

Advice on preparing for and sitting the Essay style exam

~ *Tips from the Wellington DoTs (and additions by Felicity, Auckland DoT)* ~

Pass rate and Overview

The Essay exam remains one of the more challenging of the summative assessments – a test of clinical judgement and of the ability to write critically. This exam is done separately from the MCQ these days, so you can decide when to sit. Plan ahead, get a study group going and go for it.

The examinations do take time to prepare for – realistically 6 months, depending on your experience level. The closer you are to the examination the more you need to focus on the college examination format and practice questions. Study leave applications need to be lodged 3 months in advance according to the RMO MECA and college enrolment for the exam is similarly 3 months or so before the sitting – most people will need to have started studying before that but that's certainly when you need to get your study plan in order and locked in.

Be clear about what you need to cover – check the college syllabus and what topics require 'in depth' or 'working' knowledge as opposed to 'awareness of concepts'. The exam questions are drawn from the 2 syllabuses (Stage 1 and 2) so you need to cover the topics in those. Also consider how many hours/week are available for you to study while balancing work and the rest of your life – be realistic.

Your aim is to go into the exam prepared and with a clear understanding of the timing, exam format, and exam conditions. Have a plan for which question type you wish to answer first and then scan through all the questions, and manage your time so you get a chance to answer everything and get even the most basic marks for each question.

The college reviews results and sometimes makes changes to the format and process – pay attention to those through the website (under *Examination News*) and in the *Trainee Newsletter*. This has included strict examination sitting conditions managed by a third party – exam venue pre-visits are possible and it pays to check travel times in rush hour and parking options near the venue, ahead of time. In most cases you'll have already done the MCQ so will be familiar with the local exam venue and these details.



Essay paper questions are a test of knowledge, clinical reasoning, critical thinking and your ability to communicate in professional English.



The exam's a chance to show off what you know in a setting where you have control.



It's a chance to demonstrate that you're above a set standard and are a safe clinician in terms of your knowledge-base, ability to think things through, and your clinical understanding.



Timing: don't leave the Essay exam too late. For example the OSCE more quickly finds out what you don't know and requires faster thinking on your feet. The usual time to attempt the Essay exam is in 4th year. Don't rush into it too early in 2nd or 3rd year – it's not an easy exam, it requires a lot of clinical experience, and the standard is that of a just-graduated junior consultant.

There are two question types in the Essay-style exam –

1. Modified Essay Questions (MEQ) – (140 marks = 140 minutes for these)

MEQs examine your ability to apply core knowledge clinically, and your ability to think through situations and express your thoughts clearly.

MEQ questions start with a **clinical scenario** that leads to a sub-question, followed by more information (an 'unfolding' scenario) and further sub-questions. Most MEQs have 3-4 sub-questions associated with the initial scenario. Question scenarios can be from any clinical subspecialty area (or any aspect of the syllabus).



Frameworks and Reminders

Have a range of structures to apply to ensure you cover the angles – just the Bio-Psycho-Socio-Cultural (BPSC) framework or Immediate, Short term, Medium term, Long term, etc.

Or use the PITT structure (for contributing factors): e.g. Patient – Illness – Therapist – Treatment.

Or differing POVs/Stakeholders: e.g. Individual – Family – Community/Culture – Service Providers – Government.

Reading the Questions



After the first "reading only" 10 minutes, you're allowed to pick up a pen and write. Use a highlighter or red pen to mark anything relevant. You get a handout called the "stimulus" – a list of all MEQ question scenarios and sub-questions. This is the place to highlight and underline things, rather than in the official answer book, which you mustn't mess up with rough notes or scribbles.

When you're reading and highlighting, remember that *everything*, every fact or piece of information in the question and the clinical vignette, is there for a *reason*. Also, they aren't trying to deliberately trick you!

How to Answer



The name 'Modified Essay Question' is a bit daft. These are not essays! Fully formed sentences are not always necessary and can waste your time. Briefer, more telegraphic, bullet point type of answers are often fine. Above all, avoid long unstructured "wall o' text" answers. Those waste time, and are hard to read and to mark. BUT: you do have to get your point across, and with more complex questions, e.g. about medico-legal issues and ethics, you may need to write proper paragraphs to express yourself accurately and clearly.

