The Westmead Guide to the RANZCP Written Examination

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Last modified: 14 June 2006

Why do people fail?

The written exam is relatively easy, compared to the vivas, and should not really present a barrier to many candidates. Despite this jaunty confident opening statement, candidates do regularly fail, and this section aims to try to avoid you becoming one of them.

There are really only two reasons why people fail the written and they are both really common mistakes.

If I'd only had time to get that fact

The first and the most common mistake is to foolishly believe that the proper approach to the paper is too study and study and accumulate as many facts as possible. Wrong!

There can be no doubt that it would be a good idea to know something about psychiatry before you tackled the psychiatry exam, but the accumulation of facts should not be the primary direction of your study programme, at least not in the months leading up to the exam. It will be very nice for your patients and for your self-esteem throughout your career if you know a lot of psychiatric theory, and I am not suggesting that you don't get this under your belt at some time. But … it won't really be necessary to pass this exam.

To pass this exam you need to be able to provide strong answers to all the different types of questions that the College will throw at you.

Most of the knowledge you require you should already have accumulated simply via seeing patients and discussing these patients with your supervisors. You'll also get some knowledge by attendance at journal clubs, grand rounds and other formal teaching sessions. If you don't go to journal clubs, grand rounds and other formal teaching sessions, go now. You do not get paid much as a registrar and the reason you don't is that you are supposed to be training. If your service is to busy for you to go to provided teaching sessions at least most of the time, that is the service's problem not your's. If your service doesn't provide such sessions, get yourself a job in another service.

When treating patients at the bedside, stay alert when you hear consultants and other registrars talk about their cases and management approaches. Not only take in what they say, but be sceptical about it too. Ask people why they are doing what their doing and what evidence they have for doing it. If they can't provide you with evidence, look it up and see if their right. (A great number of times they won't be).

If you've taken this approach in your average working day for the last two or three years you've already acquired most of the knowledge you need to pass the writtens (I'll discuss a few exceptions below). The best way of proceeding in the later stages of preparation is to practice your question-answering technique. That is, to practice the way that you convince the examiners that you know, what you do, in fact, know.

By the time you get around to doing the exams, by the time presumably that you're reading this, you should *not* be centring your exam related efforts about information-mining in books or papers. You should be attempting past papers and you should be getting better and better at that. You should be looking constantly at your exam technique and whilst you're doing that, use the questions you're doing to guide any additional textbook reading that you might get round to.

If I'd only had had time

The second mistake is to stuff up the timing in the actual exam. There is really no excuse for this. Much of the document below focuses on this issue. Do not let it happen to you.

Before we get started

XXX

Examiner for a day

Sympathy for examiner, set an exam

Making everything pretty

Handwritting, double spacing, underlining

Going dotty

Dot points v prose

English as a second language

The second

Tackling paper I

Timing and the order of operations

Timing is quite a difficult matter in this paper, as it is too difficult to keep rigidly to the mark per minute protocol essential in paper II. Large numbers of candidates run out of time every year, so think about this timing issue a lot. I suspect that about the best you can do is to divide the paper into pre-set aliquots.

The composition of the paper will be constituted approximately as follows:

Written paper 1. – 180 minutes

Question Type	No. of Questions	Marks per Question	Total Marks
Extended Matching Questions		1-2 marks	108 marks
Short Answer Questions	approx. 18	3-5 marks each approx.	72 marks
Total		*180*	*marks*

Before you can set up your aliquots you need to make a decision about the order in which you're going to attack the thing. This seems to be largely a matter of personal choice and different people find different approaches suit them better. Think about the order of operations that you feel will help you best and then test it out when you get around to practicing a whole paper. Whatever approach you eventually decide upon, you must have a very clear and pretty rigid plan and you should put that plan into action in at least two full length trial exams.

One approach, which fits well with me and that I'll use by way of example is this. Start with the Short Answer Questions and finish with the Extended Matching Questions. The key advantage of this order, for me, is that by finishing with the EMQ's I might end up with a little more than a mark a minute, and that might be useful if I have to skip back to harder EMQ questions at the end.

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The details of this doesn't really matter, what does matters is, that you have a clear plan of attack and that you will be able to know at various points in the exam where you are in relation to where you should be. If you find that you are behind time, according to your plan of attack on the day, then you will need to be ruthless about getting back on track.

You'll also need a foolproof mechanism for dividing your time and keeping track of your time on the day. Again this tends to be a little individual. I'd suggest that you by yourself a small analogue clock (a travel alarm clock will usually fit the bill). Then buy a small piece of cardboard and cut it into an annulus so that the interior circle neatly matches the circumference of the clock face. Stick the annulus around the face of the clock so that the clock appears to be wearing a collar. On the collar you can then write your plan of attack mileposts, each with a line that will mark the point that the minute hand will sweep by when you reach it. Because the exam runs three hours the minute hand will obviously sweep past each point three times, so you might need to use a different colour for each of the three revolutions. I know all this sounds a little complicated, but the finished product is a rather nice neat aid to keeping on time and that is really important.

