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Unofficial Guide to Assessments

Collaboration between VAPT, NAPT, QPTA and friends

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Intention

This document is intended to be something that was produced for trainees by trainees. It was created as a result of a collaboration between VAPT, NAPT and QPTA. Our intentions are for this "guide" to be a living document which will be updated in collaboration in the future.

We wanted to reproduce the process that many trainees go through when they seek advice from their senior colleagues before they start preparing for assessments. This document has been produced with the understanding that currently there is less cumulative knowledge about assessments due to the infancy of the program. This document is especially for those trainees who work in rural and isolated areas and will likely have less colleagues who have attempted/passed assessments and have even less access to information.

The hope behind this project is that we may be able to reduce the stress of the exams and assessments, and to make the fellowship process more enjoyable. We would also like to be able to pay forward what we have learned from our senior colleagues and continue the tradition of collegiality. In that spirit, please distribute to your colleagues.

Disclaimer

This document is a guide only and is not intended to provide exhaustive advice on RANZCP assessments. It is a collection of personal opinions from individual trainees based on their experiences. It was not produced or endorsed by the RANZCP.

It is recommended that trainees are familiar with the College website for up to date information about assessments. Documents, Regulations, Policies and Procedures and updates are often communicated via the training and assessment newsletters. If you are unsure, it is recommended that you seek advice from your supervisors and/or your Director of Training.

There is no financial association between this document and course providers

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Acronyms

AMA Australian Medical Association
CAP Critical Analysis Problems
CBFP Competency Based Fellowship Program
CEQ Critical Essay Question
DOT Director of Training
EPA Entrustable Professional Activity
EMQ Extended Matching Questions
MCQ Multiple Choice Questions
MEQ Modified Essay Questions
NAPT New South Wales Association of Psychiatry Trainees
OSCE Observed Structured Clinical Examinations
PWC Psychotherapy Written Case
QPTA Queensland Psychiatry Trainee's Association
RACP Royal Australian College of Physicians
RANZCP Royal Australian New Zealand College of Psychiatrists
SIMG Specialist International Medical Graduates
SP Scholarly Project
TRC Trainee Representative Committee
WBA Workplace Based Assessment
VAPT Victorian Association of Psychiatry Trainees

Tips for Looking After Yourself

The new 2012 CBFP can feel daunting, as there are many parts to complete. There are 5 centrally administered summative assessments (which take approximately 6-24 months to complete), in addition to the EPAs and other requirements (e.g. psychotherapy, leadership and management). There are other components within training that are not discussed in this document, such as the formal education course and advanced certificate requirements. Of course, this is set within a broader context of our daily jobs, on call shifts and our personal daily lives - the proverbial work-work-life balance.

As the 2012 CBFP is new, with the first group of trainees about to transition to Fellowship, this guide aims to provide guidance to the broader trainee group, including SIMGs and transitioned trainees. We have to be mindful of the different pathway and requirements for SIMGs and would recommend that you go to the College website if this is applicable to you (<https://www.ranzcp.org/Pre-Fellowship/Overseas-specialists/Specialist-pathway-to-Fellowship.aspx>).

The following are tips and resources that might be useful for trainees undergoing the process of examinations and assessments.

Tips:

- Consider planning for the assessments progressively during your training – a useful resource for this is the training trajectory, which provides a recommendation as to when to complete the assessments. (<https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/Trainee-Progress-Trajectory-in-CBFP-v2-1.aspx>). This may include consideration of planning for Advanced Training programs.
- When you have these in place, talk to your supports regarding this plan – it allows you to have some peace of mind that they will support you through this process and for planning regarding cares for your family
- Speak to your supervisor and other consultants about your plan to sit for examinations and assessments – they will provide support, including possibly allocating supervision sessions to help with your preparation. There may be further support from the local health service with mock essays/OSCE sessions.
- The lifelong learning concept is useful to adopt when you start training, as this will be required for the duration of your career. Hence, learning and improving your knowledge base from the start may help with reducing the stress and time pressure towards the exams. The examination preparation would then be further consolidation of the knowledge that has been previously obtained.
- Check with your local/health service/College representatives (including local trainee representatives and TRC) about resources that may be useful to help with your study – these may include past notes, organization of study groups and courses that may be useful
- Study includes self and group study - please refer to the exams section for more detail re: pros, cons
 - Consider getting involved in a Study group for examination prep, but ensure that you get along with them – this group will be valuable in providing advice and support, including constructive feedback and differing viewpoints about topics
- Focus on the particulars of each assessment/examination, including being aware of the components of these. Be aware of the Fellowship competencies (CanMEDS), as these competencies are the focus of the exams - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/Fellowship-Competencies.aspx>
- Practice as much as you can – consider taking a course if you struggle with certain aspects, including English lessons and essay writing courses/typing courses (the latter may be required when the essay examination becomes electronic)
- Ensure you have some time out – make sure you have time with your family and friends – don't neglect these people, as they will be your supports through your journey in psychiatry and your future
- Consider doing enjoyable activities, a day or two, prior to the examination – it will allow you to distract from the assessment itself and give your brain some rest (e.g. have a massage, watch a movie) - avoid doing strenuous activities.

