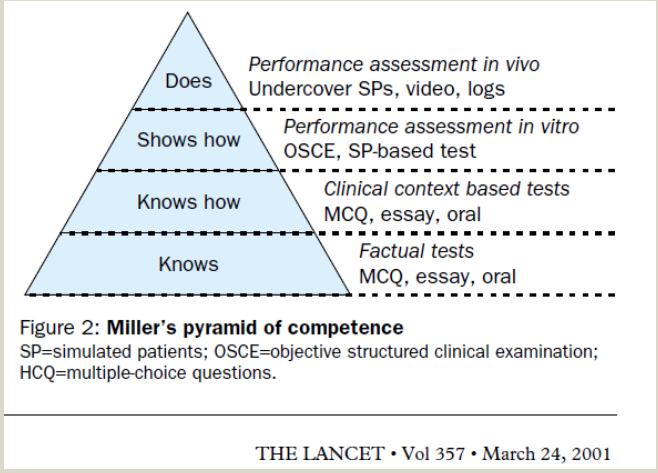

Figure 2: **Miller's pyramid of competence**
SP=simulated patients; OSCE=objective structured clinical examination; HCQ=multiple-choice questions.

THE LANCET • Vol 357 • March 24, 2001

WHAT IS TESTED BY THE CEQ?

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- The ability to evaluate and critically appraise a proposition concerning psychiatry.
- The ability to apply an evidence base in the critical assessment of such a proposition.
- The capacity for balanced reasoning.
- The ability to consider different points of view.
- The awareness of broader social, cultural and philosophical models of illness.
- The ability to express a professional opinion clearly in written prose under time pressure.
- The ability to communicate clearly.

THE CEQ IN THE WORKPLACE

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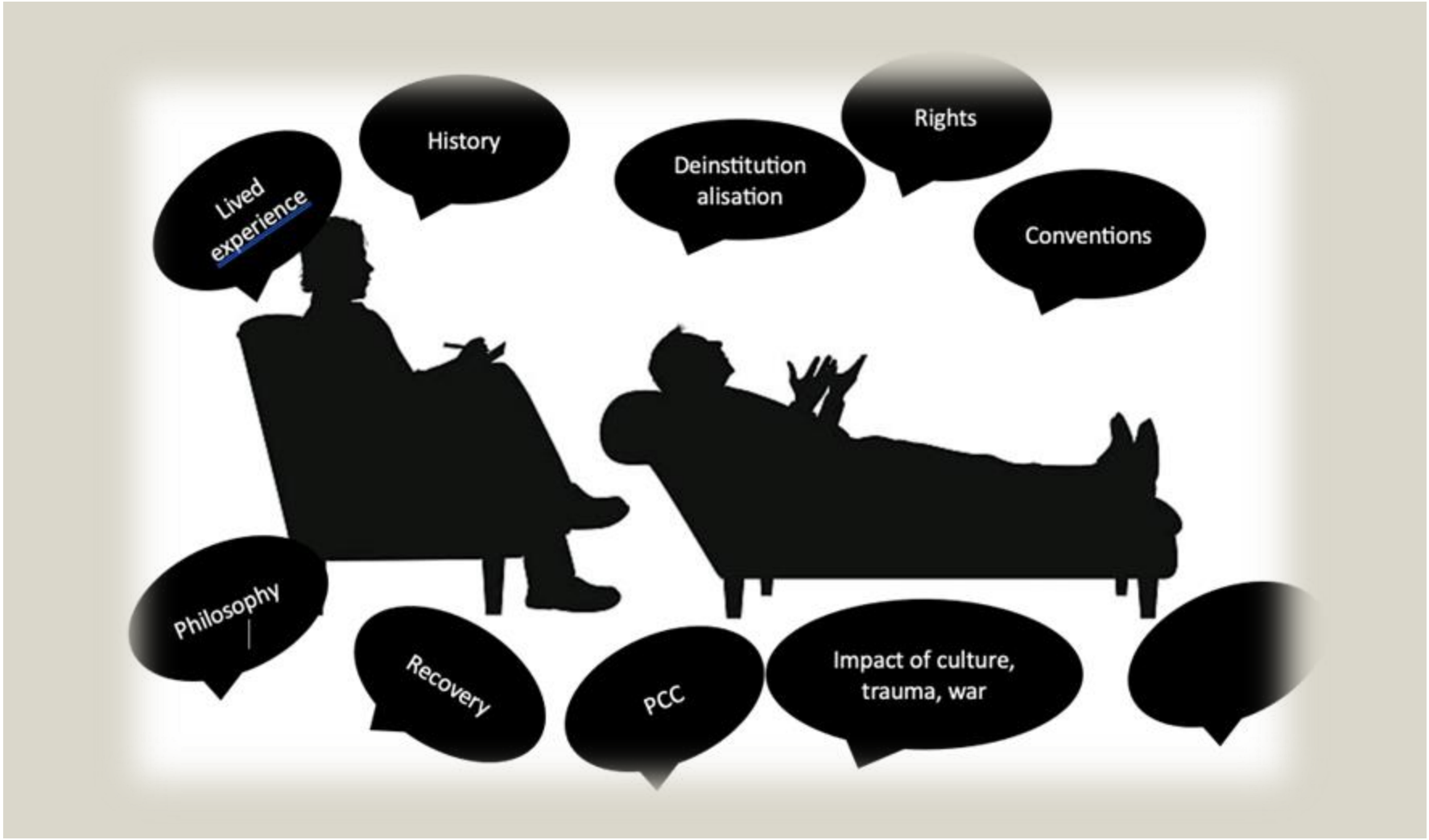

CEQ & TRANSLATION INTO CLINICAL PRACTICE

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The ability to consider broadly and deeply how day-to-day practice is impacted upon by historical, contemporary cultural and socio-political factors and, to be able to enunciate that in written form is an essential skill for psychiatrists in a broad range of roles.

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STANDARD SETTING
&
POST-HOC ANALYSES

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- This is an integral part of any assessment system.
- The aim of standard setting is to define the pass score.
- Most standard setting processes require the conceptualisation of the borderline candidate.
- Involves a range of stakeholders incl examiners, policy makers, test developers, and measurement specialists.

STANDARD SETTING

The Royal Australian & New Zealand College of Psychiatrists

- Standard setting is an imprecise art yet has significant implications for candidates and further afield.
- There is no universally recognised 'gold standard' method.
- There is no completely objective, mathematical calculation that will deliver the pass mark.
- All methods involve some element of expert judgement

STANDARD SETTING

The Royal Australian & New Zealand College of Psychiatrists

- We want to work out that point, that cut score that separates those who know from those who do not know.
- The candidate who is most impacted by this dichotomous process is the minimally competent (***in this exam***) candidate.
- Operationalising the definition of the minicially competent candidate is actually hard.
- Examiners need an explicit definition of the concept of the minimally competent candidate. Yet, being explicit raises all sorts of problems as healthcare is complex.

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- However, clinical performance is context-specific. We cannot be expected to assess each task that a candidate is expected to be competent in.

- Of course, there are implications for getting this worng i.e. patient safety.

STANDARD SETTING: FIVE STEPS

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1. Select the judges (experts)
2. Define “just good enough” knowledge and skills
3. Train the judges in the chosen method
4. Collect the judgements
5. Combine the judgements to choose a passing score