The Extended Matching Questions (EMQs) - Guessing on steriods

*Extended matching questions begin with a **theme**, usually a presenting symptom such as "psychotropics." The candidate is provided with a list of **options** (in this instance, specific psychotropics). This alphabetical list is followed by a **lead in** statement or question, which provides clear instructions. Finally there are several **stems or scenarios**, often in the form of brief clinical vignettes. The task is to match items from the list of options to each of the stems. There are two different subtypes:*

- *R-type questions: in which you are asked to match just one option to each stem.*
- *N-type questions: in which you are asked to match more than one option to a stem.*

There are approximately 48 EMQs each worth 1-2 marks totalling 54 marks.

The questions below are fairly typical of the genre.

Each question is worth 1 mark.

A. Clang associations
B. Derailment
C. Echolalia
D. Flight of ideas
E. Neologism
F. Over-inclusive speech
G. Poverty of content of speech

H. Tangentiality I. Verbigeration

For each of the following examples of thought and language disorder, please select the phenomenological term that bests describes it.
Please select only one option for each patient but any option may be used more than once, if required.

Question 1
" 'Twas brillig, and the slithy toves/did gyre and gimble in the wabe/all mimsy were the borogoves/and the mome raths outgrabe"

Question 2
"Mice and frogs and such small deer, have been Tom's food for seven long year….
The Prince of Darkness is a gentleman"

Question 3
"It was the sandwich of the sandwich that sandwich over sandwich sandwich"

Question 4
"I found it in my car, a guitar near a star a round hound went to ground"

EMQs come in three broad types and all are illustrated above:

A. Some are relatively straight forward and I suspect that most candidates won't have too much difficulty in for example matching the correct response to question 1.
B. Others are really quite difficult and require a fairly high level of psychiatric theoretical knowledge. What *is* the difference between verbigeration, vorbeigehen and vorbeirden?
C. Still others, and these are distressingly common, are EMQ's that are difficult by virtue of they're being poorly written or conceived. Is the answer to question 2 clang associations referring to the "deer- year" rhyme or does it rather refer to the apparent loose association over the ellipse, and if it is that, how are they categorising that loose association.

Many candidates think that the existence in the exam of the EMQ offers a counter to my claim that you really don't need too much book knowledge to pass the written. But if you consider the three types of question, it is easy to see why this is wrong.

You'll be able to score on all type A questions with no more knowledge than you've already picked up around the wards, so they won't require any book work. Type C questions aren't helped by book work either and in fact knowing too much can often only make these questions worse. (The official answer to question 3 is "verbigeration", even though most standard definitions of the term suggest that it is repetition of meaningless *phrases* or *sentences*, not words).

In fact the only question type that is likely to benefit from full on swatting is type B, but if you go through a typical paper, this does not amount to many marks out of the exam's total.

The other thing to recall is that this exam is scored by reference to how well you do compared to the rest of the candidature and all types of EMQ, A, B and C are not likely to be good discriminators.

If you feel you really must study for the EMQ's, do so only in moderation. Do not devote 90% of your study energy to what will amount to around 15% of the exam's marks, or even less if you accept my view that study won't help much with types A and C.

It is also worth recognising that the format of the EMQ means that severe restrictions are placed on the subject matter than can be tested. EMQ's must be formatted as a long list of related and similar terms (eg drug names, famous names, phenomenological terms, neurological disorders). It just turns out that there is a fairly finite number of such lists that can be generated and a brief look at available past and practice papers displays an enormous overlap in the subject areas canvassed. Be aware of this whilst studying and look particularly at book-learning areas that lend themselves to this type of exam format. For example culture bound syndromes, which allow a long list of exotic names in an EMQ should probably get more of your book-learning attention than they would otherwise sensibly deserve.

A number of other EMQ strategies are worth a quick mention:

1. There is no negative marking in the EMQ, so do not leave a question blank. Although most contain in excess of 10 possible responses, most people can whittle this down to two or three possibles even in clear type B questions that they simply don't know. That will mean a 30-50% chance of a mark even with a blind guess.
2. There is very little spare time in this paper and the usual exam practice of marking difficult questions for review at the end of the paper is generally inapplicable, because you're unlikely to have time. The EMQs are something of an exception to this rule and it probably is worth having a go at any difficult EMQ, but also marking it with at least the hope you'll get a chance of a second look.
3. If you don't know an EMQ answer don't just guess blindly. Eliminate impossible choices and then for clues in the remaining choices to which might be right. (Who knows whether the Ojibwa Indians suffer Amok, or Koro or Wihtigo, but I'd be hard pressed to pronounce Ojibwa and the same goes for Wihtigo, so I'd be inclined to go with that one).
4. Apparently many candidates overlook the instruction that even though there is only one correct answer for each question, each option maybe used more than once. Don't forget that with any one stem of an EMQ, different questions may have the same answer.
5. Do not spend a great deal of time agonising over two responses that seem equally good. It will often be the case that other candidates will also be agonising and the candidature will divide over that answer. In that case, either that answer will prove a poor discriminator or the examiners may decide to take both answers. Either way nothing is gained by lengthy consternation.