What the terms in the Question Instructions Can Mean

(e.g. "List the most likely differential diagnoses.")

- **List** – a basic list or bullet points – no fully formed sentences, no explanation or justification needed.
- **List and Justify** – see Outline below – means the same.
- **Outline** – a list with something extra showing the reason(s) for the inclusion of your points. Can be a bit telegraphic, structured as a list, with bullet points or subheadings. Includes justification or explanation.
- **Describe** – Like Outline above, but less telegraphic. More fully formed sentences, but still a list or subheading structure. May be more about explanations, not justifications, depending on the Q wording.
- **Discuss** – list and *debate* – the most substantial answer type, and requires full sentences, fuller explanations and reasoning. The answer covers a number of points, dimensions or a range of issues, with some analysis about why you included them. The most essay-like of the answer styles, *but still structure it with subheadings or paragraphs. No wall o' text!*

Note how many parts each MEQ has and the marks for each. Manage the time – there are 3 hours – 180 minutes, and the total marks are 180, so 1 mark = 1 minute. *If a sub-question's worth 10 marks, you allot 10 minutes – be disciplined about this!* There are sample examiner marking schedules on the college website – note the marking schedules are not a checklist of exactly what needs to be written and invariably cover a range of aspects or heading areas related to the question – think broadly.

Identify what **basic type of question** it is – Diagnostic, Treatment, Management, etc., and be sure to address those issues. e.g. don't discuss Management when the instructions specified Assessment! There's no negative marking in either Written Paper, but you waste time and get no marks if you cover the wrong things.

An example approach for Treatment may start with the 5 'S's – Safety, Setting (IP or community etc), Special instructions (to staff, patients, family), Status (MHA, legal) and Symptom reduction/relief. Then the 3 'I's – Information, Investigations, Interventions. Think about BPSC issues under each of those 3 headings. Finish with D for Discharge planning, if appropriate. So that's SSSSIID if you like mnemonics.

Put **yourself** in the clinical situation and write down *what you would actually do and consider **if you were a junior consultant*** (the scenario will be written as though you were). You can't be penalised for putting down too much (but it wastes crucial time). Think broadly, not narrowly, and check back that you've answered the question fully. (NB: much of this advice is also relevant to the OSCE, another exam focused on applied clinical knowledge and skills. Clinical encounters can be adapted into a mock MEQ or OSCE station if you're inventing MEQs or stations in study groups or in supervision.)

Remember each MEQ sub-question is **marked by a separate person** – so don't assume that what you've written already in another sub-question is known to the marker – it isn't! They remind you of this constantly in the question instructions.

Finally, don't overlook the ordinary “**invisibles**” of **clinical work**: instillation of hope, developing a therapeutic relationship, engaging the patient and family, consulting with a senior colleague, service director or peer group for difficult/high-risk issues. Think about *where* to assess, *who* should be present, and always remember ethics and safety/risks and comorbidities like substance abuse. Don't forget the most basic things you do every day – exchanging information with nursing staff, talking to families, to GPs, etc. They want you to have a senior-level grasp of the issues and complexities, but they need to make sure you have basic skills and knowledge as well.

2. Critical Essay Question (CEQ) (40 marks = 40 minutes for the essay)

The CEQ ("the essay") examines writing, reasoning and your ability to apply conceptual and contextual knowledge.

First the obvious – **Write an essay**. It needs to be in professional English, with good grammar and spelling. Always use a framework – the introduction, then the middle, and the conclusion at the end.
Five minutes put into planning the essay before you start is essential.

There's no 'correct' answer or single right way to write the essay. Trainees can write quite different essays and still do well and cover all the necessary bases.

Remember your structure basically follows the "3 T's":

- *Tell them what you're going to tell them* (the introduction – but don't waste time detailing all your arguments here. Just define terms if needed, restate/paraphrase the main arguments in the quote to be addressed, and *briefly* say which aspect(s) you'll focus on)
- *Tell them* (the middle or body of the essay – all your arguments, from more than one point of view)
- *Tell them what you've told them* (your conclusion, clearly justified by your arguments. May be for or against the quote – or a summing up, if it wasn't a pro/con type of quote).