THE STANDARD SETTING PROBLEM

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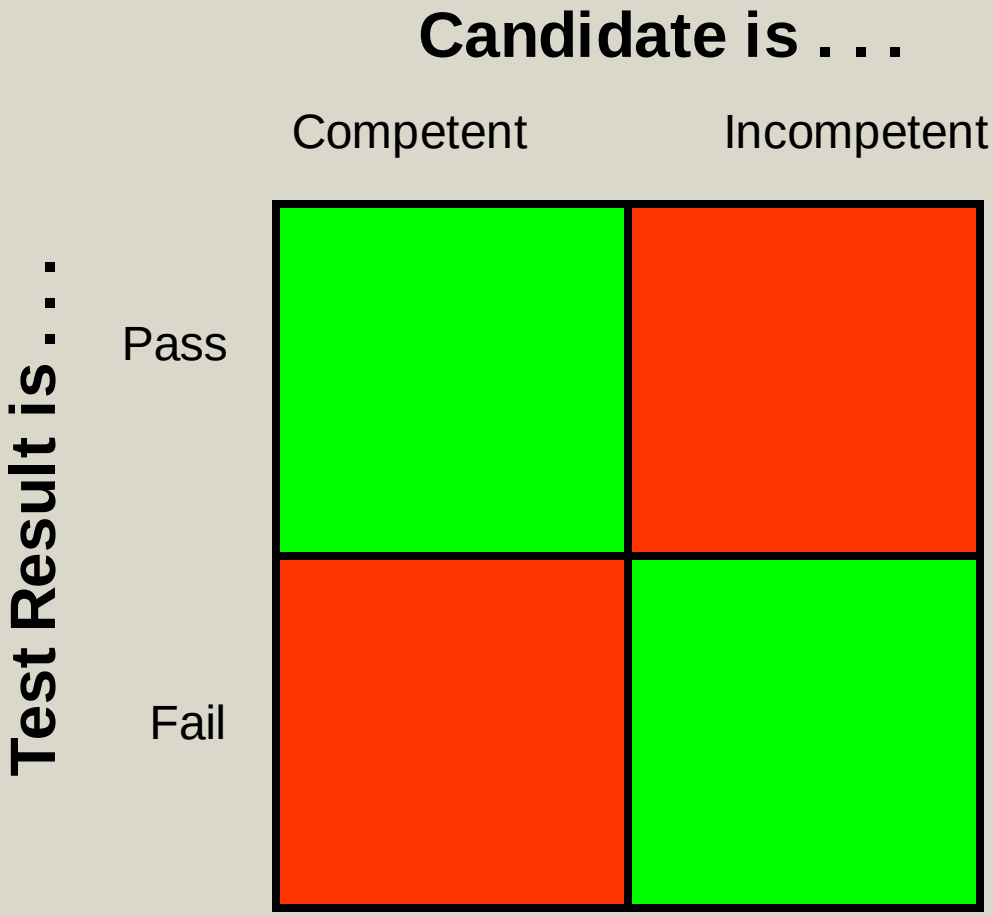

STANDARD SETTING: FINDING THE PASS MARK

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- Options:
  - **Norm referenced:** Used when a pre-determined proportion of examinees are required to pass e.g. 55% – not what we do
  - **Criterion referenced:** Used when a desirable competency level is required which each candidate should achieve

THE STANDARD SETTING PROBLEM CONT.

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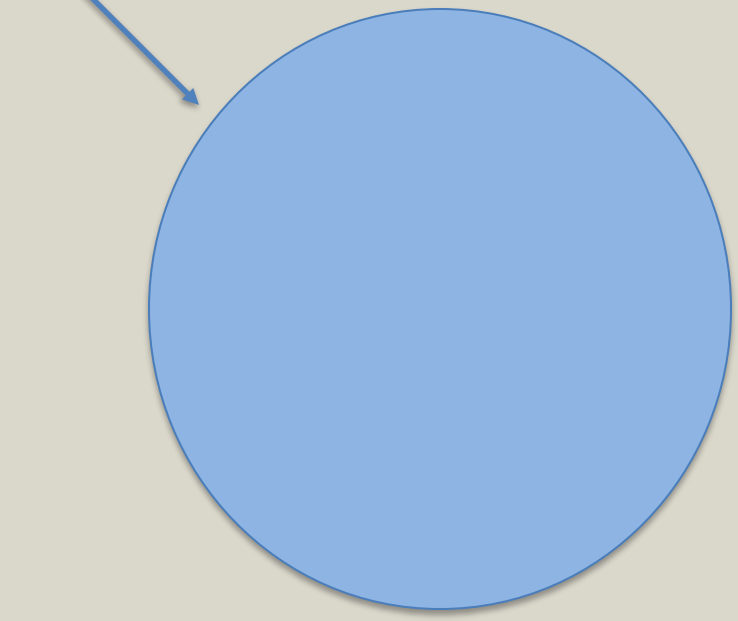
Cohort

For which group are we setting the standard?

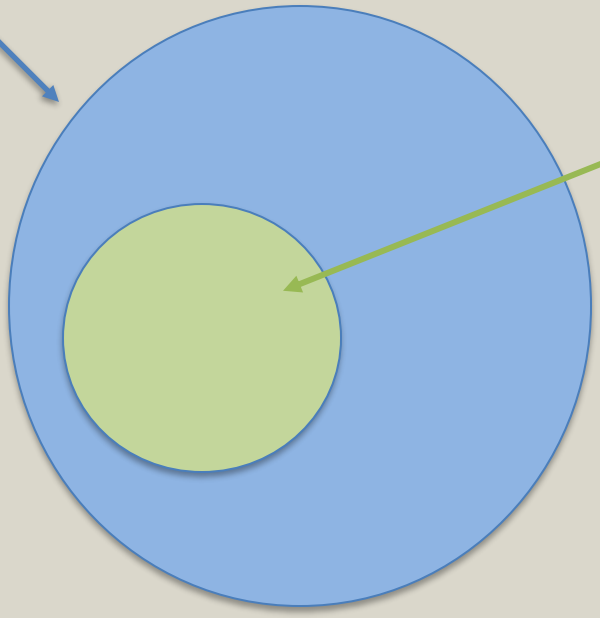


THE STANDARD SETTING PROBLEM CONT.

The Royal Australian & New Zealand College of Psychiatrists

Cohort

For which group are we setting the standard?



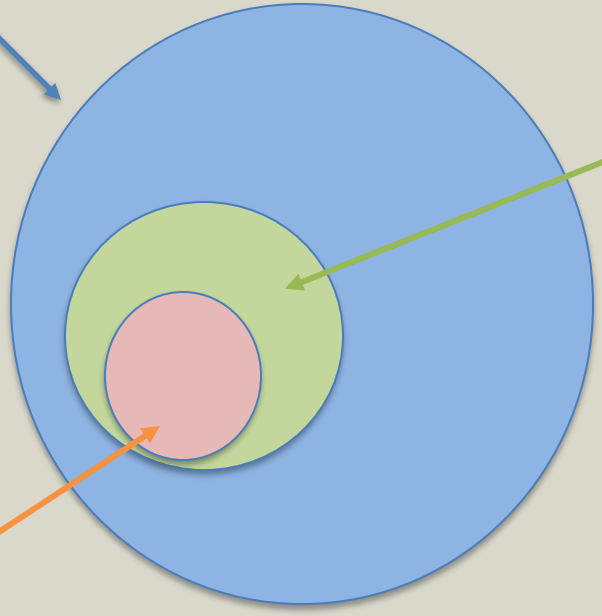
Minimally-competent Junior Consultant

THE STANDARD SETTING PROBLEM CONT.

The Royal Australian & New Zealand College of Psychiatrists

Cohort

For which group are we setting the standard?



Minimally-competent Junior Consultant

The proportion that will pass a question, or achieve a mark.

They set the standard.

THE "MINIMALLY COMPETENT JUNIOR PSYCHIATRIST"

The Royal Australian & New Zealand College of Psychiatrists

A junior psychiatrist:

- Some knowledge gaps
- Some difficulty applying knowledge to more complex clinical situations
- Seeks advice more often than a senior colleague
- Can lack sophistication

But…

- A good grasp of basic knowledge
- Able to practice independently or in private practice
- Is "safe" enough to be on an after-hours roster or to cover a colleague's leave
- "Forgivable errors"

WHY THE "MINIMALLY COMPETENT PSYCHIATRIST"?

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- Represents the point at which a candidate is 'good enough' = pass mark
- Can be conceptualized as the 'point of separation' between pass and fail categories
- This 'point of separation' can be translated into a cut score
- Fairness

STANDARD SETTING: THE CEQ

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1. WSC provided with a quote and the reference article
2. 15min exercise to highlight the key points
3. Presented to the WSC
4. Setting the standard
   - Choosing the domains pertinent to THIS particular quote
   - Panel members rate the marks they think the **minimally competent junior consultant** will score in each domain.
   - Follows standard procedure.
   - Calculated into a pass mark.
5. Thematic analysis of submissions
6. Summary produced and presented to the markers
7. Post-hoc analyses

STANDARD SETTING:
OVERALL CONSIDERATIONS TO KEEP IN MIND

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- Candidates are under examination conditions and under time pressure.

- Candidates will not structure their responses in the way that the marking guide is set up.

- Often minimally competent candidates may write a lot about a couple of points therefore missing out on rest of the points expected in the answer.

