



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

MOCK WRITTENS

Critical Essay Paper

2022

CEQ question written by the NSW Branch Training Committee and the Health, Education and Training Institute for Higher Education, and **model answer written for the NZ Training Committee**

Model Answer

Note that these Mock Writtens papers are produced by local NZ psychiatrists rather than by the Examination Committee so they're not vetted, test driven and perfected by committee in the way that the real papers are. The following discussion of a model answer to the CEQ is not the only way to write the essay – it just aims to provide pointers and examples of the type of content that a passing essay might contain.

NB: In the real exam there's a more complex system to calculate the final marks which we can't exactly replicate in a Mock exam. Candidates are advised to aim for well above 50% (60-65% is safer), to allow for that in the actual exam.

Critical Essay Question (40 marks)

In essay form, critically discuss this quotation from different points of view relevant to the practice of psychiatry and provide your conclusion.

"Biology isn't just genes playing out some unalterable script. It is sensitive to the world around it."

– Reference: Bruce D. Perry, *The Boy Who Was Raised As a Dog: And Other Stories from a Child Psychiatrist's Notebook*

Reminder about marking process:

These are from the CEQ scoring domains – those most appropriate for the quote topic were selected.

Communication/SPAG – Fellowship Competency 1. Communicator: Weighting 10%

The candidate demonstrates the ability to communicate clearly. Spelling, grammar & vocabulary adequate to the task; able to convey ideas clearly.	Proficiency level	<p>This part's pretty self-evident.</p> <p>NB: Illegible handwriting isn't scored here, although if it's a significant problem it's likely to reduce the marks elsewhere.</p> <p>Illegibility won't be an issue if this paper ever switches to being done on computer, but spelling and grammatical errors will be <u>even more evident</u>, so being able to type <i>accurately</i> as well as quickly will matter a lot if that eventually happens.</p>
The spelling, grammar or vocabulary significantly impedes communication.	0 - 1	
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates below-average capacity for clear written expression.	2 - 4	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5 - 7	
The candidate displays a highly sophisticated level of written expression.	8 - 10	

Critical Evaluation and Grasp of the Quote – Fellowship Competency 2. Scholar: Weighting 15%

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	<p>Candidates who do well in this domain will demonstrate their valid interpretation and grasp of the quote's statements and meaning in their <i>introduction</i>, and also in the <i>body</i> of the essay. A brief definition of "biology" would be appropriate here, but "biology" is a sweeping concept (examples: "The study of life", "the study of the morphology, physiology, anatomy and behaviour of living organisms"). So candidates should ideally note that while the quote could cover the entire realm of biology, most of their discussion will focus on <i>human</i> biology (the instructions before the quote ask that it be discussed "relevant to the practice of psychiatry", after all).</p> <p>Candidates should grasp that the quote refers to genes interacting with the environment (genes may also be defined, eg.: "a unit of heredity transferred from parent to offspring which determines some characteristic of the offspring.")</p> <p>The concept of the environment, or "the world around it" may be explored, but is better dealt with as an area of discussion in the body of the essay as it is an important concept and doesn't lend itself to a quick definition.</p> <p>The title of the quote's reference source indicates the importance of developmental issues, of biological or genetically determined states being acted on by the environment across the course of growth and development – the author being a child psychiatrist emphasises this aspect.</p>
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0 - 2	
One or more interpretations are made, but may be invalid, superficial or not fully capture the meaning of the statement/question.	3 - 6	
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	7 - 11	
One or more valid interpretations are offered that display depth and breadth of understanding around the statement or question, as well as background knowledge.	12 - 15	

Critical Reasoning/Evidence/POVs – Fellowship Competency 3. Medical Expert, Communicator, Scholar: Weighting 15%