- Consider being members of your local trainee representative groups (e.g. QPTA, NAPT, VAPT etc) and other medical groups (AMA) – they provide further support for trainees in general

Resources for the examinations and welfare

RANZCP

Located on the College Website is the 2012 CBFP training trajectory and recommendations for progress through the training program. These also include the process for failing examinations, targeted learning plans and show cause.

- Psychiatry Training Pathway - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/RANZCP-Training-Pathway.aspx>
- College-administered assessment information - <https://www.ranzcp.org/Pre-Fellowship/Assessments-College-administered.aspx>
- Targeted learning plan - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/TLP.aspx>
- Process for Show Cause - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/SC-Process.aspx>

If there are specific issues related to passing an assessment or associated remediation, consider speaking to your supervisors, local directors of training or your local Trainee Representative Committee member. Should you fail an assessment, you should be provided with feedback regarding the assessment and communication about the next steps in the process.

For specific advice, consider contact with the Member Welfare Support Line for confidential assistance. Consider also local doctors' health advisory service helplines.

- <https://www.ranzcp.org/publications/Support-for-members/Support-for-trainees-and-SIMGs.aspx>

The College has further released Webinars, Congress Workshops, and e-modules to help with passing exams: -

- Webinars (<https://www.ranzcp.org/Publications/Presentations/Webinars.aspx>) e.g. Training Program basics, Psychotherapy Written Case, Navigating the Scholarly Project
- E-module learnt – Guide to critical essay question
- Congress workshops – CEQ, MEQ, OSCE

AMA

The AMA have been advocates for Doctors in Training – they have provided multiple resources to help with managing your and colleagues care during training. These include: -

- General information - <https://ama.com.au/resources/doctors-in-training>
- Website to promote health of junior doctors – focuses on self-assessment and problems facing trainees. Provides vignettes, advice to reduce stress and where to find help - <http://jmohealth.org.au/>
- General information for wellbeing for junior doctors - http://www.pmct.org.au/images/HealthWellbeingGuideJMOs_Jan2016.pdf
- Resilience resources for registrars and trainees - <http://www.rcubed.org.au/>
- Consider liaising with your medicolegal supports regarding welfare resources (i.e. MDA National) - <https://mdanational.com.au/Member-Services/Education/Doctors-in-Training>

RACP

The RACP provides further support for their trainees and offers free resources to all trainees (indiscriminate of specialty). These include identifying early warning signs, ways of supporting each other through training, supports for trainees and methods of maintaining well-being.

- General pathway of support for trainees, including managing difficulties with colleagues and learning resources - <https://www.racp.edu.au/trainees/trainee-support-services/trainees>
- Supporting a colleague or trainee - <https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing/i-want-to-support-a-colleague-or-trainee>
- Ways of looking for support - <https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing/i-need-support>

Learning modules to help with maintenance of your wellbeing, including exercises in mindfulness, self-care and self-compassion (free registration) - <https://elearning.racp.edu.au/mod/page/view.php?id=5431>

How to Fail Successfully

The pass rates for the assessments are improving, but for some assessments the pass rates are still relatively low. There are assessments where it is not unusual for people to fail more than once, and this can be a blow to your confidence. This can affect not only your confidence in re-attempting exams and result in high levels of anxiety and stress but also your general clinical confidence. It can also affect how you feel about yourself. It is however possible to fail multiple attempts at assessments and still obtain Fellowship in 5 years.

If you have failed the same assessment two or more times, there is a process to support you. Please refer to the following documents to help with understanding this process.