THE MARKING GUIDE

WWW.RANZCP.ORG

The Royal Australian & New Zealand College of Psychiatrists

Fellowship Competency 1. Communicator – Weighting XX%

The candidate demonstrates the ability to communicate clearly Spelling, grammar and vocabulary adequate to the task; able to convey ideas clearly.	Proficiency level
The spelling, grammar or vocabulary significantly impedes communication.	0
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates below average capacity for clear written expression.	1 2
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	3 4
The candidate displays a highly sophisticated level of written expression.	5

Fellowship Competency 2. Scholar – Weighting XX%

The candidate demonstrates the ability to critically evaluate the statement/question Includes the ability to describe a valid interpretation of the statement/question.	Proficiency level
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0
One or more interpretations are made, but may be invalid, superficial or not capture the meaning of the statement/question.	1 2
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	3 4
One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge.	5

Fellowship Competency 3. Medical Expert, Communicator, Scholar – Weighting XX%

The candidate is able to identify and develop a number of lines of argument that are relevant to the proposition. *The candidate makes reference to the research literature where this usefully informs their arguments. Includes the ability to consider counter arguments and/or argue against the proposition.*	Proficiency level
There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.	0
There is only a weak attempt at supporting the assertions made by correct and relevant knowledge OR there is only one argument OR the arguments are not well linked.	1 2
The points in this essay follow logically to demonstrate the argument and are adequately developed.	3 4
The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant.	5

Fellowship Competency 4. Medical Expert, Scholar – Weighting XX%

Information cited in the essay is factually correct.	Proficiency level
There are significant errors of fact that, if used as a basis for treatment planning, could pose a risk to patients.	0
There are errors of fact that are multiple and/or substantial, but without the element of significant risk to patients.	1 2
Assertions made are generally correct, with no major errors of fact.	3 4
There are no major errors of fact and the level of relevant factual knowledge is higher than average (e.g. accurately quoted literature).	5

Fellowship Competency 5. Medical Expert, Health Advocate, Professional - Weighting XX%

The candidate demonstrates a mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically and in the present time, and the role of the psychiatrist as advocate and can use this understanding to critically discuss the essay question.	Proficiency level
As relevant to the question or statement: the candidate limits themselves inappropriately rigidly to the medical model OR does not demonstrate cultural awareness or sensitivity where this was clearly required OR fails to demonstrate an appropriate awareness of a relevant cultural/historical context OR fails to consider a role for psychiatrist as advocate.	0
The candidate touches on the expected areas but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement.	1 2
The candidate demonstrates an acceptable level of cultural sensitivity and/or historical context and/or broader models of health and illness and/or the role of psychiatrist as advocate relevant to the question/statement.	3 4

Fellowship Competency 6. Professional - Weighting XX%

The candidate demonstrates appropriate ethical awareness	Proficiency level
The candidate fails to address ethical issues where this was clearly required, or produces material that is unethical in content.	0
The candidate raises ethical issues that are not relevant or are simply listed without elaboration or are described incorrectly or so unclearly as to cloud the meaning.	1 2
The candidate demonstrates an appropriate awareness of relevant ethical issues.	3 4
The candidate demonstrates a superior level of knowledge or awareness of relevant ethical issues.	5

Fellowship Competency 7. Medical Expert, Collaborator - Weighting XX%

The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	Proficiency level
The candidate fails to consider patient-centred care, carers, and/or recovery principles where these are relevant OR merely mentions them.	0
The candidate mentions these concepts but does not demonstrate an accurate understanding of them or is unable to do so clearly.	1 2
The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	3 4
The candidate demonstrates a superior depth or breadth of understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	5

Fellowship Competency 8. Medical Expert, Collaborator, Manager - Weighting XX%

The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	Proficiency level
Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context.	0
There is an attempt to link to the clinical context, but it is tenuous or the links made are unrealistic.	1 2
The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	3 4
The candidate makes links to the clinical context that appear very well-informed and show an above average level of insight.	5

Fellowship Competency 9. Medical Expert, Communicator, Scholar - Weighting XX%

The candidate is able to draw a conclusion that is justified by the arguments they have raised.	Proficiency level
There is no conclusion.	0
Any conclusion is poorly justified or not supported by the arguments that have been raised.	1 2
The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.	3 4
The candidate demonstrates an above average level of sophistication in the conclusion/s drawn, and they are well supported by the arguments raised.	5

Fellowship Competency 10. To Be Specified - Weighting XX%

Specific to the essay under consideration (not to be >10% weighting).	Proficiency level
Not demonstrated.	0
Weakly demonstrated.	1 2
Adequately demonstrated.	3 4
Demonstrated at a superior level.	5

Marker Initials _____

CANDIDATE DID NOT ATTEMPT ☐

DID HANDWRITING AFFECT MARKING? ☐

THE MARKING GUIDE

WWW.RANZCP.ORG

The Royal Australian & New Zealand College of Psychiatrists

- 10 possible domains
- Each is matched to Fellowship competencies.
- Scored 0 – 5
- Each CEQ has its own selection of the 10 domains, usually 6.
- Each domain receives a weighting based on its relevance to the quote.
- Domains 1 and 9 are always included:
  - Ability to communicate clearly
  - Ability to provide a conclusion justified by the discussion in the essay.
  - Each weighs 10% of the total mark.

THE MARKING GUIDE: AN EXAMPLE

WWW.RANZCP.ORG

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#	Domain	Weighting (%)
1	The ability to communicate clearly.	10
2	The ability to critically evaluate the statement/question.	15
5	A mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically and in the present time, and the role of the psychiatrist as advocate…	25
6	Demonstrates appropriate ethical awareness.	15
9	Is able to draw a conclusion that is justified by the arguments they have raised.	10
10	The ability to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in the arguments, demonstrating an understanding of patient-centered care, the recovery model in psychiatry, and the role of carers.	25

STANDARD SETTING: CALIBRATION OF THE CEQ

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- Markers' calibration – compulsory

- 6 papers to mark – stratified random sampling

- Meeting to calibrate
- Marking.
- Each paper is marked twice and blindly

- Once completed, then WSC members and markers can read the reference article.

- Markers' performances are monitored.
- Some papers are sent to the third marker.

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POST-EXAM ANALYSES

POST-EXAM CONSIDERATIONS

The Royal Australian & New Zealand College of Psychiatrists

- Pass rate
- Marks distribution
- Comparison with past exams
- Marker feedback
- Candidate feedback / Incident reports

MARKER PERFORMANCE

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As first marker	
• Number of papers marked	**30**
• Your average mark for these papers	**24.6**
• Your-co-examiner's average mark for these papers	**24.9**
• Number of papers that were marked by the third examiner from these papers (the Chief Examiner(s) for the CEQ)	**1**
As second marker	
• Number of papers marked	**30**
• Your average mark for these papers	**23.6**
• Your-co-examiner's average mark for these papers	**25.1**
• Number of papers that were marked by the third examiner from these papers (the Chief Examiner(s) for the CEQ)	**1**

CONFIDENTIAL

THE LIFECYCLE OF THE CEQ

The Royal Australian & New Zealand College of Psychiatrists

The Royal Australian & New Zealand College of Psychiatrists

PREPARING FOR THE CEQ
GENERAL TIPS
MIND MAPPING

STRATEGIES TO IMPROVE CANDIDATE PERFORMANCE IN THE ESE.

The Royal Australian & New Zealand College of Psychiatrists

- We have implemented a number of changes in the ESE, some pre-ACER.
- CEQ: 40 marks (unchanged) but over 50 minutes and, those 50 minutes can be used by a candidate as they choose.
- MEQ: 125 marks in a 150-minute examination
- Resources, workshops

ARE YOU ELIGIBLE?

The Royal Australian & New Zealand College of Psychiatrists

Eligibility

You are eligible to apply for the CEQ exam after you have completed 18 months FTE training.

The RANZCP recommends that you take the CEQ exam in Stage 3, as the exam is set at the standard expected at the end of Stage 3.

You should have successfully completed the exam by 60 months FTE training.

