



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MODIFIED ESSAY QUESTIONS

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



**HEALTH
EDUCATION
& TRAINING**

MOCK EXAMINATION PAPER

NOVEMBER 2021

STIMULUS

To be used as a handout while answering questions.

**You can annotate and highlight in this handout, as it is not the answer
booklet.**

MODIFIED ESSAY QUESTION 1 (25 marks)

You are a junior consultant psychiatrist providing consultation-liaison services in a small District Hospital. Your registrar has been asked to see Mr Green, an 85-year-old retired bus driver, regarding his failure to engage with rehabilitation after repair of a right sided fracture neck of femur. Mr Green was admitted to hospital a week ago following a fall after ingesting over thirty 5mg diazepam tablets. Mr Green usually lives independently in a retirement village. His only family is a 90 year old brother who lives interstate and has dementia. Mr Green was prescribed the diazepam to assist with sleep after his wife died 6 months ago.

Question 1.1

Outline (list and justify) the most salient aspects of assessment that you would like the registrar to focus on.

Please note: a list with no justification will not receive any marks. (8 marks)

After initial assessment, the registrar is considering a diagnosis of grief versus Major Depression for Mr Green.

Question 1.2

List other differential diagnoses that could be considered for Mr Green.

Please note: a list with no explanation will not receive any marks. (3 marks)

It is now clear that Mr Green has a melancholic Major Depression complicated by grief. He has pervasive anhedonia, early morning wakening, constipation and a sense of foreshortened future. He does not believe he can walk again. Your registrar has proposed a management plan for Mr Green.

Question 1.3

Describe (list and explain) the key elements of the management plan you would like the registrar to focus on.

Please note: a list with no explanation will not receive any marks. (8 Marks)

After one week of antidepressant therapy there has been no change in Mr Green's engagement with rehabilitation and his treating team are recommending he be discharged to residential aged care.

Question 1.4

Outline (list and justify) appropriate actions that you may undertake to support Mr Green as the consulting psychiatrist.

Please note: a list with no justification will not receive any marks. (6 Marks)

MODIFIED ESSAY QUESTION 2

(25 marks)

You are a junior consultant psychiatrist working in private practice in a regional town. Your patient, David, is a 41-year-old, unemployed, indigenous man who is separated from his partner. They have a 7-year-old son, whom he sees fortnightly. He currently resides alone in a private rental unit owned by his elderly parents who live nearby. David was admitted to the local public hospital a year ago, after he threw himself in front of a bus due to constant derogatory auditory hallucinations. He sustained multiple injuries requiring surgery. David was discharged from hospital on paliperidone depot which was changed to olanzapine in the community due to a lack of therapeutic response. Six months ago, David was readmitted for a clozapine trial due to ongoing psychotic symptoms. He still experiences auditory hallucinations, though they have significantly reduced since starting clozapine.

Question 2.1

Outline (list and justify) the key factors you would consider while completing a risk assessment for David.

Please note: a list with no justification will not receive any marks. (12 marks)

Question 2.2

Outline (list and justify) strategies to optimise clozapine treatment.

Please note: a list with no justification will not receive any marks. (6 Marks)

David feels he is a failure in life as he has been trying to re-establish employment as a kitchen hand without success. A recent application for NDIS funding was declined due to him not meeting the criteria. He still experiences chronic pain and is unable to do tasks requiring physical strength due to his injuries. He feels he is not a good role model for his son without a job.

Question 2.3

Describe (list and explain) how you would address David's current concerns.

Please note: a list with no explanation will not receive any marks. (7 Marks)

MODIFIED ESSAY QUESTION 3 (25 marks)

You are the junior consultant psychiatrist covering the emergency department of a metropolitan hospital. Tim is a 42 year old man who is serving a 25 year sentence after being convicted for the murder of his father. He has a diagnosis of mild intellectual disability and whilst in prison, he was diagnosed with schizophrenia 7 years ago. Tim is treated with Zuclopenthixol decanoate 400mg IMI every 2 weeks and Quetiapine 400mg PO nocte. He has remained stable on these medications but due to a weight gain of 15kgs over recent years, the treating team weaned and ceased the Quetiapine.

Approximately three months after the cessation of Quetiapine, the prison guards report that Tim is increasingly paranoid and hostile. He was reassessed by a psychiatrist in prison, who ordered Zuclopenthixol acetate 150mg as a stat dose. Tim continued to deteriorate, refusing any oral intake and became incontinent of urine and faeces, prompting his transfer to the medical wing. The next morning nursing staff found him with a reduced Glasgow Coma Scale (GCS) of 12, prompting an urgent transfer to a nearby emergency department. His vital observations at triage were: Heart rate 105bpm, Blood pressure 135/85 mm Hg, Temperature 37.9 degrees, Respiratory rate of 15 bpm.