- Targeted learning plan - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/TLP.aspx>
- Process for Show Cause - <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Administration/SC-Process.aspx>

Important points to remember if you do fail an assessment:

- You aren't alone. Don't isolate yourself! Speak to your family and colleagues about your concerns
 - Don't forget the pass rates for these assessments may mean you are actually in the majority
- Try not to linger, stop ruminating
 - Do not over-focus on the exam result
 - Is there anything you can find that you can do differently next time? Try to find specific things to improve on but do not ruminate on these things, try to move on (e.g. "study harder" is not a helpful goal)
- Find a way you can positively reframe the situation, identify negative automatic cognitions
 - The hyper-critical internal voice that many of us have may have a field day with assessment failures, learning to manage this voice may be an incredibly valuable skill you take away from this experience
- If you have to reattempt an exam, consider studying in a different way to prevent burn out
 - E.g. if you studied alone before, consider a group, if you studied mainly from a textbook consider audiobooks/podcasts or structured courses
- Failing an assessment doesn't necessarily reflect your clinical abilities - speak to your supervisors regarding the examination result and consider utilising support from them for the examination
- It also doesn't define who you are
 - Specialty training can be all absorbing and take over many aspects of your life but remember that your value as a person doesn't hinge on passing these exams
 - It can be very healing to spend time with your family (including your pets) and friends – these opportunities can help you reflect that there is more to you than psychiatry and assessments and that those who love you care for you beyond these things.
- It is okay to be upset - let yourself feel disappointed, sad, angry
- There is no rush, you don't have to finish in 5 years, but putting it off may not make it easier.
- Look after yourself. Sleeping well, eating well, exercising can help you be in the best state to cope!

And yes, here come the inspirational quotes:

"Ever tried. Ever failed. No matter. Try Again. Fail again. Fail better." - **Samuel Beckett**

"I failed in some subjects in exams, but my friend passed in all. Now he is an engineer in Microsoft and I am the owner of Microsoft." - **Bill Gates**

Formative Assessments, Timing, and General Considerations

- The 2012 program has many mandatory requirements. It is vital to plan, even if only roughly, when you expect to complete each task.
 - This includes mapping out all EPAs. In stage 2 you will need to complete more than the required 2 EPAs each rotation. Not completing them will delay your progression to stage 3.
 - This is possibly the best aid to maintaining work-life balance.
 - This helps maximise benefit from supervision. If you plan all your forms, you can have more time to learn from your supervisor's experience and incorporate that into your preparation for each centrally administered assessment.
- Bear in mind that it is mandatory to have passed the MCQ examination in order to enter an Advanced Training Certificate. This does not apply for the Generalist pathway.
- Always have a 'plan B' – if you don't pass the first time, how will it affect your trajectory? Many people fail one or more assessments the first time so consider this in planning your overall trajectory. This is especially important if you are intending to finish within 5 years.
- For the 2012 program all 5 centrally administered summative assessments are set at a "junior consultant standard" which is the "level of knowledge and/or competency that a trainee is expected to demonstrate at the completion of training" (Kealy-Bateman et al., 2016).
 - The double-bind this poses is that it is difficult (although possible) to complete all 5 assessments in the last 1-2 years of training however trying to spread out the assessments by attempting them early may mean you are more likely to fail those assessments (as they are set at a more senior standard).
 - There has been a reluctance to provide prescriptive timeframes about when to sit assessments due to the concern this will be taken verbatim. The advice is instead for trainees to "carefully consider the requirements of each assessment and match this against their current level of knowledge and skill" (Kealy-Bateman et al., 2016). This is of course the most ideal way to approach timing your assessments, however the trainee group lacks the advantage of collective experience due to the infancy of the program and at times may be misled by the cultural knowledge/memory of the 2003 program where people expected to sit exams at set times (e.g. for 2003 program the written exams were usually attempted/completed in stage 2).
 - In this "guide" we have tried to consult a range of trainees about their experience and their recommendations about the ordering of assessments so that our colleagues who read this document may benefit from the experience that exists.