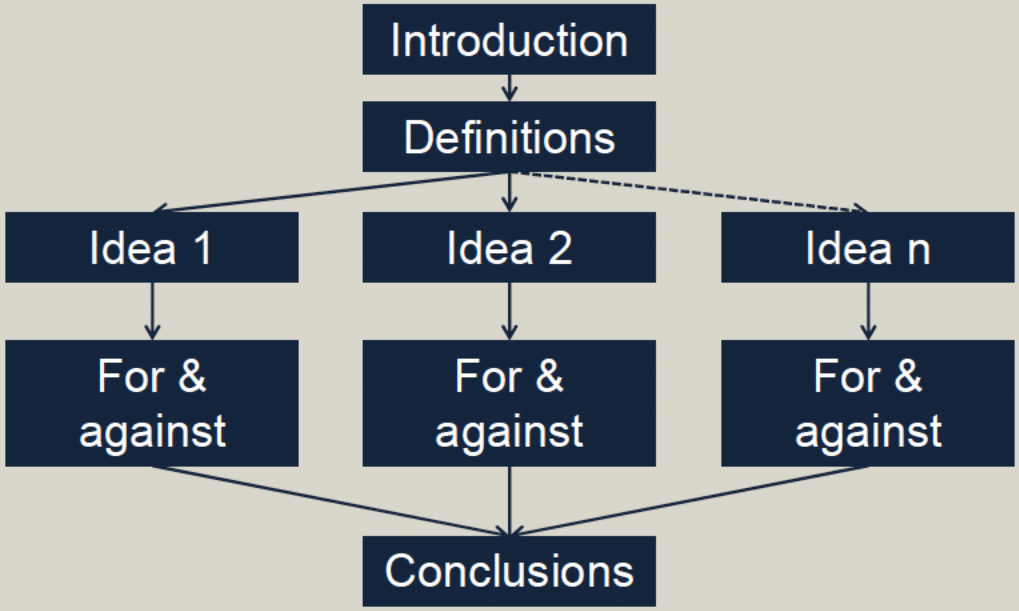
THE ESSAY: GENERAL COMMENTS 1

The Royal Australian & New Zealand College of Psychiatrists

- Needs to have an introduction, a body and a conclusion.
- Consider for and against arguments
- We are interested in your ability to consider different perspectives.
- Think more broadly than the clinical setting; think of the social, political and historical context.
- Use references and clinical examples to substantiate your argument.
- Aim for a logical flow towards a conclusion.
- The conclusion should not include new information.
- Sometimes, the quote may not lend itself to two opposing perspectives such as for and against. Still, different perspectives need to be considered.
- Make repeated reference to the quote.

With thanks to Lisa Lampe

PICTORIALLY,



With thanks to Lisa Lampe

THE ESSAY: GENERAL COMMENTS II

The Royal Australian & New Zealand College of Psychiatrists

- Needs to be concisely written.
- Needs to be a structured consideration of a proposition.
- Can include arguments for and against the proposition.
- Look for different perspectives / points of view

With thanks to Lisa Lampe

THE ESSAY: GENERAL COMMENTS III

The Royal Australian & New Zealand College of Psychiatrists

What does this mean in practice?

- There is no set formula.
- You are expected to argue for and against
- In some cases, it is hard to argue against a proposition; then focus on different perspectives.
- Even if you disagree with the proposition, substantiate your argument.
- The essay must refer to the quote.

With thanks to Lisa Lampe

THE ESSAY: GENERAL COMMENTS IV

The Royal Australian & New Zealand College of Psychiatrists

- Think beyond your perspective as a doctor within a broader medical model.
- Consider the views of the community, your community
- Consider how someone from a different cultural background might consider this proposition.
- Use examples to illustrate and justify your points.
- Use ‘relevant and correct knowledge’
- Be reasonably precise with your references. Don’t say ‘Pincus in the American J of Psychiatry’; include a year of publication if you know it.

- Note: Markers will check your references.

With thanks to Lisa Lampe

THE ESSAY: GENERAL COMMENTS V

The Royal Australian & New Zealand College of Psychiatrists

- Descriptive Essay
  - Reports ideas but does not appraise their merit.
  - Does not add any new ideas.
  - Relatively low level skill
- Critical Essay
  - A form of active participation in an academic debate
  - Weighs the evidence and arguments of others and contributes your own
  - High level skill

With thanks to Lisa Lampe

THE CEQ REFERENCE

The Royal Australian & New Zealand College of Psychiatrists

- The reference is always provided.
- Use it to your advantage.
- It helps place the quote in context.
  - The author(s)
  - The time period when it was published
  - The source (journal, text book, newspaper, etc)
  - Who is its audience?
  - Is it a reliable source?

THE CEQ REFERENCE: EXAMPLES

The Royal Australian & New Zealand College of Psychiatrists

"Life is not static. Aging is inevitable: it starts the day we are born . . . a successful transition to retirement requires adaptation to change and flexibility: something that has been recognised as not being a prominent personality trait for those training in medicine."

(40 marks)

Reference: Transitions to retirement. Kym Jenkins. *Australasian Psychiatry,* April 2016 vol. 24 no. 2 123-124

"The origins of medical ethics lie in the Hippocratic Oath, which ... is often condensed to 'first do no harm'. This principle ... seems sensible on one level and almost impossible to do in practice on another."

(40 marks)

Reference: The Ethics Centre (2017) Big Thinkers: Thomas Beauchamp & James Childress. Available at: https://ethics.org.au/big-thinkers-thomas-beauchamp-james-childress/ (accessed 17 February 2022).

To a psychiatrist - Poem

"To you, I am a brief moment,
A problem, if not solved, then put aside.
My anguish is interesting to you,
But cannot touch you…"

Reference: Lawrence R (2019) To a psychiatrist – Poem. *British Journal of Psychiatry* 214(6):317. doi:10.1192/bjp.2019.94.

THE CEQ REFERENCE: EXAMPLES

The Royal Australian & New Zealand College of Psychiatrists

"Psychiatrists have long been known as the rebels of medicine. It's a field that attracts those who feel on the outer of medical orthodoxies…"

Tanveer Ahmed (2023). From magic mushrooms to meds. Australian Financial Review 11-12 February 2023

PREPARING FOR THE CEQ I

The Royal Australian & New Zealand College of Psychiatrists

You know this already but I thought I'd mention it anyway.

It is not a comprehensive list.

1. Read widely include reviews, opinion pieces
2. Read for the pleasure of it
3. Read articles with a broad perspective
4. Read your colleagues' essays or those of colleagues who have passed the exam
5. Listen to podcasts, TED talks
6. Listen to those with a lived experience
7. Listen to your patients
8. Talk to your colleagues and ask for feedback; give feedback

The Royal Australian & New Zealand College of Psychiatrists

In Brief

ANZJP

Australian & New Zealand Journal of Psychiatry
1–3
DOI: 10.1177/00048674231166890

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Vincent van Gogh's ear and the sociocultural iconography of mental illness

Alexander Smith[1], Dinesh Bhugra[2] and Michael Liebrenz[1]

PREPARING FOR THE CEQ II

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9. Practice, practice, practice
10. Develop a mind map/grid; use it as a checklist but avoid a generic essay. Make it specific to the quote. Once you have a finalised version, use it in practice.
11. Stick to the timing from the get-go
12. Use different writing tools until you find one which fits your hand comfortably
13. Develop muscle memory
14. Know the basics – ethical principles, recovery, patient centered care, BPS model of care
15. Use your experience, cultural background,
16. Know the RANZCP guidelines, code of ethics, etc

PREPARING FOR THE CEQ III

The Royal Australian & New Zealand College of Psychiatrists

17. Think about the quote
18. Don't forget the reference
19. Are there any terms which could be defined?
20. Use a pros vs cons perspective
21. Look at the quote from a number of perspectives, such as that of the clinician, the health service, the patient, carers, etc. Think about sticking to about three perspectives. More than that, and the essay can become confusing and hard to follow.
22. You may wish to collect the perspectives, then compose your introduction and conclusion.
23. Make sure you refer back to the quote.
24. Use references to substantiate your points

PREPARING FOR THE CEQ IV

The Royal Australian & New Zealand College of Psychiatrists

25. On the day – have enough pens; dress comfortably;

26. Use double spacing – makes for better legibility, allows for corrections, insertions, etc.

27. If you think you need to type the essay, apply for special consids.

28. Remember this is a professional exam.

PREPARING FOR THE CEQ V

The Royal Australian & New Zealand College of Psychiatrists

- TEEL (Selzer)
  - **Topic** – a sentence of what this para is about
  - **Explain** – provide an explanation of your topic
  - **Evidence** – provide a clinical example, reference a book, research
  - **Link** – this sentence will summarise and link to the essay and help with transition to the next paragraph