Look at the marking schedule – available on the college [website](#) in detail and more briefly below.

The general marking schedule for the Critical Essay is as follows although the weightings will vary depending on the quote topic:

1. The candidate demonstrates the ability to communicate clearly
Spelling, grammar and vocabulary adequate to the task, able to convey ideas clearly.
2. The candidate demonstrates the ability to **critically evaluate the statement/question**
Includes the ability to describe a valid interpretation of the statement/question
3. The candidate is able to identify and develop a number of **lines of argument** that are relevant to the proposition.
The candidate makes reference to the research literature where this usefully informs their arguments. Includes the ability to consider counter-arguments and/or argue against the proposition
4. **Information cited in the essay is factually correct.**
5. 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.
6. The candidate demonstrates appropriate **ethical awareness**
7. The candidate demonstrates understanding of **patient-centred care, the recovery model in psychiatry, and the role of carers**
8. The candidate is able to apply the arguments and conclusions to the **clinical context**, and/or apply clinical experience in their arguments.
9. The candidate is able to **draw a conclusion that is justified** by the arguments they have raised.
10. Specific to the essay under consideration (not to be >10% weighting).

Have a list of headings memorised – not all will be relevant to every question but use it to brainstorm ideas about the quote. e.g. [this mnemonic](#), or make up your own. A quick scribbled plan or a mind map for the essay is crucial – e.g. at the start of the exam and then get on with some of the MEQs and return to the Critical Essay before the end, by which time hopefully a few more ideas will have occurred to you. But it may simply work better for you to do the Essay first – experiment and see.

It's risky to leave the Essay to the very end. **The MEQs WILL ALWAYS take longer than you plan for.** There is *never* enough time for the MEQs, and if you lose discipline and run over time for that section, you might be left with only 10 minutes to write your Essay – not doable!

YOU CAN'T PASS THIS EXAM UNLESS YOU PASS THE ESSAY QUESTION

Things you will *always* include are:

- BPSC issues, i.e. biological issues, psychological issues, social issues, cultural perspectives.
- Evidence backing up your arguments, like evidence/references from research or examples from clinical experience, from other disciplines, areas of life or other cultures, or from history.

Things you will *almost always* include are:

- Ethical issues and references to the college Code of Ethics (meaningful, not rote!)
- Reference to one or more of the six main college Clinical Guidelines
- Patient-centred care and the Recovery model
- Carer and family issues
- Closely related disciplines e.g. psychology, neurology, the psychotherapies.

Things you *might* include are:

- Historical context and examples
- Animal models
- Theoretical models
- Other college position statements and guidelines
- Outside influences e.g. public opinion, popular culture, the media, politics
- Other relevant disciplines e.g. other branches of medicine, philosophy and spirituality, the law, management and administrative theory, anthropology, sociology, science in general.

“Examiners expect broad and deep knowledge around clinical psychiatry, governance and the practice of psychiatry in the cultural and political context.”

Language and Grammar – it's important and is graded in the marking schedule. Below are general hints on how to write more clearly.

(Inspired by: *How To Write Good* by Frank L. Visco, with a few additions – each of the following is an example of what it warns against)

1. Prepositions are not words to end sentences with.
2. Avoid clichés and colloquialisms like the plague. (They're old hat and stick out like a sore thumb.)
3. Employ the vernacular. – **this means use ordinary, straightforward language**
4. Parenthetical remarks (however relevant) are unnecessary.
5. It's wrong to ever split an infinitive.
6. Contractions aren't appropriate in formal writing.
7. Nor are ampersands, abbreviations like Sx, Dx, Mx, & most acronyms, FWIW. – **but very common acronyms like ECT and SSRI are okay. Avoid Scz, BAD, BPD and BPAD – confusing.**
8. Foreign words and phrases are *de trop*.
9. One should never generalize.
10. Avoid too many quotes. Ralph Waldo Emerson once said: "I hate quotations. Tell me what you know."
11. Don't be redundant. Don't be repetitive and use more words than necessary – it's highly superfluous.
12. Be more or less specific.
13. Too much understatement can make your arguments quite bland.
14. Exaggeration is a billion times worse than understatement.
15. One-word sentences? Eliminate.
16. Avoid "I" statements – I believe they sound unprofessional. – **but they're needed in the conclusion**
17. Mixed metaphors are a can of worms hitting the fan.
18. Who needs rhetorical questions?
19. Underlining and ALL CAPS are to be avoided – **shouty, & CEQ doesn't have headings & subheadings**
20. Purple prose and a gushy conclusion are unbelievably baroque and enraging.