Assessment Order/Timing

- Scholarly Project: general consensus to consider starting in Stage 1 if possible. This will likely take 12-24 months (although smaller projects may be completed faster) so need to take this into consideration when planning.
- Psychotherapy Written Case: look to start by early in stage 2. That is, start the therapy even if you leave the write up until stage 3 as this requires "considerable maturity" (Kealy-Bateman, 2016).
 - Be particularly mindful of timing if considering psychotherapies advanced training as passing is a requirement for selection.
- MCQ:
 - Consider your plans for Advanced Training Certificates – MCQ must be passed by this time (intakes will generally be mid-year for starting the following February, so you might want to plan to have the *result* back by then – i.e. sit at latest by February/March of year 3).
 - Consensus timing: somewhere in the first 12 months of stage 2.
- Essay Paper and OSCE:
 - Mixed opinions on whether to sit the Essay before or after OSCE. Trend seems to be towards completing OSCE before Essay, rather than the traditional reverse order.
 - Things to consider include:
 - Clinical experience is *vital* to both these assessments.
 - Consider readiness in year 3; aim to have passed by end year 4
 - Likely to be advantageous to have completed most if not all mandatory rotations as these exams are particularly clinical
 - Would also recommend considering a psychiatry of old age rotation
 - Which other assessments you are working on (SP, PWC).
 - Work-life balance.
 - Availability of colleagues to study with.
 - Strongly consider whether to sit both Essay and OSCE in same sitting (i.e. in the same half of the year, 2-4 weeks apart) – many consider the examined material to be similar (please see exam section for more information about these exams), but this may affect the focus and intensity of study for each. Please see the exam section for more information about these exams), but this may affect the focus and intensity of study for each.
- Overall consensus start/sitting order
 - SP
 - PWC
 - MCQ
 - Essay*
 - OSCE*
 - *Trend is towards reversing these two or attempting in the same sitting/in close succession
- The following pages mention several study courses. Neither this document nor the College endorse any courses. Ask your colleagues for their opinions and consider the expense thoroughly.

Resource

Evans, L. and S. Suetani (2017). "Navigating through the Competency Based Fellowship Program: two trainees' experience of the 2012 program." *Australas Psychiatry* 25(3): 310-312.

Kealy-Bateman, W.K., Kotze, B. & Lampe, L. (2016). "When should I attempt my centrally administered summative assessments in the RANZCP competency-based training program?." *Australasian Psychiatry* 24 (6): pp. 615 - 619

Scholarly Project

Anecdotally this seems to be the last assessment that trainees are attempting. Because of this, of the assessments, there appears to be the least amount of collective experience and structures in place locally to support trainees looking to complete it. Research itself can be challenging, there is a large variability in what this means from simple audits to extensive and costly randomised control trials. In comparison to other centrally administered summative assessments which are more standardized, what constitutes a scholarly project is much more variable in terms of time, scope and topic. There are people who have completed research previously who may receive an exemption but for those who have not done research before it can feel like a particularly daunting task, especially when trying to fit it in amongst your other requirements. Despite this, more and more trainees appear to be attempting this and the pass rates have improved notably. Planning early and thoroughly is a key to the Scholarly Project and as with most things, once you start, the task seems much less intimidating. Who knows this may be the start of your illustrious academic career!

General Tips

- Read the RANZCP regulations.
- Strongly consider publishing a paper and taking the exemption pathway. Note that this option is currently curtailed after submitting a proposal to the College - although this may be under review
 - PhD/Masters/honours theses can also be used to apply for exemption
- Consider the availability of a helpful supervisor as a driving factor.
 - Consider contacting local academic departments and College Training Committees.
 - Someone with research experience, not just clinical experience is helpful.
 - Choose someone with whom you expect to have a good working relationship.
- Consider whether this research can also count towards advanced training Certificates or FEC thesis.
- Don't take on too much. This can be an opportunity to learn the basics of how to set up and complete research rather than needing to be the research project you always dreamed of. Once you've passed you can do further research at your leisure.

Timing

- Strongly consider starting in stage 1 as clinical experience will not necessarily be required or helpful. Other assessments will benefit from further clinical experience and stage 3 can be busy.
- Ethics approval can take many months. Take this into account.
- Reasonable to allow at least 12 months for a small project requiring ethics approval.

Other Considerations

- Primary resource is your supervisor. 'Research appreciation' groups and journal clubs are useful.
- This could be flexible, fitting around other assessments and accommodating work-life balance. Write up might take from 4 weeks to 6 months, perhaps longer if submitting for publication.
- Consider getting the broadest experience possible: publication, conference presentations and journal clubs.
- A basic literature review will help with getting proposal approved.

Resources

Suetani, S., et al. (2015). "A scholarly endeavour: some practical tips on completing the scholarly project." *Australas Psychiatry* **23**(1): 29-31.

Psychotherapy Written Case

Trainees have reported confusion about what the 'Junior Consultant' standard is for the PWC. However, the ultimate pass rates (including 2nd and 3rd submissions) are high and first submission rates appear to be improving.