The Short Answer Questions (SAQs) – he's got a little list

Short answer questions may simply take the form of one or two direct questions. Alternatively they may start with a brief clinical scenario followed by one or two questions relevant to that scenario. Sometimes the answer is requested in the form of a list, sometimes by means of a concise coverage of a topic area.

There are approximately 18 Short Answer Questions each worth 3-5 marks totalling 72 marks.

The SAQs have evolved a little since they were first introduced, and while there is still the reference to the possibility of requiring "a concise coverage of a topic area", all the official example questions now available require a list. More over the marking key seems to have been pretty much standardised so that the majority of questions seem to return "one (1)

mark for the first two correct responses and one mark for each additional correct response up to a maximum of the number of marks stated for each question or sub-question". If this were truly standardized and universal it would mean that if the number of marks for the question of concern is *n*, then to score full marks you need *n+1* correct responses. Unfortunately the College is making no promises that the *n+1* formula will be universal. In fact in another publication they suggest that if "2 marks are allocated to an answer then 3-5 answers should be sufficient and if 4 marks are allocated to an answer then 5 to 7 answers are advisable".

It seems then that a safer view of how many responses you should provide is *n+3*, where n is the number of marks allocated to the question. While this will be safer, it seems it will also often be overkill as *n+1* would have been sufficient. What does it all mean? Well I suspect it means write *n+3*, but if you can only think of *n+1*, don't be concerned.

The good news is though that it does seem clear that "there are no penalty marks for giving too many responses", so that you can achieve your *n+3* by writing as many responses as you like. (Obviously, though, there are time and space limitations on the amount that you can write).

It is probably worth seeing how this works out with a couple of examples, reproduced with their scoring keys:

> List in note form the common psychiatric diagnoses commonly associated with adolescents who engage in repeated deliberate self-harm. (2 marks)
>
> **SCORING KEY**
> A. Depression
> B. Schizophrenia
> D. Substance abuse
> E. PTSD
> F. Dissociative disorder
> G. Bulimia
>
> 1 mark for 2 correct answers
> 2 marks for 3 correct answers
> Up to a maximum of 2 marks

> List in note form the clinical features, in association with cognitive impairment that would suggest a diagnosis of Lewy Body Dementia. (2 marks)
>
> **SCORING KEY**
> A. Extra pyramidal movement disorder
> B. Fluctuating course
> C. Neuroleptic sensitivity
> D. Visual hallucinations
>
> 1 mark for 2 correct answers
> 2 marks for 3 correct answers
> Up to a maximum of 2 marks

Not all the practice exams available on the web and elsewhere have court up with these changes and many still offer half marks for the SAQs, which were there in their original instantiation, but have now been abolished.

Many practice exams also provide questions structures that are far broader than simply providing a list. Some ask for definitions and some for brief paragraphs. At this stage it is hard to know, if these other types of questions will still appear in the College SAQs, but it would seem sensible to practice these broader questions anyway, just in case.

Whatever their format though, two things about SAQs seem clear. They remain overwhelmingly clinical in their focus (ie still very little book learning required) and, since there is no negative marking, you should not be shy of writing too much for any individual question. Even if you've no idea of the answer, still write something. It is almost certain that your educated guess will be better than a pure chance response and anyway, with no negative marking, chance is better than nothing.

Tackling paper II

Timing and the order of attack

Timing is really critical in this paper.

The composition of the paper will be constituted approximately as follows:

Written paper 2. – 180 minutes

Question Type	No. of Questions	Marks per Question	Total Marks
Critical Essay Question	1	40 marks	40 marks
Critical Analysis Problems	2	20 marks each	40 marks
Modified Essay Questions	approx. 4	25 marks each	100 marks
Total		*180*	*marks*

Again there seems a great deal of individual variation in the order in which people feel comfortable attempting the questions, however, because it would be easy to go over time on the MEQs, I would suggest an attack like this.

Start with the Critical Analysis Problems. These should be easy and therefore confidence building. (If you think that that last sentence seems delusional, read the section on the CAPs before rejecting it outright). Then move onto the Critical Essay Question. (If you are going to go in this order, you should read the Critical Essay Question question before attempting the Critical Analysis Problems, with the hope that your brain will work on the CEQ, quietly in the background, whilst you attack the CAPs). Finally go to the MEQs. With luck you'll have a little extra time for the MEQs, but you certainly won't have eaten into your time.

The structure of paper II makes it much easier to plan your time of course, and using my suggested approach your running sheet would like fairly straight forwardly like this:

- By 20 mins – completed the first Critical Analysis Problem.
- By 40 mins - completed the second Critical Analysis Problem.
- By 80 mins - completed the Critical Essay Question.
- By 105 mins - completed the first Modified Essay Question.

- By 130 mins - completed the second Modified Essay Question.
- By 155 mins - completed the third Modified Essay Question.
- By 180 mins - completed the fourth Modified Essay Question

Note that this schedule leaves no time to attend to disasters or to review difficult questions.

Of course you may want to add or subtract a few minutes to one section or another, and this might be particularly relevant if you are a slow reader, as the CAPs require quite a bit of reading, in a very tight time frame. You should though stick fairly closely to the minute per mark regime and just as for paper I, you should have clear personalised plan of attack before you go in.