<p><i>The candidate is able to identify and develop a number of lines of argument that are relevant to the proposition.</i></p> <p><i>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.</i></p>	<p>Proficiency level</p>	<p>As in the guide to the left, the body of the essay needs to contain organised and logical arguments and discussion of the statement(s) in the quote, backed up by examples and, ideally, some references.</p> <p><u>Examples of arguments in favour of the quote:</u></p> <p>These will explore and support the author’s assertion that biological processes are sensitive to the world around them, and that genetic inheritance is not “unalterable” in the way it affects human biology. It’s likely that most of the essay’s arguments will support the quote. <i>Some lines of discussion that could usefully be followed are:</i></p>
<p>There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.</p>	<p>0 - 2</p>	<ul style="list-style-type: none"> - the concept of variable gene expression and what governs this. - which links to the field of epigenetics, which should be discussed. - whether genes play out an “unalterable script” could be addressed in light of advances in gene therapy and genetic engineering. - exploration of what “the world around it” means. The “it” appears to refer to “biology” as a whole which includes genetic influences, but also anatomical structure, physiology, biochemical and neurological effects, etc. Thus “the world around” includes the external environment (physical world, social world/relationships, stressors, etc.) <u>and</u> the internal environment of the body, in which blood flow, hormones, nutrients, neurotransmitters etc. fluctuate constantly.
<p>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.</p>	<p>3 - 6</p>	<ul style="list-style-type: none"> - the concept of humans as <u>part of</u> ecosystems might be explored, our biology being closely interconnected with our environments. - and the concept of humans <u>as</u> ecosystems in themselves may also be discussed, in terms of homeostasis, symbiotic organisms eg. in the gut, on skin and mucous membranes, possible effects of hosting <i>toxoplasma gondii</i>, etc. - as in the previous domain, the above issues should be discussed developmentally, with these changes and interactions occurring across time and life stages. An example might be the age of onset of a psychiatric illness like schizophrenia which is a complex interaction of genetic risks, environmental effects and developmental changes.
<p>The points in this essay follow logically to demonstrate the argument and are adequately developed.</p>	<p>7 - 11</p>	<ul style="list-style-type: none"> - even aspects of biology which seem fixed such as limb growth effects from thalidomide were caused by an environmental effect and can be managed and ameliorated by prostheses, & similarly people born with a seemingly fixed biological change such as blindness or deafness will have very different outcomes depending on their environments, and on what supports and interventions are available. - the biopsychosocial [ref] (and cultural) model could be mentioned, as an example of a complex model of interactions recommended by the College, which implies that many factors influence aetiology, development, and the course, prognosis and treatment of disorders, not just “genes playing out some unalterable script”. <p><u>Examples of arguments against the quote:</u></p>
<p>The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all of the arguments are relevant.</p>	<p>12 - 15</p>	<p>These may be a little harder to muster, but some balance is needed. There are some strongly genetically determined conditions where the genetic loading is such that certain disorders will inevitably result, no matter the environment. Examples are Down’s syndrome, Huntingdon’s Chorea, indeed any powerfully genetically determined disorder such as strongly genetically-driven Alzheimer’s disease, schizophrenia, bipolar disorder.</p> <p>Perry’s insistence that all biology is a sensitive interaction with the environment may do such patients a disservice, causing families, or the patient themselves, to feel that they could have prevented the disorder by parenting differently or by having a different lifestyle. This can add unnecessary guilt when a pragmatic acceptance that at times the bad luck of biology inevitably causes an illness could focus care more usefully on treatment, rehabilitation & disability support.</p>

Patient-centred Care – Fellowship Competency 7. Medical Expert, Collaborator: Weighting 25%

<i>The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.</i>	Proficiency level	
The candidate fails to consider patient-centred care, carers, and/or recovery principles where these are relevant OR merely mentions them.	0 - 4	Some of the candidate’s arguments, both supporting and challenging the quote, need to be closely linked to patient-centred care and the role of carers. As in the prior domain, examples of “the world around” the biological aspects are the need for a holistic approach to assessment, treatment and rehabilitation, rather than a purely biological approach. - again, the relevance of the biopsychosociocultural model to patient-centred care is useful here.
The candidate mentions these concepts but does not demonstrate an accurate understanding of them or is unable to do so clearly.	5 - 12	- the Recovery model [ref] should be mentioned and explained, as a better alternative to an approach that just focuses on some sort of “biology is destiny” nihilism. - a key part of the “world around” any patient is their whānau, family, and caregivers, so the importance of working with and supporting carers so as to positively affect this “environment” can be addressed.
The candidate demonstrates understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	13 - 19	- again, as in the prior domain, it’s important to balance this with an acknowledgement that some disorders are profoundly biologically driven and are in no way due to any shortcomings of the family or patient, and that a focus on supportive care and on managing disability where “recovery” can only be limited may also be important.
The candidate demonstrates a superior depth or breadth of understanding of patient-centred care, the recovery model in psychiatry, and the role of carers.	20 - 25	