SOME RECOMMENDED RESOURCES/TIPS

The Royal Australian & New Zealand College of Psychiatrists

- Podcast Drs Gardiner, Selzer, Gao
- Rob Selzer's article
- Lilian Ng's article

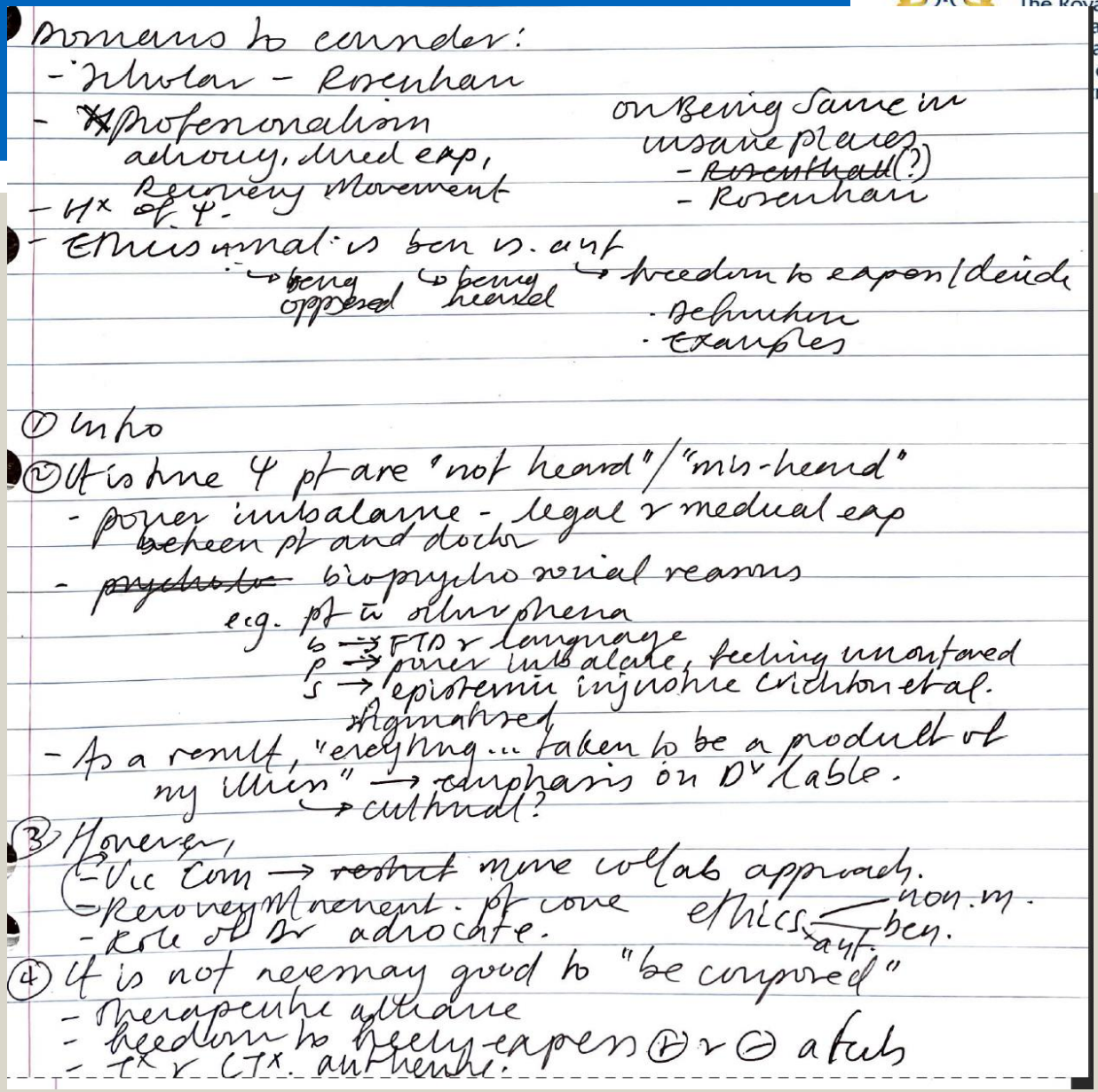
MIND MAPPING

The Royal Australian & New Zealand College of Psychiatrists

1. A template; a visual prompt; an aide memoire
2. Use about 5 minutes for this. No more
3. Right down the first thoughts that come to mind when you read the quote
4. Have a look at the list – any themes emerging?
5. Choose the best (most confident) thoughts to deliver your point
6. If stuck: look for terms that you could define; look at the reference as this may provide a springboard for thinking.
7. What is your opinion about the proposal in the quote?

MINDMAPPING

With thanks to the registrars who graciously consented to the use of their templates



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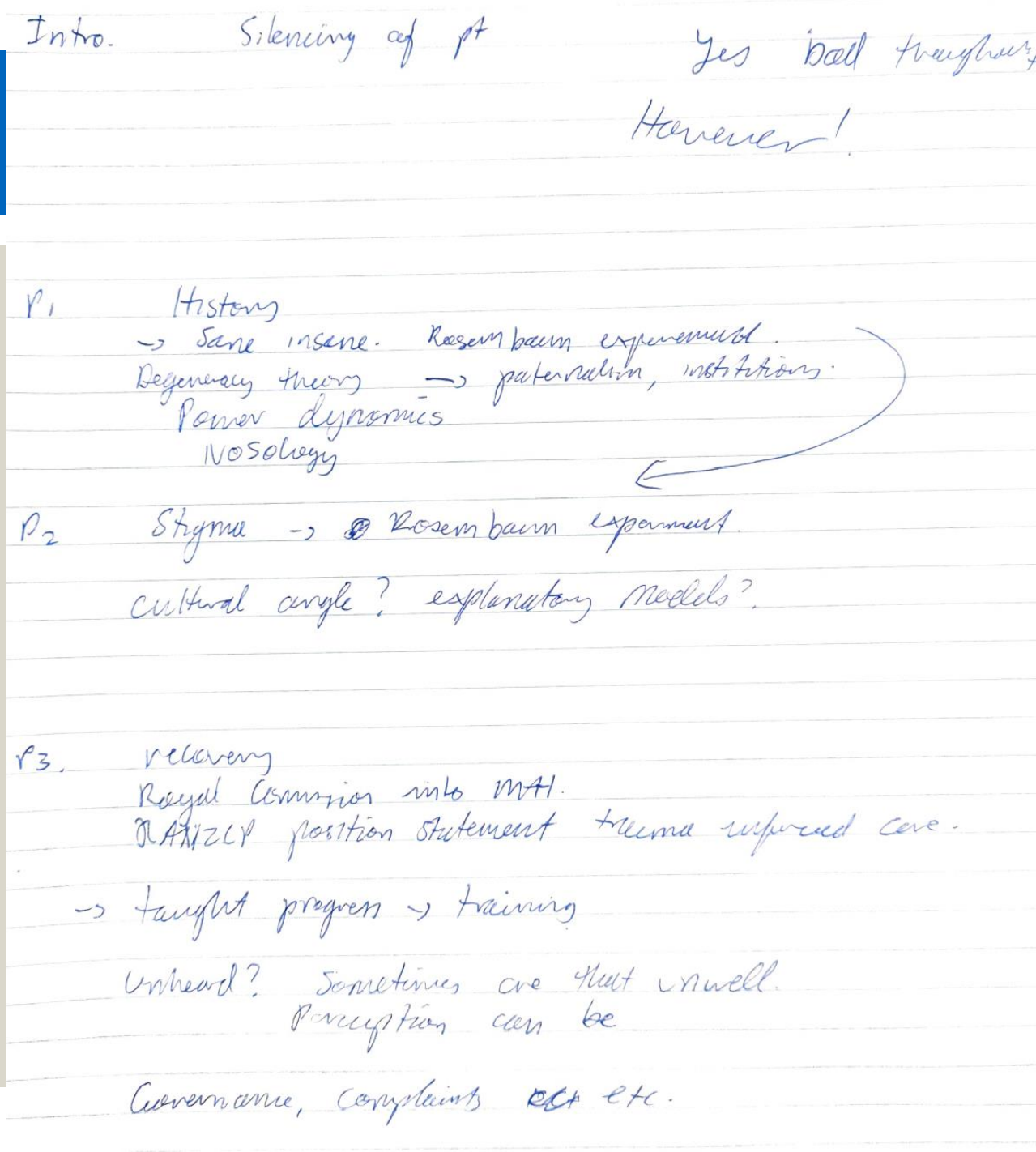