Once you're in the exam room, you *must* be a complete fascist about finishing each question exactly on time. Remember that if you go only two minutes long on each of the the first five sections, there is almost no chance of scoring decent marks in the last MEQ, having only 10 minutes left to do a 25 minute question.

Again consider using an analogue alarm clock to ensure compliance with the time constraints.

The Critical Analysis Problems (CAPs) – a sheep in wolf's clothing

Here the starting point … may be, for example, a précis of a published paper. The candidate is asked questions that require him or her to demonstrate an ability to analyse and critique this material.

There are two Critical Analysis Problems each worth 20 marks totalling 40 marks.

The CAPs should be your favourite questions, and you should, by the time of the exam, happy to be answering them. Why? Because, they are at once the easiest questions in the paper and those likely to prove the greatest discriminators. Almost all registrars react to this paragraph with complete incredulity, so let me explain.

I have already said several times that for most of this exam, there is very little point in doing to much traditional study. This is because the exam is overwhelmingly clinical and the non-clinical science and history of psychiatry is such a massive field it defies any attempt to cram it in the manner that was so successful for us all at Medical School. The CAPs though are the exception to this rule.

The CAPs are easy because they lend themselves to traditional study *and* the area to be covered by study is relatively small and well defined. No other section of the exam provides such good value for your study investment. Numerous textbooks provide good brief overviews of this topic and several practice questions. The College even helpfully recommends one: Brown, T. & Wilkinson G. Critical Reviews in Psychiatry. 2nd ed. London: Gaskell, 2000 which is available for purchase at www.rcpsych.ac.uk .

The full story of the CAPs is even better. Not only should they be easy (once you've actually done the required study), but it is very likely they will be excellent discriminators because, for some reason that frankly escapes me, a good percentage of the candidature will have believed themselves incapable of tackling the area and will have avoided proper preparation. You should aim to pick up nearly every marks on offer for the CAPs.

In saying all this , I am not suggesting for a moment that the critical analysis of a paper is easy or should come naturally to you (though for many who have done postgraduate medical courses or have done this regularly in the better journal clubs, it probably will be).

All I'm suggesting is that you use the skills that all of you have and have used successfully a hundred times to consume and then recapitulate a defined area of knowledge. (You passed renal medicine didn't you?).

As part of your effort, you should at least do the following:

- learn (by rote if necessary) all the relevant definitions - there probably not more than 30.
- generate and memorise lists of potential weaknesses (and strengths) in studies, so that you may match this list against the given study and identify relevant ones.
- generate lists of measures that might be used to improve a study.
- memorise simple formulae and take a calculator into the exam under the assumption that you may be asked to calculate say the number needed to treat.

It is probably also bearing in mind while doing this that this is not "just about statistics" - it is about sceptical thinking and invokes your clinical expertise.

The Modified Essay Questions (MEQs)

These are built around a clinical scenario. After a brief introduction to the scenario, the candidate answers one or two questions. More details on the scenario are then provided, followed by more questions. There may be yet additional clinical details provided, with more questions after that, and so the scenario unfolds.

There are approximately 4 Modified Essay Questions each worth 25 marks totalling 100 marks.

The MEQs are worth 100 of the total 360 marks of the written. They are worth putting a lot of effort into, and that effort will involve developing a really tight MEQ technique. As usual, they *do not* usually require a great deal of academic knowledge, so (and I may have made this point already) it is much more important to be practicing the hundred or so examples that are available and improving your approach than spending hours trolling through textbooks.

The approach to the MEQ is very similar to the approach to the KFC, but fortunately there is none of the KFC issues associated with an demand for "X" answers. Many of the structural approaches you employed in answering the KFC can be used here again.

There are two broad types of questions: those that ask specifically for a list and those that ask for a broader response, such as your approach to something or understanding of an area. It is not always easy to tell whether a particular question is a list MEQ or a broader MEQ. If in doubt, treat the question as a broader one.

List MEQs

When answering MEQs that ask specifically for a list, you should give just that, feeling free to provide more elements in your list than are suggested by the number of marks awarded. There is no penalty for providing too many responses. List MEQs seem to provide one mark for each relevant element offered, up to the maximum number of marks for the question. If the question is a clear list MEQ there seems little point in expanding upon each element, as you either get the mark, or you don't.

Broader MEQs

Broader MEQs, that ask for an approach or understanding seem far commoner than the first type.

Although these are not specifically asking for a list, the basic structure of the answer should still be … well … a list. This because the markers will be working off a list of their own, setting out all the elements that they want to see in the answer. In these questions though, each element is typically awarded a maximum of two marks, one for mentioning the element and another for expanding on it a little.

Answers to broader MEQs take the form of bullet points and each point should begin with a word or phrase that is likely to be a winner (that is a word or phrase that is likely to match the marking guide's criteria). With a it of practice this is much easier than it looks at first blush, and just as was the case in the KFC, the majority of clinical-based MEQs will be satisfied by a surprisingly small set of bullet-point phrases.

The idea is to try to make the opening of each bullet point broad and then to expand on each either with a sentence that further explains it, or links it specifically to this case. Sometimes it will be useful to give examples, possibly with sub-bullets. In these cases criteria may then be met either in the broad opening bullet or in the sub-bullet examples – examiners will be satisfied with either.