Clinical Context – Fellowship Competency 8. Medical Expert, Collaborator, Manager: Weighting 25%

<i>The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.</i>	Proficiency level	
Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context.	0 - 4	Some of the candidate’s arguments, both supporting and challenging the quote, need to be closely linked to clinical practice and the clinical context. - again, the relevance of the biopsychosociocultural model to clinical care is useful here.
There is an attempt to link to the clinical context, but it is tenuous or the links made are unrealistic.	5 - 12	- candidates could also discuss the historical pendulum swings towards and away from “biological determinism” in clinical psychiatry across the past century, partly driven by access to new biological interventions (ECT, antipsychotics, antidepressants) in the mid C20th, supplanting more psychoanalysis-oriented approaches. Then the emergence of the Antipsychiatry movement [ref Laing, Szaz etc.] which was anti-biological, before movement back to the more holistic clinical approaches that emerged later in the C20th and persist.
The candidate is able to apply the arguments and conclusions to the clinical context, and/or to apply clinical experience in their arguments.	13 - 19	- more specific clinical discussion is needed here, about the clinical reality of “Biology” being “sensitive to the world around it”. Examples might be the placebo effect where psychological factors can cause biological change, the instillation of hope as a crucial part of recovery from depression, the importance of social support and meaningful occupation/activity as part of the treatment of major mental illness, the efficacy of psychological interventions (CBT, DBT, IPT, ACT, Motivational Interviewing, etc.) [ref: a weight of Level 1 evidence] alongside medication in almost every psychiatric disorder, the importance of family-based psychoeducation and communication skills training in reducing negative expressed emotions, etc.
The candidate makes links to the clinical context that appear very well-informed and show an above-average level of insight.	20 - 25	- again, as in the prior domain, it’s important to balance this with an acknowledgement that some disorders are profoundly biologically driven and are in no way due to any shortcomings of the family or patient, and that it can be crucial to focus on supportive clinical care and on holistic management of disability in the clinical setting, where “recovery” can only be limited.

Conclusion – Fellowship Competency 9. Medical Expert, Communicator, Scholar: Weighting 10%

<i>The candidate is able to draw a conclusion that is justified by the arguments they have raised.</i>	Proficiency level	
There is no conclusion.	0 - 1	Summing up the essay at the end is the conclusion, which should be announced as such, with “In conclusion, ...” or similar, rather than the marker being left unsure if the essay just ended abruptly due to lack of time, or whether what seemed like a repetitive rehashing of earlier arguments towards the end of the essay was meant to be some sort of conclusion.
Any conclusion is poorly justified or not supported by the arguments that have been raised.	2 - 4	The conclusion should re-state and sum up the earlier arguments and discussion, and there should <u>not</u> be new arguments introduced in the conclusion for the first time. The conclusion does not need to come down definitively on “one side or the other” of the arguments in the essay, although, especially if these are far stronger in one direction, it may well do so, usually with a caveat that however, it’s important to remember the opposing point(s).
The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.	5 - 7	The conclusion should ideally distil the main points of key arguments made in the body of the essay and summarise them, and the candidate may state whether, on balance, they feel that the statement(s) in the quote are justified.
The candidate demonstrates an above-average level of sophistication in the conclusion/s drawn, and conclusion/s are well supported by the arguments raised.	8 - 10	For this quote, it’s likely that candidates will in the main agree that “Biology isn’t just genes playing out some unalterable script” but is “sensitive to the world around it” as there is a weight of evidence to support Perry’s holistic viewpoint. However, the importance of powerfully driven genetic influences in the practice of psychiatry and the lives of our patients and their caregivers should also be acknowledged.

In the real CEQ they also tend to only have only about 6 marking domains, and to weight each of them differently. Thus in these 6 domains the marks for each domain have been organised so the eventual total will add up to a grade out of 100. There are ranges given and the marker should determine a single grade for each domain, within the overall range for that domain, using the details above as a guide.

Final Mark % = final total grade / 100

Mark out of 40 = % as above x 40