You attend the emergency department with your registrar to assess Tim.

Question 3.1

Outline (list and justify) key information you wish to gain in your initial assessment of Tim.

Please note: a list with no justification will not receive any marks. (9 marks)

Tim was mute and uncooperative with your interview. Your registrar attempts to conduct the physical examination and reports that Tim is rigid. However, Tim tries to hit the registrar and the physical examination attempt is terminated. The emergency department decide to administer 5mg IMI midazolam to facilitate blood investigations.

Question 3.2

List the most relevant investigations you would order for Tim. (4 marks)

You check the blood tests and find them unremarkable except a WCC of 11.5 (normal range 3-11), CRP 23 (normal <5), CK 1250 (45-250). Other investigations cannot be conducted due to Tim's level of agitation. You advocate for a medical admission as Tim cannot be safely returned to prison. However, no medical team wishes to admit him, arguing that "the prisoner clearly just has mental health problems as his bloods are fine. He should just be managed by psychiatry".

Question 3.3

Describe (list and explain) your approach to management.

Please note: a list without explanation will not receive any marks. (12 marks)

MODIFIED ESSAY QUESTION 4

(25 marks)

You are working as a junior consultant psychiatrist in the outpatient clinic in a metropolitan city. A local GP refers Lara for review and advice. Lara has a diagnosis of depression and alcohol use disorder. She has just been charged with driving under the influence with a midrange level of alcohol. This is her second charge and her lawyer has suggested she seek counselling and psychiatric review.

Question 4.1

Describe (list and explain) the key aspects you would cover in your assessment of the alcohol use disorder.

Please note: a list with no explanation will not receive any marks. (10 marks)

You arrange for Lara to receive ambulatory alcohol withdrawal management. You review her two weeks later, at which time she is abstinent from alcohol and has been prescribed acamprosate 666mg TDS. Her mood has deteriorated but she is not suicidal and has no thoughts of self-harm. She explains that alcohol usually helps her escape from her feelings and that she does not know how to cope without it. She is tired of being 'miserable all the time' and worried that she will end up like her mother who had 'manic depression and multiple addictions.'

Question 4.2

Outline (list and justify) your differential diagnoses other than alcohol use disorder?

Please note: a list with no justification will not receive any marks. (8 marks)

You review Lara another 4 weeks later and she remains abstinent from alcohol. Her mood has improved but she still feels low a lot of the time. You decide that Lara would benefit from an antidepressant trial but when you begin to discuss options she requests that you prescribe Quetiapine. She says that her counsellor told her that it could be helpful because she is "a bit borderline". She would like to know what this means and whether Quetiapine could be 'the silver bullet' for her depression and alcohol dependence.

Question 4.3

Describe (list and explain) your further management of Lara.

Please note that a list without explanation will not receive any marks. (7 marks)

MODIFIED ESSAY QUESTION 5

(25 marks)

You are a Junior Consultant Psychiatrist that covers the emergency department (ED) of a small suburban hospital. The triage nurse gets a call in the morning from a local boarding school that they are sending a 16 year old indigenous girl, Mikayla to the ED with one of their teachers. She is in kinship care with her great grandmother who lives in a rural area. The Child Protection Services are involved and she has a case manager. Mikayla saw the school counsellor today and said she was feeling suicidal. She has been prescribed Fluoxetine 20 mg daily by her GP which she takes intermittently. Your stage 1 registrar is planning to go to ED to assess the patient and requests your guidance.

Question 5.1

Outline (list and justify) what collateral information the registrar should obtain to guide Mikayla's assessment.

Please note: a list with no justification will not receive any marks. (9 marks)

The registrar calls you from ED saying that she has assessed Mikayla who has been stockpiling her Fluoxetine. Mikayla is unwilling to give details as to where the medication is; she does not want admission and wants to go back to school. She says that she is not suicidal anymore and is only holding medication for a time when she might feel suicidal again. The teacher had left to return to school and the registrar has only been able to speak to the kinship carer who supports Mikayla's decision to be discharged.

Question 5.2

Describe (list and explain) what further advice you will give the registrar with regards to assessing Mikayla in ED?

Please note: a list with no explanation will not receive any marks. (8 marks)

The registrar calls you again to say that Mikayla has vomited and admitted that she has taken an overdose of 20 tablets of Fluoxetine that morning. She is becoming abusive and refusing to lie down. Her child protection services case worker is on his way to the hospital.

Question 5.3 Describe (list and explain) further management for Mikayla?

Please note: a list with no explanation will not receive any marks. (8 marks)

END of MEQ'S