

# February 2019 Essay-style Examination

## Examination Report



### **Essay-style Examination**

The Committee for Examinations followed established procedures to set the February 2019 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 February 2019 Essay-style exam across Australia and New Zealand was 182. This is the second highest number of candidates sitting the Exam since the start of the 2012 Fellowship Program. The pass rate for the February 2019 Essay examination was 36.81%. Of the candidates who sat the Essay-style examination for the first time, approximately 38% passed.

The Committee reviewed the performance of borderline candidates across the examination, and where possible awarded a "Conceded Pass". Candidates are reminded that the regulations stipulate that the CEQ must be passed in order to achieve an overall pass in the Essay Style Examination.

### **Critical Essay Question (CEQ)**

The cohort was provided with a quote which gave candidates a good opportunity to discuss a range of issues very relevant for psychiatrists in contemporary practice. The quote, about the flexibility of diagnostic frameworks in psychiatry, 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. The question allowed for diversity and some creativity in responses.

Overall, the quality of CEQ submissions has improved over recent years. The domain measuring the candidates' ability to communicate clearly achieved the highest average score at 63.5%. In general, candidates performed at an acceptable level in relation to their spelling, grammar and vocabulary usage. The ability to communicate clearly in terms of appropriate grammar and vocabulary shows continuing improvement. The worst performing domain was where candidates were required to demonstrate their understanding of patient-centered care. Some candidates scored well across all domains, and there were some excellent answers that incorporated the issues of diagnostic frameworks with the characteristics of psychiatrists and the issues of psychiatry. Ethical principles seem to be well-embedded in the essays.

In terms of evident weaknesses, a number of scripts failed to demonstrate logical and coherent argument. Many candidates provided 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. Often the content did not address the stimulus statement.

### **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 February exam. In general, candidates identified appropriate risks associated with the elderly and associated risks of depression.

However, most candidates did not consider that inpatient treatment would have allowed for more frequent observation and investigations. Very few took note of the history of poor response to treatment so far. Candidates needed to demonstrate that they were giving instructions to the nurses as doctors addressing the priorities for the patient's care, and many failed to do so. Instead of identifying the key factors relevant at this point in time for the patient's immediate care, many gave answers such as 'advise the nursing staff to respect the patient because he was elderly' and

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speculated on possible additional issues for an elderly patient such as hearing loss although this had not been in the scenario. Many did not identify key observations such as monitoring sleep.

### **MEQ 2**

Most candidates considered the structure and techniques of the psychiatric interview for the given scenario and displayed an understanding of the complexities of the situation and how to facilitate guided discussion. Multiple aspects of clinical care needed to be addressed. Generally candidates either answered history clarification or the medication discussion well, but not both. Many candidates considered family violence - it is encouraging to see that awareness of this very important factor is increasing.

A large number of candidates seemingly did not read the question carefully and missed points. Others identified a range of issues but failed to justify their answers. There was apparently poor knowledge of antidepressant safety in pregnancy and after birth for the baby and if breast feeding, and poor knowledge of school refusal. Many candidates appeared to lose sight of the need to take the perspective of a junior consultant psychiatrist in this situation. Many missed the key issue of providing psycho-education to the couple.

### **MEQ 3**

MEQ 3 in its entirety covered the scope of assessment, diagnostic formulation, and management in the setting of consultation-liaison psychiatry. This question required the candidate to delineate the roles of registrar and those of the junior consultant psychiatrist. There was an opportunity to demonstrate a good understanding of the relationship between epilepsy and psychosis - core knowledge at this level. The question pertaining to management provided candidates an opportunity to draw on their clinical experience in training as much as their recall of factual knowledge. The question seemed to identify candidates who had derived enough learning from their training experience. All parts of the question allowed candidates to obtain further marks by demonstrating breadth and depth of understanding.

Candidates demonstrated a framework for considering the relationship between epilepsy and psychosis, as well as other relevant medical and social comorbidities. Candidates generally understood the different roles of a consultation-liaison psychiatrist, including the need to enquire into and facilitate the alleviation of ward staff anxieties. Most candidates were aware of the need to involve families and carers, although sometimes this was restricted to more paternalistic applications. Few candidates saw the family as a resource to enrich clinical understanding or collaborate in formulating a therapeutic response to the situation.

Many answers suggested that candidates had not read the question or the vignette carefully. A number of candidates had not considered the requirements of a "list and explain" question or, responded as if the patient were still in ICU. Few candidates considered the social context of the patient and her family and the implications of coming from a regional area to a tertiary hospital.

### **MEQ 4**

The scenario was one that practicing psychiatrists would be expected to encounter commonly, attempting to address mood disturbance in the context of stigma and cross-cultural psychiatry. Almost all candidates recognised that the symptoms might represent a depressive illness. Candidates who answered well demonstrated a grasp of potential risks to patient and child plus risk of domestic violence. They had a grasp of the need for assertive follow up and some sense of the dilemma posed by the apparent choice made by patient and her husband. The more sophisticated candidates could self-reflect on how they may have been in the original assessment, how that might feel any therapeutic blindness and how to attempt to remedy.

Most of the cohort struggled to recognise cultural issues and the possibility of a somatoform disorder. When identified, the justification was poor. Many showed little understanding of the potential tension in the marriage for a couple who might have transitioned from a culture with a very different gender bias. More complex issues such as clinical perception and service access were also rarely mentioned.

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### **MEQ 5**

This MEQ was a good question to test skills around not only clinical management but also managing a difficult patient, addressing governance and supervising/supporting trainees.

The majority of candidates managed to consider the registrar's state of mind and perceptions about being complained about. In general the cohort appeared to miss the patient aspects in the scenario and focussed rather on the complaint and on the registrar. Many candidates were unable to demonstrate appreciation of the key issues in this scenario such as assessing the competency of a junior registrar on the phone; the need to specifically mention that one will see the patient with the registrar, and the need to provide debriefing, feedback and supervision for such an emotionally-charged incident. Candidates who failed to address these issues scored very low in this question.

This MEQ was not well answered overall. Many candidates failed to provide justification for their responses, despite instructions clearly stating that no marks would be awarded without justification. A small number of candidates did not complete the final question, possibly due to time constraints, and this MEQ was the poorest performed in the February 2019 Essay-style exam paper.

### **Final comments**

Overall, better performances were seen in the curriculum areas of assessment, old age, anxiety and epidemiology. Statistics on curriculum performance also showed that candidates only poorly demonstrated understanding of addiction, consultation liaison, leadership, governance and legal frameworks.

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 to 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.

In all MEQs, there were numerous instances where the candidate had not read the instruction clearly, often failing to gain marks for not heeding the instruction, such as "list and justify".

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 instances 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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