Other hints:

- Read editorials in Australasian Psychiatry to get a feel for the style of professional academic writing.
- Avoid local and NZ-specific terms that an Australian marker wouldn't recognise – like WINZ, Section 30, MHSOP, ACC, etc. Use more general terms like “child welfare services”, “Income support”, “supported housing”, "guardianship legislation" instead of the PPPR act.

Local exam preparation	External supports
Local academic programme with sessions on exam questions types, some exam questions examples in presentations	https://prepare4ranzcp.com/essay_course.html * (online, fee charged, advantage for the Essay paper is detailed feedback on practice essays and MEQs.)
NZ mock exam are held twice a year (new paper is written before the August sitting). <u>Always</u> do a Mock Exam before the real thing. You <u>think</u> you know that the timing will be tight and that you can be ruthless about moving on when a question's time is up, but it's never real until you do a proper mock exam. <u>Everyone</u> runs out of time.	https://psychscene.com/ * courses (was CTF)
Arrange to email several scanned practice Essays for feedback (eg. to Felicity or a suitable supervisor)	https://www.mrcpsychmentor.com/ (for factual study – MCQ format questions)
Own study groups and practice sessions	http://www.birminghamcourse.co.uk/#/home as above, (for factual study – MCQ format questions)

*Northland DHB or NRA will refund Prepare4RANZCP and CTF (Psychscene) - they're on the national list.

There are multiple places where you can get further resources. There's an e-module called "Guide to the Critical Essay Question" on the college website – in Learnit.

Past NZ mock papers are available from our local Training Programme website [here](#). They're not rigorously calibrated like the real papers but are close (assume they're slightly easier, to be safe).

Ask around about which of these courses etc. might suit you and consider the timing of courses in relation to the exam. Some are self-directed and based online, others are in-person weekend courses in Australia. Recently graduated local psychiatrists and 5th years who've passed the exams are good sources of advice.



The Royal
Australian &
New Zealand
College of
Psychiatrists

Again, don't forget all the college websites resources – old papers and sample questions, past presentations by Committee for Exams members, e-modules and marking guides. Read the page relevant to each exam carefully. **Read the section on that exam in the Regulations for the rules!** The reports published after each exam are useful and include commentary about where candidates generally did well or poorly, so they provide helpful hints.

Then practice and practice some more, moving to using exam timeframes for practice questions and comparing your answers to any model answers. Start with knowledge-base first, then move to practicing model questions and mock questions, working on your exam technique. Make sure to sit a full Mock exam under exam conditions and timing at least once. Both of the questions types need practice. Don't get carried away disagreeing with Essay quotes, model answers or stewing about a question being stupid! It is what it is, so suck it up and just do it.

Your marks in practice essays and Mocks

Did you score in all areas? Note any weaker areas and work to fill gaps, or work on your Essay technique.

The college go to considerable effort to ensure the written examinations cover the syllabus for both Stage 1 and 2. There are calibration exercises for the markers and each question is ranked by groups of Fellows for relevance and difficulty to establish the pass mark. Therefore each paper will have a different pass mark and the final marks are adjusted so that all papers even out to the same eventual "degree of difficulty". That means scoring 50-60% in mock exams isn't safe – your mark could get adjusted down statistically and end up below the "cut score" (pass mark). Aim higher.

If you find a question challenging in the exam it's likely your fellow registrars will as well – but give it your best shot and try and answer everything. The pass mark for that question may be relatively low and scoring a few points can still be worthwhile. If you don't answer at all or aren't disciplined with time and have to miss a question out, you can't avoid a zero score.