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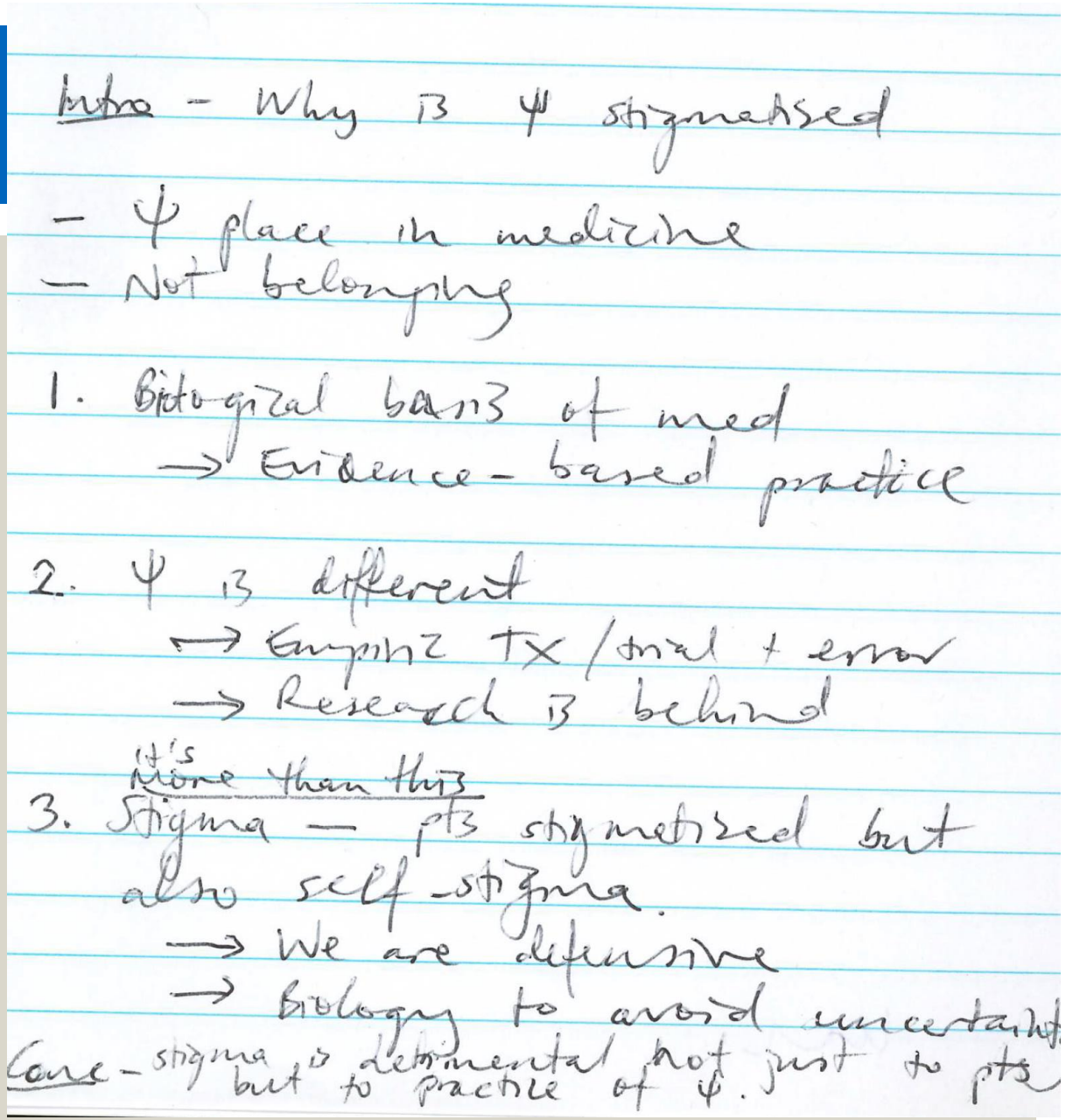

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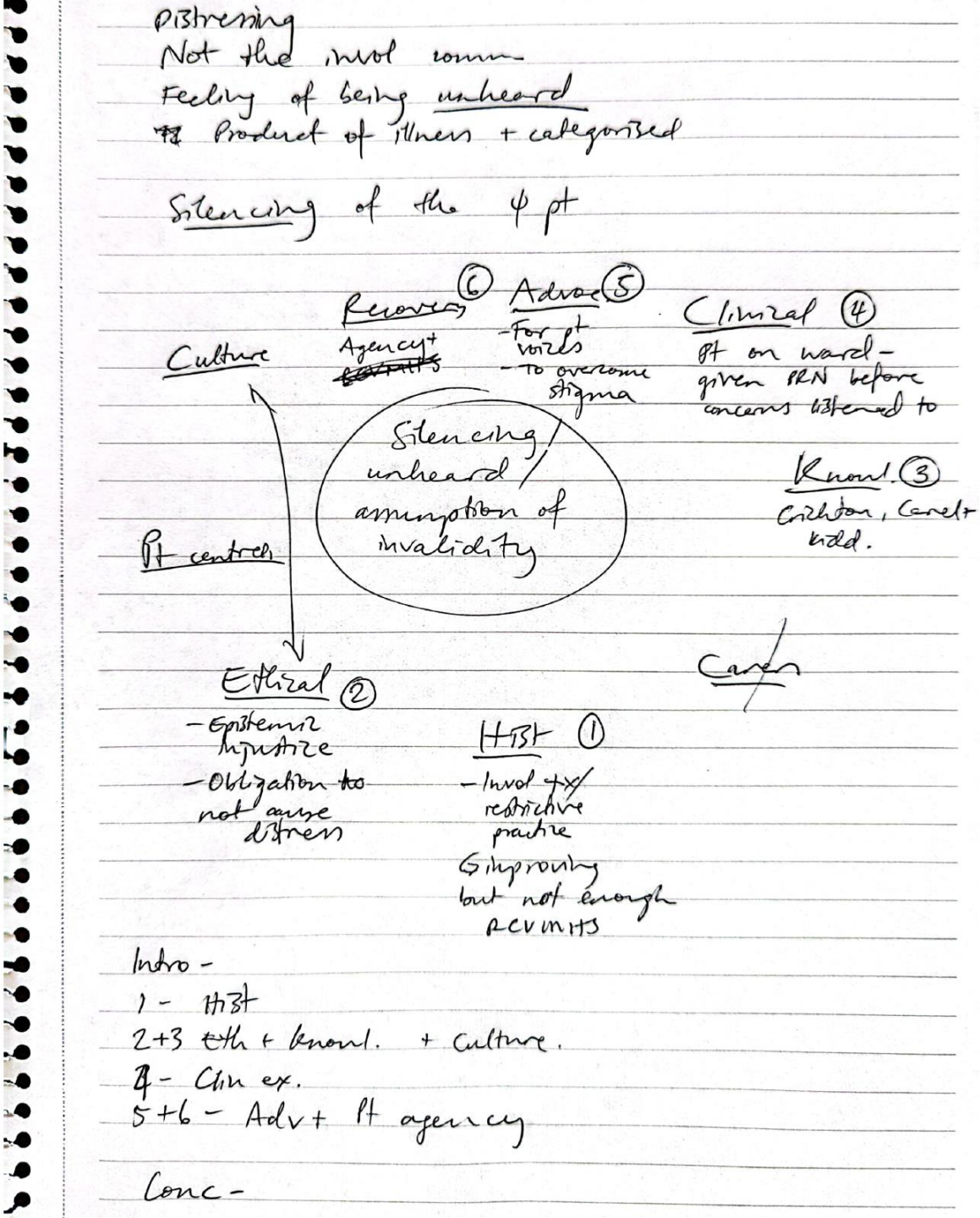

