The Royal Australian & New Zealand College of Psychiatrists

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

# MOCK WRITTENS
# MODIFIED ESSAY PAPER
# MODEL ANSWERS
# November 2021

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

NSW GOVERNMENT | HETI HEALTH EDUCATION & TRAINING

**CANDIDATE'S NAME:**

**DATE:**

**TRAINING ZONE:**

## Modified Essay Question 1 **Candidates Name:**

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

## 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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Assessment of Depressive Symptoms commonly associated with older adults<br>- Sleep disturbance and sleep pattern<br>- Fatigue,<br>- Psychomotor retardation<br>- Loss of interest in living<br>- Hopelessness<br>- Memory and concentration problems<br>- Weight and appetite changes | 0<br>1<br>2 |
| **B.** | Assessment of symptoms commonly associated with grief<br>- Preoccupation with wife<br>- Longing for wife<br>- Missing wife<br>- Seeking or avoiding reminders of wife<br>- Guilt for what did / did not do for wife | 0<br>1<br>2 |
| **C.** | Past Psychiatric History: Earlier exposure of depression increases risk of depression later in life | 0<br>1 |
| **D.** | Recent and Past Medical History: Pain, Hypothyroidism, medications, and other recent illness associated with depression or lethargy | 0<br>1 |
| **E.** | Recent Function<br>- ADL/ IADL function<br>- Social function<br>- Impairment in function is a consequence and/or cause of depressive symptoms. | 0<br>1 |
| **F.** | Mental State Examination | 0 |

| | | |
|---|---|---|
| | - Level of engagement and rapport.<br>- Looking for signs of depression, mania and current intoxication. | 1<br>2 |
| **G.** | Level of cognitive function<br>- Cognitive screening results<br>- Features of cognitive changes | 0<br>1 |
| **H.** | Cerebral imaging<br>• Looking for focal/Generalised atrophy; cerebrovascular changes; lack of these | 0<br>1 |
| **I.** | Laboratory investigations<br>• FBC, TFT, EUC (Differentials include physical illness such as anaemia, thyroid disease, hyponatraemia) | 0<br>1 |
| **K.** | Did not attempt | |
| **I.** | Did handwriting affect marking? | |
| | **Up to a maximum of 8 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score more, final mark is still 8)

## Modified Essay Question 1 contd. **Candidates Name:**

*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.*

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. (3 marks)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Adjustment Disorder | 0<br>1 |
| **B.** | Dementia/ cognitive impairment | 0<br>1 |
| **C.** | Substance use / withdrawal | 0<br>1 |
| **D.** | Sub-optimal analgesia | 0<br>1 |
| **E.** | Demoralisation | 0<br>1 |
| **F.** | Physical illness | 0<br>1 |
| **G.** | Did not attempt | |
| **H.** | Did handwriting affect marking? | |
| | **Up to a maximum of 3 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 3 (i.e. if they score more, final mark is still 3)

## Modified Essay Question 1 contd. **Candidates Name:**

*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.*

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

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Risk management<br>• ongoing reassessment<br>• Risk of suicide/self-harm plan, intent, imminent, past history, means<br>• Risk of decline in physical health<br>• Other risk – Finance, reputation, accommodation | 0<br>1<br>2 |
| **B.** | Antidepressant (Any first line agent, not TCA or MAOI) | 0<br>1<br>2 |
| **C.** | Adjunctive or alternative treatment (e.g., lithium, antipsychotic, ECT if failure to respond or further decline in mental state) | 0<br>1<br>2 |
| **D.** | Psychological interventions (could include CBT, supportive psychotherapy, grief counselling | 0<br>1<br>2 |
| **E.** | Continuing/ encouraging adapted physical rehabilitation (e.g. setting smaller steps in goals, connecting physical goals to lifestyle/personal goals) | 0<br>1<br>2 |
| **F.** | Did not attempt | |
| **G.** | Did handwriting affect marking? | |
| | **Up to a maximum of 8 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score more, final mark is still 8)

## Modified Essay Question 1 contd. **Candidates Name:**

*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.*

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

*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.*

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Psychoeducation of treating team regarding condition/ prognosis/ timelines of response to treatment. | 0<br>1<br>2 |
| **B.** | Advocate for continued admission in rehabilitation ward | 0<br>1 |
| **C.** | Explore suitability for management in an older person's mental health ward | 0<br>1 |
| **D.** | Offer to increase frequency/ intensity of psychiatry input | 0<br>1 |
| **E.** | Seek access for Mr Green to independent advocate | 0<br>1 |
| **F.** | Clarify Mr Green's capacity and need for independent consent provider | 0<br>1<br>2 |
| **G.** | Did not attempt | |
| **H.** | Did handwriting affect marking? | |
| | **Up to a maximum of 6 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 6 (i.e. if they score more, final mark is still 6)