Finally, exams are stressful and preparation takes time – don't forget to take care of yourself and those around you. Pace yourself: exercise, eat sensibly, drink less alcohol and plenty of fluids (watch the coffee!), take time to de-stress and relax, don't abandon your usual interests or your friends and family. And get enough sleep!

If you need medication for sleep or performance anxiety, see your GP and test it out well in advance. If anxiety's an issue for you, build a regular relaxation, yoga &/or meditation programme into your days, and create a 5 minute emergency relaxation programme to use if you panic in the exam (a breathing or visualisation or muscle relaxation exercise).

Links to download MHF relaxation programme audiofiles are here:

http://www.mediafire.com/file/k51rbra40ritr7c/01_Introduction_To_Relaxation.mp3/file

http://www.mediafire.com/file/gb7l3156xb7y8xj/02_Relax_Your_Body.mp3/file

http://www.mediafire.com/file/xbym7q5djdaal42/03_Relax_Your_Mind.mp3/file

Things to be aware of when studying

- Don't solely do practice and mock exam questions as exam prep – it's not comprehensive enough.
- Don't solely read texts and journals as exam prep, but good *review articles* are useful when you're summarising and synthesising your knowledge on a topic or a disorder.
- Neither of the above systems gets the info you need into your memory properly – you need to make the knowledge *yours*, to *understand* it, not rote learn. Also, this exam isn't just about your knowledge-base, it's about applying your knowledge in the real world, especially clinically.
- There's a lot known about how we learn most efficiently – average attention span and the need for study breaks, repetition and understanding of material to get it into long-term memory e.g. making your own synopses and using multiple sensory modalities, not just one. You'll learn more by writing your own notes so as to make the knowledge *yours*, rather than just reading. Are you visually oriented? – use mind-maps or diagrams. Could you record study notes as phone memos or mp3 files and listen to them while commuting?
- Consider other sources and modalities like science, psychiatry and psychology podcasts, and check what your medical library has in terms of audiobooks and study resources.
- It's impossible to “keep up with the literature” pre-exam – all published papers are written months if not a year previously. The essay quote will never be on a recent “hot topic” – the papers are finalised much longer ago than that – about a year earlier, and they tend to avoid new, trendy controversies.

Study Groups

- Think about your own learning style. Do you learn best by yourself or interacting in a group?
- Study groups work best if they include people who're sitting at the same time.
- They help with motivation, discussion to clarify and organise a topic, and moral support.
- Manageable size (3-4 is recommended, although mine was 6 and worked fine).
- You don't have to be good friends with the others, you just have to be able to work with them.
- Meet regularly – coffee yes, wine no!

Study Plans

- Write a study plan and revise it at intervals.
- Identify your strengths and weaknesses (e.g. topics, and question-type skills or weaknesses).
- Discuss plans in study group - you may get some new ideas.

Handwriting

- If the examiners can't read your writing, they can't give you the marks.
- Do something about terrible handwriting early – do a muscle retraining programme [like this](#) – but start it several months pre-exam as it takes time.
- Even with OK handwriting, to prevent OOS, use the exercises [here](#) and [here](#).
- Use headings, paragraphs where you can (e.g. in the MEQs) and double-space the Essay.
- Strengthen your arm muscles. Do the exercises as above, squeeze a squash or stress ball, do regular swimming, etc. A 3 hour exam is tiring!
- If you have a physical or writing/typing disorder (like significant dyslexia) that would interfere with you doing this exam, you can apply for special consideration (e.g. to be allowed extra time or to use a scribe), but you have to do that early. See the Regulations.
You can't give yourself carpal tunnel or OOS from study then ask for this at the last minute.

What if the Essay Exam becomes an on-line exam at some stage?

It'll be a pen and paper exam at least through to some time in 2020 (if they ever change it) – that's our best guess, anyway. In the lead-up to doing this paper on-line in future if that change comes, improve your typing speed and accuracy using an on-line typing tutor well in advance. Typed answers will make grammar and spelling mistakes glaringly obvious, so allow at least a few months to train yourself out of making lots of typos. Most of us can type fast, badly, but most of us never learned touch-typing and we make loads of typos. You can't afford the time in this exam to be constantly revising what you've typed.