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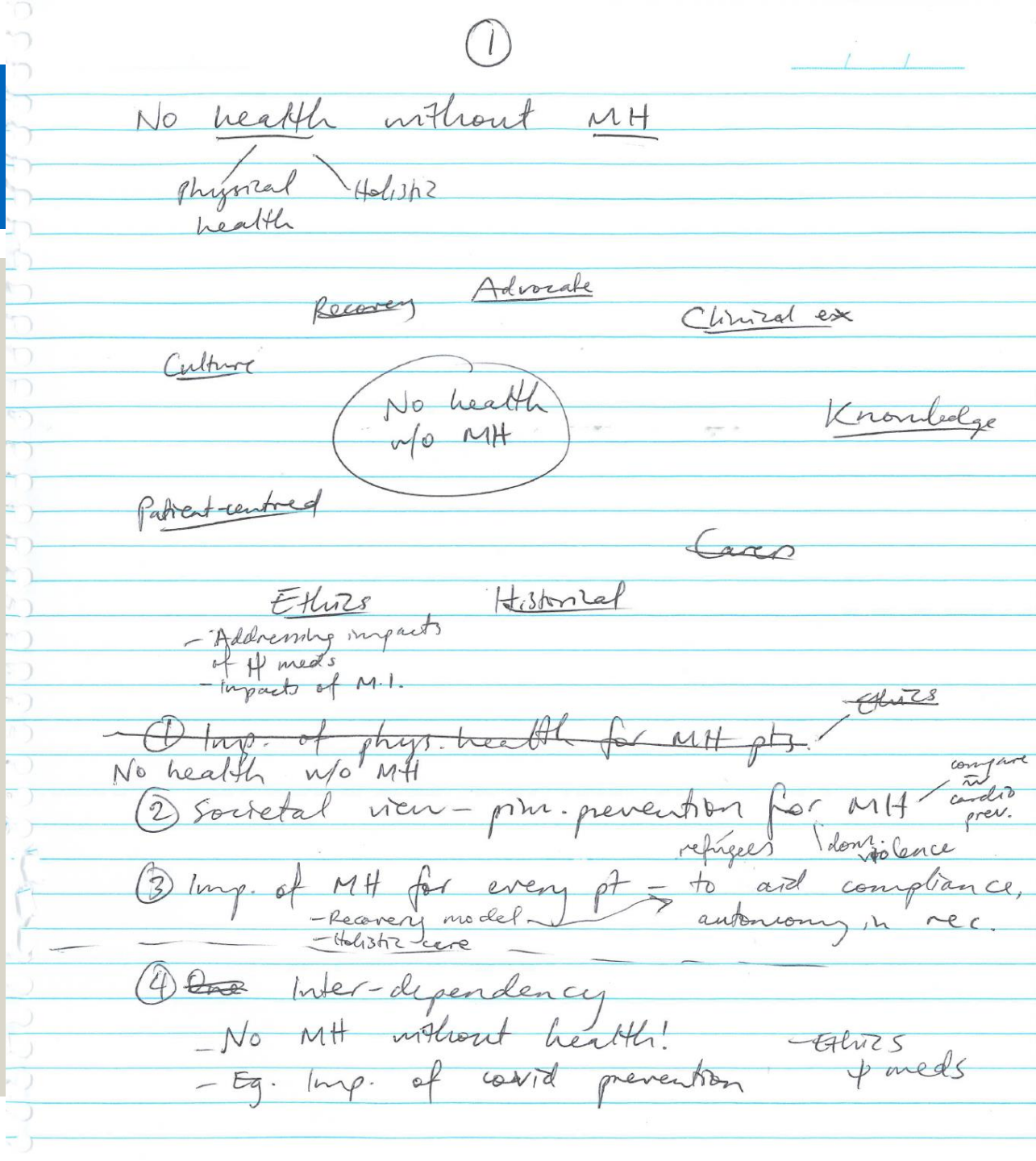

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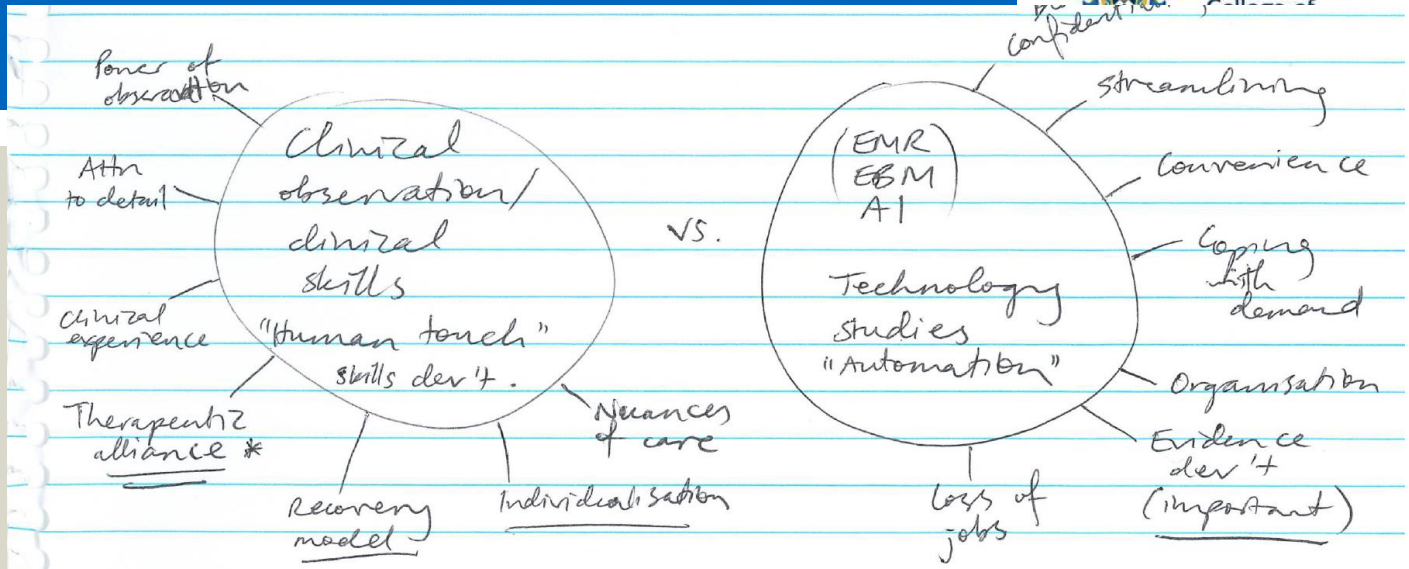

Intro: Tech advancing - many benefits. Need to embrace. However be mindful of ~~tech~~ need for human skills. Esp in Ψ.

① Benefits of tech. for med + Ψ

② Importance of EBM in Ψ (esp).

③ Importance of human obs. → clinical exp.

④ Therapeutic alliance + individualisation of care - Crucial in Ψ. Part of the Tx.

Conc.

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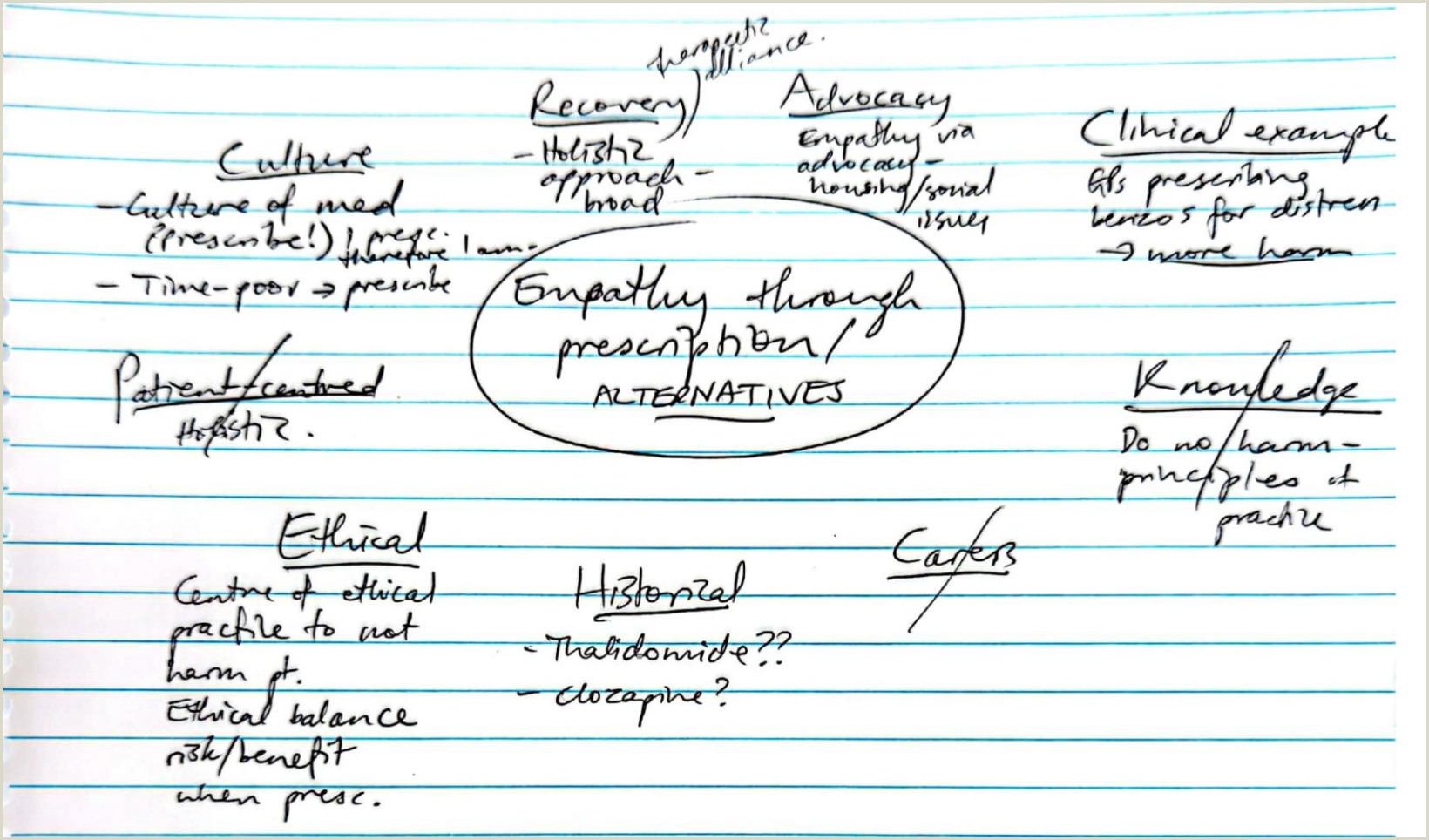