Time for some examples:

> Mr McGee is a 74-year-old retired farmer who lives with his wife in a small rural town three hours drive from a regional hospital. He has Parkinson's disease and has been on levodopa for ten years. His Parkinson's symptoms have become worse lately, and his general practitioner has changed his levodopa dose a number of times to help control his symptoms. Mr McGee has now been referred to the psychiatric inpatient service at the regional hospital because of visual hallucinations. He sees people in his living room wearing colourful masks and having all-night parties. Mr McGee's distress has led him to stay awake at night to watch out for the people and to confine himself and his wife to their bedroom to avoid them. As a consequence, he dozes during the day. His self care and mobility have deteriorated and he is becoming agitated.
>
> Question 1.1
> List four most likely diagnoses for Mr McGee's problems. (3 marks)

This seems fairly clearly to be a simple list MEQ, so:

1. Organic hallucinosis – eg secondary to dopamine
2. Delirium – eg secondary to medications or intercurrent illness
3. Dementia with visual hallucinations – eg secondary to Parkinson's disease or other disease
4. Dementia with Lewy bodies

Moving on:

> Question 1.2
> Discuss the pharmacological treatment options for managing Mr McGee's symptoms. (6 marks)

The word “discuss” pretty much rules out a simple list, so:

- X
- X
- X
- X

Then:

> During his admission to the regional hospital, you conduct the investigations, collate additional information and achieve significant improvement in the psychotic symptoms and agitation. When you plan his discharge, Mr McGee and his wife ask you to arrange treatment and follow-up with their local family doctor whom they have known for 20 years. They wish to return to their own home, and would prefer not to travel to the regional centre for appointments.
>
> Question 1.3
> Outline your approach to arranging follow-up for Mr McGee with his general practitioner. (8 marks)

Another broader MEQ

- X
- X
- X
- X

> At six month review, Mr McGee tells you that he has decided to sell his house.
>
> Question 1.4
> How would you decide if he is competent to make this decision? (8 marks)

X

- X
- X
- X
- X

Watch for questions that contain two parts, say asking for an answer and a rationale. Also watch for questions that want each of the responses "discussed". Aside from these please-discuss-questions though there seems little point in expanding much on each point in most MEQs.

Watch for questions that ask for two types of things (eg "what questions would you ask and what behaviours would you look for?"). In questions like this underline the different parts and make sure you divide your answer appropriately.

Be aware that each section/sub-question within a particular MEQ, will be marked by a different examiner. The examiner marking one section will not have necessarily have access to what the candidate has written in the other sections. You should, therefore, should ensure that each question is addressed separately and specifically. For example, answer sub-question 3 fully, even if it seems that its content has been partly covered in the answers to questions 1 or 2.

Critical Essay Question (40 marks)

The candidate is given a brief statement or quotation and asked to critically discuss it in the form of an essay style answer.

There is one Critical Essay Question worth 40 marks.

This question lifted from the web is fairly typical, though perhaps a little more complicated than is ideal:

> **In essay form, critically discuss the following statement from different points of view and provide your conclusion.**
>
> "Despite public-education efforts depression frequently carries a stigma and may be viewed as moral weakness or character flaw."
>
> M.A. Whooley & G.E. Simon (2000). The New England Journal of Medicine, 343: 26, p.1944.

Give the people what they want

The College have been kind enough to provide you with exactly the type of thing they are looking for in this essay. So you must have the scoring key in the back of your mind as you approach the answer and you must address each facet of the required response. All five facets are equally important:

1. A capacity to produce a logical relevant argument/critical reasoning
2. Flexibility: A capacity to consider more than one point of view (1 and 2 will be strongly linked)
3. Ability to communicate: Spelling, grammar and vocabulary.
4. Judgement, maturity, demonstration of clinical experience and ethical awareness.
5. Breadth: Ability to put psychiatry or mental illness into broader contexts – scientific, cultural, historical etc (focused on in paragraph 2 below)

Each of these is marked on a nine point scale with a score between 0 and 8, and this is entirely where the forty marks comes from.

Some people are just good at essays. They always are and always have been. If you're like that and you're sure you are, the rest of this section really has little to offer you. Sadly though, not everyone is like that, or if they were they've sort of forgotten, or had it ground out of them through years of multiple choice questions. What follows is a sort of join-the – dots, essays for dumbies approach, which if followed will make a reasonable impact on criteria one, two and five. Criteria three is covered separately under the section called

Style. I don't think I can claim that this approach will magically instil a maturity and sophistication of judgement, but you all have a breath of clinical experience and I'll also look separately at ethical awareness.

Before putting pen to paper

Throughout my entire school and undergraduate career, my elders and betters urged me not to launch straight into an essay when one was given, but to spend a fair amount of time planning my essay. Throughout my entire school and undergraduate career, I studiously ignored this advice, figuring that I didn't have enough time to plan what I'd say. I'd just go ahead and start saying it. I still don't know if I'd have done better, at school etc, if I'd heeded their advice then, but when I got around to doing this section of this exam, I finally decided there might have been something to what they were saying. I can only suggest that you consider this carefully too.

