

**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS**

**MOCK WRITTENS**

**CRITICAL ESSAY PAPER**

**November 2022**

**MARKING GUIDE**

**Produced and delivered by the NSW Branch Training Committee in collaboration with Health Education and Training Institute Higher Education**



**CANDIDATE’S NAME:**

**DATE: TRAINING ZONE:**

**In essay form, critically discuss this quotation from different points of view 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.

**Fellowship Competency 1. Communicator – Weighting 10%**

|  |  |
| --- | --- |
| *The candidate demonstrates the ability to communicate clearly*  Spelling, grammar and vocabulary adequate to the task; able to convey ideas clearly. | Proficiency level |
| The spelling, grammar or vocabulary significantly impedes communication. | 0 |
| The spelling, grammar and vocabulary are acceptable, but the candidate demonstrates below average capacity for clear written expression. | 1  2 |
| The spelling, grammar and vocabulary are acceptable, and the candidate demonstrates good capacity for written expression. | 3  4 |
| The candidate displays a highly sophisticated level of written expression. | 5 |

**Fellowship Competency 2. Scholar – Weighting 10%**

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| --- | --- |
| *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 |
| The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings. | 0 |
| One or more interpretations are made, but may be invalid, superficial or not capture the meaning of the statement/question. | 1  2 |
| The candidate demonstrates an understanding of the statement/question’s meaning at superficial as well as deeper or more abstract levels. | 3  4 |
| One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge. | 5 |

**Fellowship Competency 3. Medical Expert, Communicator, Scholar – Weighting 20%**

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| *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.* | Proficiency level |
| There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed. | 0 |
| 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. | 1  2 |
| The points in this essay follow logically to demonstrate the argument and are adequately developed. | 3  4 |
| The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant | 5 |

**Fellowship Competency 5. Medical Expert, Health Advocate, Professional - Weighting 20%**

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| *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*. | Proficiency level |
| As relevant to the question or statement: 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 an appropriate awareness of a relevant cultural/historical context OR fails to consider a role for psychiatrist as advocate. | 0 |
| The candidate touches on the expected areas, but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement. | 1  2 |
| 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. | 3  4 |
| The candidate demonstrates a superior level of awareness and knowledge in these areas relevant to the statement/question. | 5 |

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| --- | --- |
| *The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.* | Proficiency level |
| Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context. | 0 |
| There is an attempt to link to the clinical context, but it is tenuous, or the links made are unrealistic. | 1  2 |
| The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments. | 3  4 |
| The candidate makes links to the clinical context that appear very well-informed and show an above average level of insight. | 5 |

**Fellowship Competency 8. Medical Expert, Collaborator, Manager - Weighting 20%**.

**Fellowship Competency 9. Medical Expert, Communicator, Scholar - Weighting 20%**

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| *The candidate is able to draw a conclusion that is justified by the arguments they have raised.* | Proficiency level |
| There is no conclusion. | 0 |
| Any conclusion is poorly justified or not supported by the arguments that have been raised. | 1  2 |
| The candidate is able to draw a conclusion/s that is justified by the arguments they have raised. | 3  4 |
| The candidate demonstrates an above average level of sophistication in the conclusion/s drawn, and they are well supported by the arguments raised. | 5 |