



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

MOCK WRITTENS

Critical Essay Paper

Model Answer 2023

CEQ question written Nov 2022 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**

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 better 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.

"Causes of discriminatory outcomes are understood as residing, in large part, outside the conscious awareness of individual actors"

Reference: Greenwald AG et.al, Implicit-bias remedies: Treating discriminatory bias as a public-health problem. *Psychological Science in the Public Interest*. 2022 May; 23:7-40.

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 marks overall as what the marker can't read and understand, they can't give marks for.</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 10%

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.</p> <p>To understand the quote it's important to read the source, given below. That makes it clear the quote refers to <u>outcomes</u> affected by <u>unconscious discriminatory bias</u>. The candidate might usefully give brief definitions of outcomes, discrimination, bias, & the unconscious. They may give examples of discrimination such as racism, sexism, bias against LGBTQIA+ people, bias against the mentally ill and disabled people.</p> <p>Some candidates may be led by the term "outcome" to treat this as a quote about bias in research, but "outcomes" also refers to health outcomes, and the source clarifies that the quote is about a public health problem. Health outcomes for individuals or populations thus seems more likely as the focus of the quote.</p> <p>The core assertion in the quote is that discriminatory outcomes are largely caused by unconscious factors in "individual actors". For better marks, candidates need to address this statement and the role of the unconscious, rather than using all of the essay just to discuss discrimination, bias, or outcomes.</p> <p>Who the "individual actors" are might be mentioned here, or might be explored in the body of the essay.</p>
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0 - 1	
One or more interpretations are made, but may be invalid, superficial or not fully capture the meaning of the statement/question.	2 - 4	
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	5 - 7	
One or more valid interpretations are offered that display depth and breadth of understanding around the statement or question, as well as background knowledge.	8 - 10	

Critical Reasoning/Evidence/POVs – Fellowship Competency 3. Medical Expert, Communicator, Scholar: Weighting 20%

<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>The quote refers to unconscious discrimination affecting outcomes – causing poorer outcomes for groups discriminated against. Arguments could thus be organised with this in mind:</p> <ul style="list-style-type: none"> Arguments supporting the unconscious nature of bias and discrimination in racism, sexism, bias against minorities such as LGBTQIA+ people, bias against the mentally ill and disabled people, etc. Psychology research into memory might be mentioned, i.e. that there are clearly aspects of memory not consciously accessible unless triggered or focussed on, and experiments showing unconscious beliefs affect performance. Arguments supporting the claim that these types of discrimination & bias cause poorer health outcomes. This is a big field and it's important to remember this is a psychiatric exam, so the focus should ideally be on epidemiological data showing poorer outcomes and higher rates of illness & mental disorders in groups facing discrimination e.g. indigenous people, rates of depression in women, bias and delays in treatment provision for trans people, & historical discrimination against the mentally ill. Arguments exploring who these “individual actors” are, who are biased unconsciously and acting in a discriminatory way. This includes providers of health & mental health services, from CEOs to clinical directors & senior managers, including all health and mental health managers & workers who a patient might encounter. It includes the planners of services who may have blind spots due to unconscious bias causing them to fail to make provision for certain groups, or to set barriers in place making it harder for discriminated-against groups to access help. Concepts such as “institutional racism”, “institutional sexism” etc. may be mentioned, and attempts to combat biases by staff training such as “sensitivity training”, “cultural competence training”, “diversity training”, etc. The RANZCP’s own attempts to combat such biases should be mentioned, such as the stance against discrimination of all sorts in the Code of Ethics, in Training documents & in position papers and clinical guidelines.
<p>There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.</p>	<p>0 - 5</p>	
<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>6 - 10</p>	
<p>The points in this essay follow logically to demonstrate the argument and are adequately developed.</p>	<p>11 - 15</p>	<p><u>Examples of arguments against the quote:</u></p> <p>For balance, candidates need to explore opposing stances, such as:</p> <ul style="list-style-type: none"> Is bias & discrimination really largely unconscious? There’s plenty of evidence for conscious discrimination and overt racism, sexism, ablism, homophobia, etc. in society. The words “are understood” are vague, and would need to be firmly backed up with real evidence for the quote to be accurate.
<p>The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all of the arguments are relevant.</p>	<p>16 - 20</p>	<ul style="list-style-type: none"> Also the quote may be seen as taking an irresponsible stance, as excusing people who are racist, sexist, ablist, etc. – and as excusing institutions similarly. “They couldn’t help it; it was unconscious.” Insisting most bias is unconscious may make it harder to combat & make penalties for discrimination ineffective. Candidates might mention that there’s little evidence that psychological approaches like “sensitivity training”, “cultural competence training”, “diversity training”, etc. have had much benefit. However that doesn’t mean these biases aren’t unconscious & deeply ingrained, in fact it’s an argument in favour of that. Biases instilled in childhood are unlikely to be reversed by an afternoon’s cultural competence training, hence this being a public health issue requiring preventative measures against societal biases from an early age, at home and at school.