In my experience, easily the most common mistake among candidates practicing this question is to spend insufficient time on the planning phase. This leads either to poorly set out essays, or very commonly and disastrously the complete misunderstanding of the question, followed by 40 minutes writing an answer to a question that has not actually been asked.

I would recommend spending at least 8, possibly 10 minutes on planning your answer and then writing like hell for the remaining 30-32 minutes.

Make some little notes as you plan the question - perhaps the major headings you'll use and perhaps some few quick words to remind you of some examples you'll cite. Make these notes in the inside cover of your answer booklet. That way even if you only get halfway through your argument, the examiner will (hopefully) take into account, the evidence of what you would have done.

Read the #$%*ing question

The first thing to do in your 8-10 minutes is to read and re-read and re-read the quote, until you are sure you know what the author is on about. Once you think you've got it, look again and make sure that it is not possible that you might be wrong. If you get this bit wrong, and it is really common to get this bit wrong, then the best you can hope for is full marks for spelling and grammar (8/40), which is not a great outcome.

There is a well known psychology trick, which asks people to read the following text:

I LOVE PARIS
IN THE
THE SPRING
TIME

The point of the trick of course is that people tend to read, not what they see, but what they expect to see. (If you've not seen this before, you've almost certainly done that here. Go back and have another look. In fact keep going back until to know what I'm talking about – it can often take six or seven readings).

A much more complicated version of this phenomenon is a frequent occurrence in the exam. Possibly because of the heightened anxiety of the exam situation, candidates frequently read and close on a version of the question that they sort of guessed was there, but actually wasn't there at all.

A typical example occurs frequently with this practice question. Try it out yourself.

> **In essay form, critically discuss the following statement from different points of view and provide your conclusion.**
>
> "Firearms suicide rates in South Australia declined significantly after 1997 following proclamation of gun legislation in contrast to the four other larger states (in Australia), where an increase in firearms suicide was recorded. Statistics like this, and I can provide scores of other examples, can leave us in no doubt that our major weapon in the fight to prevent psychiatric morbidity is to put pressure on our leaders to provide sensible social policy."
>
> Baum P (2000) Address at the Congress of the Royal Australian and New Zealand College of Psychiatrists.

What is Baum's main point here? See if you can paraphrase him in one sentence.

An enormous number of people approach this question as if the quote were this:

> "Firearms suicide rates in South Australia declined significantly after 1997 following proclamation of gun legislation in contrast to the four other larger states (in Australia), where an increase in firearms suicide was recorded. …This … can leave us in no doubt that our major weapon in the fight to prevent psychiatric morbidity is to put pressure on our leaders to provide sensible *gun* policy."

They then go onto to a write a perfectly good essay on the process of legislative gun reform, the only trouble being, they haven't actually answered the question. The question isn't about guns, it is about social policy, Baum has only used guns as an example and so, in your essay, should you. An essay that is only about guns will score very poorly and so it should, that was not the question that was asked.

(I should point out really, in case Pierre Baum is ever reading this, that he didn't actually say this at the 2000 College Congress, or anywhere else for that matter – I made it up. But I'm fairly sure he could have said and wouldn't quickly disagree).

As you begin writing your plan, you must get into your head, clear answers to these questions:

1. What is the author's central claim(s)?
2. Are there any rhetorical devices masking her claims or that of a naysayer that I need to dismantle?
3. What is the context of her claims? (This will become paragraph 2)
4. What arguments could be advanced in support of the claim(s)?
5. What arguments could be advanced against the claim(s)?
6. What do I actually think about this area? (This will become the conclusion)

Watch for statements that make **more than one claim** and try not to take either at face value. Look again at this statement:

> "Despite public-education efforts depression frequently carries a stigma and may be viewed as moral weakness or character flaw."

It carries, not one, but two related assertions:
1. Depression frequently carries a stigma and may be viewed as moral weakness or character flaw.
2. This occurs despite public-education efforts.

Both assertions need to be recognised, and at least partially addressed, though it will often be reason to simply note one of the assertions and then to concentrate on what you are fairly sure is the author's main thrust.

The introduction

If you were an examiner and you had one hundred essays to read and mark, and you hadn't started this task 'til say ten o'clock on the night before you were due to send them back, exactly how many essays do you think that you'd read word for word. The answer, if you're like me for example, is only those few that I was definitely going to fail. The rest, well, I'll definitely read the beginning, but then, I'll sort of skim the rest, making sure that things are more or less covered, and then I'll probably read the conclusion. College examiners are, in my experience chosen for their diligence and obsessionality, so it is quite possible they all read every last word, but my point here is that mere mortal examiners may not, so the most important section of your essay will be the introduction. Even if it is not the only section the examiner reads, it will certainly be the first section she reads so it will set the tone and importantly her mood for rest.

The main job of the introductory paragraph is to convince the examiner, right from get go, that you know exactly what this question is about and have the whole issue taped. You want it to tell the examiner that she can read the whole essay if she really wants to, in fact it might be entertaining, given the strength of this opening foray, but, that it won't really be necessary. It is clear, after all, that you have the question completely covered, and reading on, in any detail, will only serve to confirm this.