General Tips

- Read the RANZCP Regulations before starting.
- Have a general psychiatrist read the case as well as your supervisor. Examiners are not psychotherapists.
- Note that the assessment and MSE sections are only assessed at the 'proficient' (end stage 2) standard.
- Choose a therapeutic 'model' that you understand – that might or might not be the one your supervisor uses.
- Finding a patient
 - In selecting a patient choose someone who has some areas of success in their life. There are no 'miracle cures'.
 - It is important to find a patient that will be able to attend all 40 sessions e.g. have time flexibility, aren't about to move interstate/travel overseas for extended period, don't have unstable health issues, no substance use issues, mental health is reasonably stable/risk issues are manageable
 - Frequently approached patient populations:
 - parents/family of mental health patients (e.g. parents of children attend child and adolescent services)
 - university students (tend to have time flexibility)
 - patients flagged by Consultation-Liaison Psychiatry or primary mental health psychiatry and referrals from private psychiatrists or GPs
 - more likely to have access to patients presenting with anxiety/depression/personality issues more appropriate for long-term psychotherapy
- Be mindful of your rotation preferences. It is a bit more difficult/logistically complex if you apply for an external rotations/rural rotation partway through your therapy in terms of the travel time to see your patient and receive supervision.

Timing

- Start supervision before you find a suitable patient. Consider starting supervision in late stage 1, and begin looking for a patient in early stage 2.
 - Consider individual vs group supervision depending on your learning style.
- Consider how therapy will fit in with your other assessments and how this will affect the frame.
- Leave plenty of training time to allow for patient attrition – you might need to assess more than one patient before one sticks around for 40 sessions.
- Consider progressively typing notes or thoughts following each session of therapy
- Many supervisors suggest putting your case aside for several months before finalising the write-up as increased clinical experience will allow you to write with more depth and understanding.
- Write-up might take from 2-6 months. Ensure you give your supervisor **at least** 2 weeks to read it before submission date – longer is better.

Other Considerations

- Ensure you clarify your therapy supervisor vs clinical supervisor to ensure you are not carrying the clinical risk yourself. This is a College requirement.
- Have someone proof-read the language and the clinical detail. Consider a professional proof-reader.

Resources

- Section of Psychotherapy website has list of potential supervisors.
- RANZCP website has a suggested reading list.
- Attend College-organised PWC workshops.
- Gabbard's 'Psychodynamic Psychiatry in Clinical Practice', and 'Long term Psychodynamic Psychotherapy: a Basic Text'
- Books by Nancy McWilliams
- Cassidy's 'Handbook of Attachment'
- 'Introduction to the Practice of Psychoanalytic Psychotherapy' by Alessandra Lemma
- Consider watching "The Sopranos" and "In Treatment" from HBO.

Exams

This section was written based on consultation with 7 trainees, all Stage 3, CBFP 2012 candidates, English as first language and were based in NSW, QLD, NZ, Victoria.

General advice for all exams

It is important to keep up to date not only with the College website but also various college activities as these are prime opportunities to get insights into what is likely to be examined by the College and what is being looked for in the responses. The College has also been releasing a wealth of material to try to support trainees. It is worth investing your time to familiarise yourself with:

- Learnit
- College Practice Guidelines and position statements
- Pre-congress workshops
- Articles from ANZJP - bear in mind, the examination questions are set 6 months prior to the exam, so consider reading articles in this period.
- The College also recommends texts that are useful for the exams
<https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Recommended-Texts-and-Useful-Resources-for-Psychia.aspx>

“College exams are about testing set shifting and tolerance of imperfection”
- Dr S. Matthews

Writing notes

- It is worth writing good notes from the beginning as some of the content from the MCQs will be useful for the essay-style exam and the OSCEs
- Some people chose flashcards.
- The advantage of typing them up on the computer is that they are easier to edit later.

Studying individually vs in a group

Whether to study alone or in a group is a consideration for all the exams. The decision will likely be based on a few different considerations including personal preference, anxiety levels, access to colleagues/education other commitments (e.g. whether single, live with partner, have children etc.). It does not have to be a black and white decision. You could study mostly alone with casual study sessions with a few other trainees from time to time. The ability to use videocall options (on the phone/skype/facebook/google hangouts) helps people have extra flexibility around this e.g. you could do frequent brief sessions with a variety of people. There are also often study groups run by hospital services which may be adequate for some people.