CEQ EXAMPLE I

The Royal Australian & New Zealand College of Psychiatrists

"In the majority of (psychiatric) patients worldwide, polypharmacy is practiced in the face of all guidelines and textbooks on psychopharmacology, and the discussion is ongoing as to whether it is our practice or our guidelines that are at fault".

Nader D & Pincus H (2003). We do not practice what we investigate and we do not investigate what we practice. Current Opinion in Psychiatry. 16(6): 701-702

(with thanks to Dr T Branchflower)

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CEQ: AN EXAMPLE WE WOULD NOT USE

The Royal Australian & New Zealand College of Psychiatrists

In essay form, critically discuss this quotation from different points of view and provide your conclusion.

"One hundred years from now…What will they identify as the tipping point that pushed medicine into the abyss? Will it be the electronic medical record, evidence-based medicine, artificial intelligence, or the day in which the physician quit trying to develop and refine the skills of clinical observation?"

Waldman SD, Waldman RA. 2020 Commentary on *The Illness of Pierrot*. Academic Medicine 95(2):214-215.

The Royal Australian & New Zealand College of Psychiatrists

Thomas Couture
1867-1868

SOME EXAMPLES TO WORK THROUGH

The Royal Australian & New Zealand College of Psychiatrists

1. "We with our quick dividing eye measure, distinguish and are gone." *Judith Wright (1995). A Human Pattern: Selected Poems.*

2. ". . . any man's death diminishes me, because I am involved in mankind, . . ." *John Donne, Meditation XVII, 1624, cited: http://www.online-literature.com/donne/409/*

3. The traditional psychiatric approach and stigma seem to have become a hindrance to clinicians' acknowledgement of service user expertise. *Castillo, H., & Ramon, S. (2017). "Work with me": service users' perspectives on shared decision making in mental health. The Mental Health Review, 22(3), 166–178. https://doi.org/10.1108/MHRJ-01-2017-0005*

The Royal Australian & New Zealand College of Psychiatrists

YOUR QUESTIONS ANSWERED

WHY IS THE CUT SCORE NOT PUBLISHED?

The Royal Australian & New Zealand College of Psychiatrists

- There is a risk that candidates will focus on the cut score and work towards that.
- The cut score changes
  - standard setting, which relies on the expertise of Fellows determining the cut score and on the questions set for that exam.

INDIVIDUALISED FEEDBACK?

The Royal Australian & New Zealand College of Psychiatrists

- This is not possible at this particular time.

- Remember, the committees are peopled by volunteer Fellows who are passionate about teaching, training and development.

ACCREDITATION 2023 RECOMMENDATIONS

The Royal Australian & New Zealand College of Psychiatrists

26. Review and benchmark the content and role of the Clinical Essay Question and Modified Essay Question examinations to ensure utility and fitness for purpose, including relevance of each to contemporary practice. (Standard 5.2)

REVIEW OF THE CEQ 2023

The Royal Australian & New Zealand College of Psychiatrists

- ACER commissioned to conduct the review
- Is there an alternative way to assess candidates?

- "The RANZCP Board further requested that the role and the format of the CEQ examination be reviewed to consider its effectiveness and fitness for purpose"

- "The focus of the CEQ is to test the written, analytical, integrative, critical and reflective thinking skills that indicate a clear and coherent understanding of the complex role of psychiatry in a broader context of historical, social, political, cultural and philosophical framework, and the consequent ability to present, sensibly debate the controversies and influence the audience."

REVIEW OF THE CEQ 2023

The Royal Australian & New Zealand College of Psychiatrists

- Competency in critical thinking in relation to the complex, social, cultural, ethical and broader scientific and technological context of psychiatry needs to be retained in the Fellowship training and assessment (Nic O'Connor, EC)
- We are seeking direction that reflects the views expressed by our stakeholders and incorporates contemporary assessment methodology, whilst noting concerns about the burden of assessment.
- We want to align the syllabus/curriculum, learning outcomes, and training with assessments.

- There is general acceptance that the CEQ is here to stay.

MEREDITH'S HOUSEKEEPING CEQ & MEQ

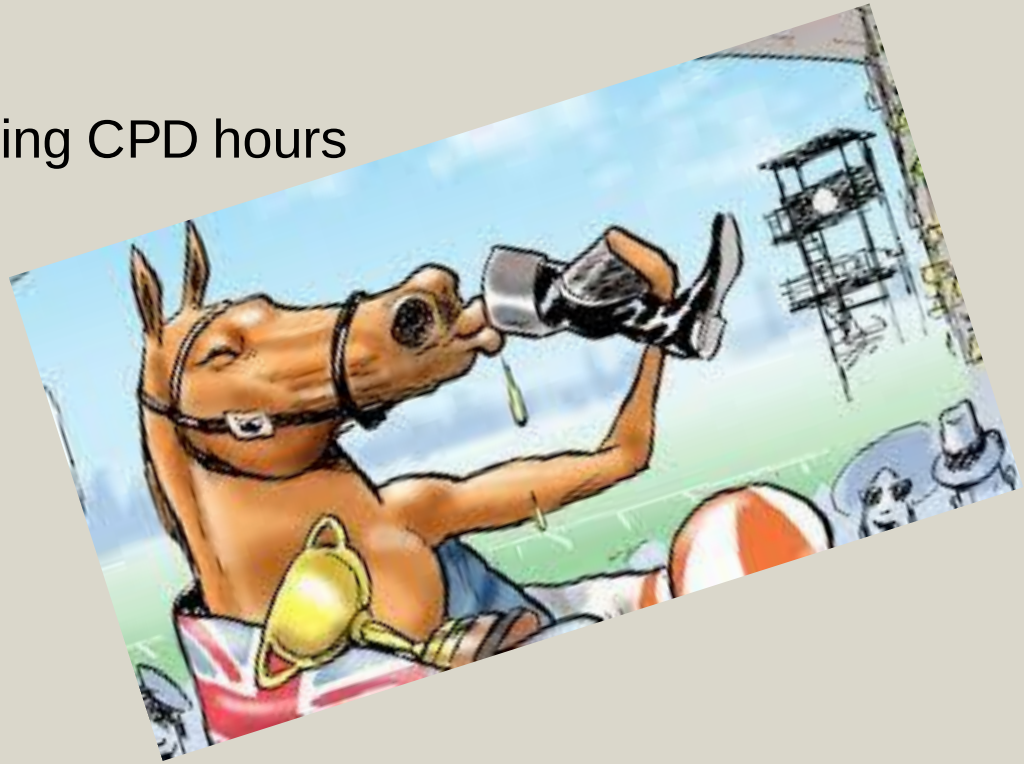
The Royal Australian & New Zealand College of Psychiatrists

- Application dates – NO LATE APPLICATIONS
- Online ONLY applications
- Special consids
  - At the time of application
  - Long term ailments, learning difficulties
  - Acute (usually medical issues)
  - Adequate documentation, recency
- Incident reports
- Results release
- Review requests
- Contingency planning

QWW 2023 INVITE

The Royal Australian & New Zealand College of Psychiatrists

- 2nd and 3rd November 2023
- Melbourne
- Easy and fun way of gaining CPD hours



CEQ FEEDBACK SURVEY

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Q&A