This is quite a big task and therefore you should put a lot of thought into this opening. It should at least tell the examiner that:
- you know exactly what this extract is about
- you know exactly what the author (speaker) is aiming to convince us of, and
- that you will now examine the extract from the point of view of the speaker & from the point of view of one countering the speaker.

Most candidates give as their first sentence some bland observation about the general area that often as not just repeats the question. Something like:

> *Baum states in this extract from his 2000 paper to the College, that sensible social policy, such as the South Australian gun legislation of 1997, is the major weapon in the fight to prevent psychiatric morbidity.*

Well, there is nothing actually *wrong* with that, and you have at least clarified that you know what the question is about (or at least that you can rearrange the important words of the question), but it is hardly going to have the examiner thinking "this guy is good!" – which is what you want her to think.

Do not waste time simply re-writing the question verbatim. The examiner knows what the question was.

Instead of this pedestrian beginning, practice looking for an opening foray that is rather more interesting, if not positively gripping. (OK, positively gripping will not be often achieved, but with a bit of practice, you can certainly achieve, relevant, but different).

If all else fails, there is always the rhetorical question.

> *Should psychiatry as a profession have an active role in the formation of social policy? In this extract, Baum appears to argue that it must, and using gun legislation as an example, he posits that social policy is our major weapon in the fight to prevent psychiatric morbidity.*

Another approach is to pick up some current theme in the media that the statement taps into. This will commonly be the case, as it will often be one of the reasons the examiner has chosen the quote.

> *In recent months prominent psychiatrists have quoted in the media upon everything from asylum seekers, to workplace relations to childhood obesity. Usually their clear aim in making such statements is to have a positive influence on the formation of social policy. In this extract, Baum draws on arguably one of the most successfully lobbied pieces of social policy - gun legislation – to argue more broadly that "social policy is our major weapon in the fight to prevent psychiatric morbidity".*

If you do use this approach, remember to keep some of your powder dry for the full scale attack on the context of the quote in paragraph two.

Your should strongly consider **defining the central terms** of the statement. I am, myself not such a huge fan of this, but there is no doubt that there are some examiners that do not regard an essay as complete until the central terms are neatly defined somewhere near the start.

If you are going the def. Try to avoid the bland "X may be defined as Y" approach. Try to liven things up a little. Even something as simple as, a defining phrase slipped into a sentence directed elsewhere is a little better (eg The psychotherapies, the loosely defined family of talking therapies, are the most widely practiced interventions made by Australian psychiatrists).

In the unlikely event that you are familiar with the source of the quote or the author's general opinion on this matter, do not fail to let the examiner know this. (If you don't, don't worry, hardly anyone will).

Introduction II

XXX

A second introductory paragraph should place the extract in **context** either to current events or to the mainstream thinking in psychiatry (possibly with mention of other authors who might have the same or opposite positions) and/or historical perspective (comment on the date if relevant).

Also consider other contexts (eg scientific, socio-political, cultural, recent media coverage etc).

The body of the essay

Next, a paragraph headed **"Examination of the statement from the author's point of view"** should provide arguments in support of the author's position. These might be:

- historical (eg this is already a trend)
- by analogy to similar situations in different contexts
- empirical (evidence in support)
- economic
- ethical (consider utilitarian and deontological arguments, including issues such as maximising patient care, fair allocation of resources)
- legal
- clinical utility

Following this, a paragraph headed **"Examination of the statement from the point of view of one countering the author"** should provide arguments against the author's position, drawn from the same general categories.

Either of the above paragraphs might include references to the author's tone or the context of the quote as long as they support or detract from the argument. Perhaps the authors' language is rhetorical, definitive, polemic, categorical or declarative. Do not, though, over play this tone card. There are not a lot of marks in it.

Conclusion

There are then two concluding paragraphs.

The first **putting your cards on the table** by either agreeing or disagreeing with the author, or perhaps more often taking something, from the author's point of view without excepting the whole thing.

The second, **returns again to context**, and suggests that agree or disagree, right or wrong, the quote highlights something important or serves as a rallying call or a wake up call or a stern reminder about something.

Style

- Use the list of perspective words to make sure you are thinking broadly
- Do not close too early on or overly emphasise any one issue
- Make liberal use of headings as above and underline *in red* important points.

Ethical awareness

Consider this question

The approach in action

Here is an actual response from a recent candidate, done in 40 minutes to the following question. You might want to attempt the question yourself, before reading Goran's response. I have retained his original formatting, but made some explanatory comments to the side.

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

" With advances in technology and computing, psychiatry has no future "

Unattributed

Gone, is the future of the humble psychiatrist and his/her profession in this exponentially progressing world of screens, keyboards and gig-a-hertz.

Here in the first paragraph a shushed beginning, that is directly relevant but is still very different fro the humdrum beginning of most candidates.

The author suggests a withering future for psychiatry as a discipline, as a result of advancements in technology.

The second paragraph clearly re-states the question, in a more sober fashion, so the examiner knows that Goran knows what this is all about.

Here we examine this viewpoint in some detail given it's significance in 2008.