Pros and cons of study group:

- Study Group: Generally, people who studied in groups met once a week initially (or even once a fortnight) during the initial phases then then twice a week towards exams.
 - Can keep you on track and accountable, provide motivation, mutual support, information exchange, can be very good to reduce anxiety,
 - May not be as efficient and can be conversely anxiety provoking (especially if members of the study group are very anxious), distracting
 - Can be difficult if the members of the study group have very different study styles/personalities/level of experience and can generate conflict particularly if some members feel they are doing more work than others
 - Studying in a group involves roster of homes that the study session will be held at, this can be very annoying for partners/family (who feel obliged to empty out the house) or distracting with children and feel like a burden to the host who may feel the need to clean their house and/or provide food.
 - Can highlight own weaknesses and strengths
 - Opportunity to make friends
- Alone: studying can be more flexible, you can study at your own pace, it may be more efficient, you can focus on weakness areas

MCQ

Time

- Majority of respondents studied for 5-6 months (range: 2 months - 2 years)
- Majority of responses sat around 18 months total accredited training time (range: 12-18 months)

Method

- Alone vs study group
 - For this exam people seem less likely to study in a group. Some respondents studied in a small group (2-3 people), most respondents studied alone with a few group sessions
- Structuring of study
 - Most people stated that they used past or mock questions to guide their study
 - One approach to structuring MCQ study is to divide the past questions into topics, the assign time periods to topics, so to cover all the required material for the exam.
 - Most people seemed to write notes for this exam mainly structured around mock questions
- Resources:
 - Courses:
 - Psychscene (CTF) course (payment required) provides excellent notes and some online practice questions. Also has an online statistics course.
 - Prepare4RANZCP (Richard Harvey) <http://prepare4ranzcp.com/> some people found this particularly useful for statistics
 - Regional APT Educational evenings/seminars
 - SPMM4RANZ.com (online only)
 - Textbooks:
 - Kaplan & Sadock's: Synopsis of Psychiatry / Concise Textbook of Psychiatry
 - Kaplan & Sadock's Study Guide and Self-Examination Review in Psychiatry
 - Practice MCQs and has detailed answers that link to the bigger textbook
 - Core psychiatry 3rd edition (edited by Pdraig Wright) based on DSM 4-TR
 - This textbook is very readable and is reasonably succinct and is worth considering as an alternative to Kaplan & Sadock
 - How to Read a Paper (4th edition) by Trisha Greenhalgh. Try the link below, otherwise you can get this through BMJ or by searching for it online. It provides a great introduction to statistics and is particularly useful for CAP.
 - www.hsulyu.com/mobi/download/asin=1118800966&type=full
 - Internet sites:
 - www.trickyclists.co.uk
 - This site has notes and exam resources
 - On examination BMJ <http://www.onexamination.com/>
 - Requires payment but has lots of EMQ style questions
 - You get ranked on a bell curve with other trainees which can be helpful
 - Birmingham course <http://www.birminghamcourse.co.uk/>
 - Critical Appraisal Online Course - <http://criticalappraisal.com/>
 - Past exams:
 - Mock questions through: <http://www.psychtraining.org/Mock-exams.html>

Exam tips

- Like the other exams, time management is also key to passing the MCQs
 - It ends up working out to about 1 minute per mark
 - There are questions that you may just not know the answer to and dwelling on them further will not make you more likely to know – for these questions you have to just move on
- It is worth thinking through which section you are going to start with first (CAP vs EMQ). Some people find the CAP section more anxiety provoking (doing past papers will help with this and increase your confidence), and the CAP section may take longer to do.
 - You may consider doing CAP first as this may help maximise reading time by using it to process the CAP stations. Sitting a whole mock paper under exam conditions may help you decide what works better for you.

Other pearls

- Anxiety management: everyone is in the same boat.
- Educated guesses are better than you might think

Essay-style Exam

N.B. essay-style exams are becoming electronic so some advice may become obsolete

Time:

- Majority of respondents studied for 6 months (range: 2 months - 1 year)
- All respondent sat at 18-26 months total accredited training time

Method:

- Many spent their time studying solo, writing notes and practice exams.
- Some people chose to study in groups to practice and refine essay answers.