Breadth/Maturity/Advocacy/Culture – Fellowship Competency 5: Medical Expert, Health Advocate, Professional): Weighting 20%

<p><i>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.</i></p>	<p>Proficiency level</p>	<p>This should not be difficult to achieve as the core of the quote is about discrimination, thus the essay must cover cultural issues such as racism, problems with bias, the need for cultural sensitivity and for sensitivity regarding the rights of any group facing discrimination.</p> <p>Better essays will mention the psychiatrist's advocacy role in combatting bigotry and discrimination, e.g. regarding service planning and delivery as well as with individual patients.</p>
<p>Relevant to the statement/question:</p> <ul style="list-style-type: none"> • 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 appropriate awareness of relevant cultural or historical context • OR fails to consider a role for the psychiatrist as advocate 	<p>0 - 5</p>	<p>One role of a psychiatrist, from their training, is to make the unconscious conscious, thus they need to be more aware of unconscious bias and to speak out against this and make colleagues more aware of it, within teams, peer review groups, health structures, and larger organisations, etc.</p> <p>A few examples:</p> <ul style="list-style-type: none"> • Combatting the NIMBY phenomenon if a community objects to a halfway house residence for people with mental illness being set up nearby
<p>The candidate touches on the expected areas but their ideas lack depth or breadth OR are inaccurate or irrelevant to the question/statement</p>	<p>6 - 10</p>	<ul style="list-style-type: none"> • Protesting about unconscious bias against the mentally ill when general hospital services plan new Emergency Depts without making any provision for psychiatric assessments • Ensuring that representatives of indigenous and other significant cultural populations are on service planning committees and have a real voice in decision-making • Historical example of the ghettoization of the mentally ill in large, isolated asylums before advocacy and pressure led to integration of mental health & general health services • Historical bias against people whose sexuality or gender identity differs from the “norm” – e.g. old DSM categories labelling homosexuality as a disorder, current arguments about whether gender identity dysphoria should be seen as a “disorder” at all and that access to transition surgery is policed by health professionals, etc.
<p>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</p>	<p>11 - 15</p>	
<p>The candidate demonstrates a superior level of awareness and knowledge in these areas, relevant to the statement/question</p>	<p>16 - 20</p>	

Clinical Context – Fellowship Competency 8. Medical Expert, Collaborator, Manager: Weighting 20%

<p><i>The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.</i></p>	<p>Proficiency level</p>	<p>This brings the statement in the quote home to clinical practice, and better essays will discuss the need for individual psychiatrists to ensure they are not influenced by unconscious bias and thus discriminating against certain patients or groups of patients in their clinical work.</p>
<p>Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context.</p>	<p>0 - 5</p>	<p>Psychiatrists need to be alert for unconscious (or of course conscious) racism, sexism, and bias in themselves against any group of people. They need to ensure this is not distorting their assessments or their ability to provide a good standard of care.</p> <p>Means of combatting unconscious bias (as by its nature it's hard for an individual to recognise, and many psychiatrists have never undertaken psychodynamic psychotherapy as a patient) are: discussions with a senior colleague, peer review discussions, arranging personal supervision - especially if practising as a psychotherapist, seeking feedback from one's clinical team.</p>
<p>There is an attempt to link to the clinical context, but it is tenuous or the links made are unrealistic.</p>	<p>6 - 10</p>	<p>Psychiatrists also have a leadership role in teams and services, and need to be aware of, and to combat, unconscious bias within these teams and clinical services. This can be achieved by the provision of supervision to junior team members, by speaking out regarding perceived discrimination at team meetings and service meetings, and other forms of advocacy in a clinical setting such as writing reports, challenging perceived institutional bias, etc.</p>
<p>The candidate is able to apply the arguments and conclusions to the clinical context, and/or to apply clinical experience in their arguments.</p>	<p>11 - 15</p>	<p>With individual patients, psychiatrists may become aware that patients are being discriminated against due to unconscious or conscious biases, and the psychiatrist thus needs to act as an advocate to point this out and speak out against it, e.g. with general health services, employers, social services, even families.</p>
<p>The candidate makes links to the clinical context that appear very well-informed and show an above-average level of insight.</p>	<p>16 - 20</p>	<p>Also with individual patients, psychiatrists providing insight-oriented psychotherapy may assist patients to confront their own biases which are causing them to discriminate against others.</p>

Conclusion – Fellowship Competency 9. Medical Expert, Communicator, Scholar: Weighting 20%

<p><i>The candidate is able to draw a conclusion that is justified by the arguments they have raised.</i></p>	<p>Proficiency level</p>	<p>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.</p>
<p>There is no conclusion.</p>	<p>0 - 5</p>	<p>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.</p>
<p>Any conclusion is poorly justified or not supported by the arguments that have been raised.</p>	<p>6 - 10</p>	<p>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).</p>
<p>The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.</p>	<p>11 - 15</p>	<p>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.</p>
<p>The candidate demonstrates an above-average level of sophistication in the conclusion/s drawn, and conclusion/s are well supported by the arguments raised.</p>	<p>16 - 20</p>	<p>For this quote, while candidates are likely to agree that discriminatory bias is a serious problem and must be addressed, they may or may <i>not</i> agree that the causes of most discrimination are <i>unconscious</i>. As above, there’s a lot of evidence for fully conscious bias and discrimination in society (overt racism, sexism, agism, ablism, homophobia, TERFS etc.) but in their conclusion, candidates may feel that the RANZCP and various Health Services and similar institutions have adequately combatted conscious and overt discrimination, so that only <i>unconscious</i> discrimination remains to be dealt with – possibly a far harder challenge.</p>

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