Paragraph 3 is a succinct statement of what he plans to do – examine in context.

Life in the 21st Century

We live in a world of doubling computer power every 2 years, as well as doubling speed of internet connections.

Informed Patients

Computers and technology being an integral part of schooling, our patients are much more informed about their disorders and best management.

The next three paragraphs, each no more than a sentence, put all of this in context. All the contexts are relevant and all likely to score points.
Note how the blue headings – he wrote them in blue pen to contrast with the black pen of most of the essay – means that the examiner need not read every word to know where he is going with each point.

Psychiatry makes use of technology

Brain imaging, electronic record keeping measuring outcomes and processing databases are all daily happenings in psychiatry.

We are now into the body of Goran's answer and we know this because he has clearly indicated it with a different coloured heading. The task is to examine the quote from different points of view and that is exactly what he is doing. He has three points to express in each part and each point is made apparent by a bullet point, which was written in red ink in the original.

Author's concerns are valid because :

- *The depth of intricacy of brain imaging could give rise to <u>diagnostic models</u> based on results, to diagnose*

The main thrust of each point is underlined, so again the examiner need not necessarily read every word.

The reference to moodgym is sort of clever, so again it is underlined so the examiner can't miss it

e.g. depression or anxiety, obliterating the need for a psychiatrist.

- *Diagnostic and treatment programs could be used by non trained personnel to input symptoms (as volunteered by the patient) into the computer and advise treatment as generated by the computer.*

- *A lot of web based, self-treatment resources are already available for people with Mental Health disorders. An example is self-administered Cognitive Behaviour Therapy questions on www.moodgym.com.au .*

Arguments not in favour of this claim :

- *The current knowledge of brain imaging and diagnostic models are unable to come to a diagnosis solely based on computer images.*

- *Diagnostic and treatment programs are not accurate in assessing a patient because of inability to read, non-verbal cues. They will never replace the assessment capabilities of a trained psychiatrist.*

- *Empathy and warmth cannot be obtained from a machine or a computer screen.*

Again in a perfect world perhaps Goran might have thought up some other points for and against and might have slightly expanded on some of the points he has made, but this is not a model answer, it's a real answer done with time constraints, and the point is that it is a pretty good answer that is ticking most of the boxes.

It seems that we are being engulfed by copper, plastic and electromagnetic waves which threaten to face the future of psychiatry and the way it is being practiced, but this is unlikely to happen in the foreseeable future. Human to human contact is irreplaceable when it comes to assessment and healing of psychiatric disorders.

Finally the conclusion adds no new information but rather restates the problem, and gives Goran's final take on the issue.

Here is a second example.

Consider this question, based on an old format question 1 paper 2 question.

> **In essay form, critically discuss this statement from different points of view and provide your conclusion.**
>
> "Cultural factors play an important role in the presentation and management of human illness. Mental disorders are arguably the

> one group most profoundly influenced by such factors. The past decade has seen an increasing acceptance of the notion of a universality of mental illness irrespective of culture (the etic approach). I, though, find myself clearly on the side of those who argue that it is wrong to presume a priori that Western psychiatric categories are appropriate throughout the world (the emic approach)".
>
> Patel V et al (2000) Concepts of Mental Illness and Mental Pluralism in Harare. Psychological Medicine, 25, 485.

Here are some notes on a suggested response

Introduction

Begin with some nice, but clever general statement on culture.

Culture is the social and symbolic soup through which we live our lives and interpret the world around us ….

Patel actually sets up a straw man so need to find a way to deal with that.

Patel makes the claim that Western Psych Categories cannot be presumed a priori to be appropriate for all the world. He bases this claim on another embedded in the first two sentences – Mental illness is profoundly influenced by cultural factors.

I will not directly examine Patel's claim, because to state that there is no reason to assume *a priori* Western Categories are appropriate seems a strawman, hardly worth the effort of rebuttal. Rather I will examine the related and more interesting question concerning the possibility of building a universal psychiatric classification, or whether such a quest is ultimately a fool's errand.

Introduction II

Context: This debate is certainly real.

A universal approach is impossible – arguments for

- We are social and therefore cultural animals. Culture is central to human experience
- Western categorisations are essentially scientific categorisations and arguably science is Western. Not strong. Plenty of eastern scientific endeavors.
- Science does not have a strong record with explicating culture.
- Attempts to date (ie DSM and ICD) cannot agree.
- Note: Western does not equal scientific, though would be possible to interpret Patel as if he feels it does.

A universal approach is possible – args for

- We are biological beings, many psych illnesses are inarguably biological.
- Science offers us our best hope of understanding the world and has tremendous track record.

- Cultural factors may morph presentations (as does personality) but that doesn't mean that could not be accommodated within a universal schema.
- Culture based syndromes might be similarly accommodated.
- Attempts to date have fair amount of agreement, and anyway we look to a time in the future with a more mature neuroscience. No one thinks we've cracked everything now.

Conclusion

- Long way from the answer to this question.
- Patel's strawman claim will not stand up but where a universal categorisation in the future might lay remains obscure. Hard to imagine culture disappearing, but perhaps much better understood.
- Meantime, we forget culture at our peril.