MEQ

- Some people have found it helpful to learn and use 'grids' that include a template for answering certain types of questions. For example, a 'grid' for Depression may include diagnostic criteria, and making sure to check for suicidal thoughts, manic symptoms and comorbid substance use.
- Using CanMEDS to structure answers can be useful.
- Resources
 - Use supervision to ask consultant how they would approach certain stations
 - Past OSCE stations
 - The college's reservoir of OSCE stations is a goldmine to understand how the college would like trainees to approach answering question
 - It is also a good avenue to try to understand what this elusive junior consultant is
 - The governance stations are of particular use as they can help you understand how to manage situations (e.g. critical incidents) that you may not have been exposed to
 - Local hospital policies about clinical governance and processes (e.g. critical incident management) were found to be helpful for structuring answers to governance questions
 - RANZCP guidelines and position statements.
 - Must read guidelines: Mood Disorders, Anxiety Disorders, Schizophrenia
 - College Learnit (<https://learnit.ranzcp.org/user>)
 - Peek into the mind of the college! You must familiarise yourself with this resource
 - It has videos, webinars, and podcasts
 - Australasian psychiatry and ANZJP are good resources for both MEQ and CEQ as it can give you an idea of the issues that are topical
 - Courses:
 - prepare4ranzcp provided a number of MEQ practice questions that you could scan and email back to the course organiser to mark and provide feedback
 - CTF: some good general tips regarding MEQ, especially regarding structuring answers.
 - SPMM4RANZ.com (online only)
 - Textbooks listed for MCQ paper are also great to find information about disorders e.g. Core Psychiatry, Kaplan & Sadock, etc.
 - Podcasts
 - Audiodigest is fantastic as they have modules (delivered by specialists) that you can listen to on your way to work/while you exercise and cook. It offers an alternative way of studying other than reading but it does cost quite a bit. <http://www.audiodigest.org/>
 - Management of Mental Disorders 4th or 5th editions. (Andrews, G., editors. *Management of mental disorders*. 5th ed. Darlinghurst NSW Australia: Clinical Research Unit for Anxiety and Depression, University of New South Wales School of Psychiatry, 2013.)

CEQ

- As a start to help build knowledge, we would recommend writing essays to past questions (available on college website) with an 'open-book' approach, without time pressure. Some suggest rewriting these essays again to time later, to practice expressing answers succinctly. Closer to the exam it is important to continue to practice writing new essays to time, to practice the ability to think broadly and critically under pressure.
- Practice discussing and writing essay plans in groups, show your practice essays to colleagues and supervisors, and read others' essays. This will help you see CEQs from different perspectives, and help broaden your knowledge.
- Resources
 - Textbooks
 - Introductory chapters of most textbooks provide a good overview of the history of Psychiatry (e.g. New Oxford Textbook of Psychiatry & Core Psychiatry). If you are looking for more detail and an interesting read 'Shrinks: the untold story of Psychiatry' by Jeff Lieberman has been recommended.
 - Ethics and Mental Health: The Patient, Profession and Community by [Michael Robertson](#) and [Garry Walter](#)
 - Foundations of Psychiatry (Bloch and Singh) is good, and easy to read
 - RANZCP position statements, good to quote in essays
 - Psychiatric Ethics by S Bloch
 - Courses
 - prepare4ranzcp provided a number of CEQ practice questions that you could scan and email back to the course organiser to mark and provide feedback
 - Australasian psychiatry and ANZJP
 - CanMEDS can be helpful, and the marking criteria to help structure answers.

Exam tips:

- Use reading time to get a sense of the whole exam – what questions are there this can help reduce anxiety, helps you plan.
- Timing is very important – important to have practised writing answers to time
 - Spend approximately 1 minute for every 1 mark.
 - Write down the time you need to finish answering questions by, and stick to this time!
 - Writing something for MEQs - easier to gain some marks for each question, rather than getting perfect marks for some questions
 - Not finishing the exam exponentially increases your chance of failing
 - Start with MEQs that you are confident to capitalise on your time and marks.
- Starting with CEQ vs MEQ
 - Many people find the CEQ more anxiety provoking so being able to use the reading time to plan out the essay in their mind then launch into writing the essay can mean anxiety levels may be less
 - Some others propose making a plan, doing a few MEQ questions then going back to write the essay (so that the ideas can develop in your mind and also helps you get your pen flowing before writing the essay).
 - Others encourage writing the essay last, but this can mean that you might run out of time. Remember the CEQ must be passed.
- MEQs
 - Start with writing key headings (with enough detail to be able to score a mark, generic answers do not score marks) e.g. obtaining collateral history, then write answers to the headings
 - Leave space in between answers so that you can go back to add more without answers becoming messy
- With essays write on every second line, leave large sections between paragraphs, this will help you edit later without the essay becoming too messy

OSCE

Timing

- Approximately 4 months of study (range: 3 months to 1 year)
- Respondents sat their exams around the 36 months mark (range: 30 to 48 months)
- People who studied in groups started with once every two weeks / once a week initially then twice a week towards the exam

Methods

- Study groups
 - 3 trainees in a study group can work very well as this means that the stations are being adequately marked by someone as the feedback is a critical part of learning from past stations. It is hard to be the actor and examiner when you are doing stations in a pair.
 - Some respondents also studied in much larger groups
 - Two ways to approach going through past stations:
 - Detailed: doing stations with detailed critique e.g. going through one station with other members watching and then critiquing the content and delivery of the OSCE (using the marking criteria as a guide). This is great especially earlier in the study timeline, to improve knowledge and technique.
 - Fast transitions: In a larger group, a number of stations practiced in succession. This is great to hone the approach to OSCEs, time management, and station transition.
 - It can be helpful to see exam questions for the first time when doing them in study group, as it is good to practice thinking on the spot with time pressure and while being watched. Hence, consider keeping some exam questions unseen for study group.
 - Trainees might consider practicing with a broad range of Registrars.
 - Can pick up different styles and approach.
 - There may be a tendency to become complacent with the primary study group, and meeting other Registrars may motivate you to study harder again.
 - Practice, practice, practice
- Approach
 - Skype/using facebook videochat can be a great way to save travel time and practice with variety of people
 - This can also help with flexibility e.g. ability to do one-two stations on weeknights
- Resources
 - Learnit (RANZCP website) e.g. indigenous modules
 - Psychscene: website with videos very helpful.
 - <http://www.trickcyclists.co.uk/index.php/osces.html>
- Many of the trainees responded that they didn't read many textbooks or write notes for the OSCE exams and concentrated heavily on going through past exams
 - Many trainees also reported that they needed to study very little outside of the study groups

Exam tips

- Plan breakfast (low GI!), the day before the OSCEs or day of the OSCEs is not the time to take risks with food (you DO NOT want gastroenteritis or other gastric upset)
- Consider pampering yourself prior to the examination day – go for a massage or watch a movie
- Plan how you will get to the venue, best to book accommodation that is walking distance
- Consider booking a nice hotel and/or consider packing ear plugs, most trainees do not sleep well the night before the OSCEs (so don't worry if you don't sleep a wink) but best to have a stress-free night
- Waiting time during exam
 - There is more waiting time during exam than you might anticipate, some people find active bye very stressful, think about how you might use that time e.g. mindfulness
 - There seemed to be generally ample time to go to the bathroom

Exam tips cont...

- Outfit
 - Prepare more than one outfit to take with you to the exam (just in case)
 - Be careful when ironing outfit in a hotel - incidents of people burning outfit day before exam or getting stains from iron onto shirts (consider a clean cloth between iron and garment and/or bringing a second shirt)
 - Wear something comfortable (remember there was a CPR station in the past), professional and weather appropriate (you don't want to be hot and sweating for the OSCEs)
 - Wearing a suit (+ tie) isn't necessary but can be helpful to make you feel professional and that you are embodying the consultant frame of mind (remember a key standard for the examiner is 'would I trust them...?'/ 'would I ask them to cover for me?')
 - Wear comfortable shoes
 - There has been concern about watches (especially due to availability of smart watches and confusion around digital watches), there are specific restrictions on accessories generally – be prepared to be watchless and need to rely just on your timer

Other pearls

- Content vs skill - OSCE are more focussed on testing skill as the written exams are more designed to test knowledge
 - Practice how you would word things (e.g. ask questions, explain concepts) to patients e.g. psychoeducation to parents of patient regarding first episode psychosis, psychoeducation to patient regarding panic attack or avoidance & anxiety
 - Practice saying things aloud, if you don't have a practice buddy you can time yourself saying things e.g. psychoeducation clozapine, lithium, first episode psychosis, personality disorders, anxiety disorders etc
- Remember reading time includes entering and exiting the room
 - Do not anticipate that you will be able to plan your answers in reading time
 - It is worth writing the name of who you are going to be speaking to at the top of your page (as it can be confusing when they aren't the patient and there are multiple names on the blurb)
 - In the reading time, write down the very brief version of questions/tasks (so that you answer all of them) and the time you will allocation to each – this is about all the time you have - consider practicing the process/system that you use to ensure all required tasks are completed.
- Practice with equipment you will use for the exam
 - Make sure things are firmly attached e.g. timer glued unto clipboard (so that you can use one hand to write). You may choose to bring your own stethoscope, but figure out how you will carry it around (so it doesn't get in the way) and one will be provided for you if it is needed.
 - Timers
 - Run timer through exam to avoid risk of forgetting to start and stop timer (consider one with a countdown function, rather than count-up).
 - Whatever method you choose, practice it before the exam so you aren't having to figure it out for the first time on the day of the exam.
 - If you choose to start and stop the timer for each station, do not freak out during the exam if you forget to start your timer, after a lot of practice you get a better intuitive sense of timing
 - Consider cutting the wire to the beeper, so other candidates not disturbed.

We hope this document has been helpful and wish you the best in your assessments, training and career!