## MODIFIED ESSAY QUESTION 2 **Candidates Name:**

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

## 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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Historical factors:<br>- Male<br>- Past high lethality suicide attempt<br>- Previous violence<br>- Instability in relationships<br>- History of treatment resistance psychotic illness<br>- Possible maladaptive personality traits<br>- Possible cognitive impairment | 0<br>1<br>2<br>3<br>4 |
| **B.** | Clinical factors:<br>- Residual psychotic symptoms<br>- Possible impairment of insight and judgement<br>- Effects on mood and self-esteem relating to stigma and sequelae of an enduring psychotic illness<br>- Chronic pain or disability related to his suicide attempt<br>- Potential for side effects secondary to clozapine | 0<br>1<br>2<br>3<br>4 |
| **C.** | Psychosocial factors:<br>- Low socioeconomic status<br>- Lack of vocation<br>- Lack of confiding relationship<br>- Limited access to services and supports<br>- Cultural beliefs around mental illness and its management | 0<br>1<br>2<br>3 |
| **D.** | Protective factors:<br>- Contact with his son<br>- His son may be an impetus to obtain employment (e.g. to provide or act as a role model) | 0<br>1<br>2<br>3 |

| | | |
|---|---|---|
| | - Apparent treatment adherence (i.e. medication and follow up)<br>No evidence of substance use | |
| **E.** | Did not attempt | |
| **F.** | Did handwriting affect marking? | |
| | **Up to a maximum of 12 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 12 (i.e. if they score more, final mark is still 12)

## Modified Essay Question 2 contd. **Candidates Name:**

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 2.2**
***Outline (list and justify) strategies to optimise clozapine treatment.***
*Please note: a list with no justification will not receive any marks.* **(6 marks)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Optimisation of clozapine levels:<br>- Explore smoking cessation<br>- Clozapine levels to check adherence and rule out toxicity<br>- clozapine/norclozapine ratio as this can be optimized to improve efficacy<br>- Addition of metabolic inhibitors (e.g. Fluvoxamine) with caution | 0<br>1<br>2<br>3<br>4 |
| **B.** | Adjuncts to clozapine therapy:<br>- Augment with a second antipsychotic medication<br>- Consider the use of mood stabilisers and/or antidepressants to treat mood disturbance<br>- Psychotherapeutic interventions such as CBT or ACT<br>- ECT | 0<br>1<br>2<br>3<br>4 |
| **C.** | Did not attempt | |
| **D.** | Did handwriting affect marking? | |
| | **Up to a maximum of 6 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 6 (i.e. if they score more, final mark is still 6)

## Modified Essay Question 2 contd. Candidates Name: _____

*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.*

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Optimise symptom control:<br>- Optimise or augment pharmacological management of any residual psychotic or mood symptoms<br>- Engagement in psychotherapy in the community (e.g. CBT for psychosis or mood)<br>- Referral to pain or orthopaedic specialists and physiotherapist<br>- Address any clozapine-induced side effects impacting his function | 0<br>1<br>2<br>3<br>4 |
| **B.** | Offer psychosocial supports:<br>- Attempt to engage David's parents or ex-partner in his treatment plan<br>- Support with re-application to NDIS including using NDIS local area coordinator<br>- Peer support<br>- Link with public mental health rehabilitation service, NGO support, vocational training provider, or employment agency<br>- Involving local Aboriginal liaison service or local cultural support from elders | 0<br>1<br>2<br>3<br>4<br>5 |
| **C.** | Did not attempt | |
| **D.** | Did handwriting affect marking? | |
| | **Up a maximum of 7 marks in total**<br>**T OTAL** | |

**Note to Examiner:** Final mark is set at not more than 7 (i.e. if they score more, final mark is still 7)

## Modified Essay Question 3 **Candidates Name:**

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

## 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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | History of other organic illness – falls, head injury, assault, bleeding, urinary symptoms, gastrointestinal and respiratory symptoms | 0<br>1<br>2 |
| **B.** | Collateral History including any physical nursing observations from jail; liaising with psychiatrist in jail re recent progress, Collateral from family re onset of illness and usual level of functioning | 0<br>1<br>2 |
| **C.** | Drug and alcohol history – causes; recent use; access issues | 0<br>1 |
| **D.** | Past medical history - Clarify underlying medical history or other medications that may have predisposed to NMS | 0<br>1 |
| **E.** | **Examination**<br>A. Catatonia other mental state changes, other behavioural changes, changes to eating, sleep, activity; agitation and aggression history of catatonic symptoms as observed including Bush Francis items | 0<br>1<br>2 |

| | | |
|---|---|---|
| | B. NMS - stupor, catalepsy, waxy flexibility, mutism, negativism, posturing, mannerisms, stereotypy, agitation, grimacing, echolalia or echopraxia, automatic obedience, repetitive movements; history and features of NMS<br>C. Delirium - muscle rigidity, decrease in oral intake, unusual behaviour | 3 |
| **F.** | Repeat vital signs looking for tachycardia, temperature, hypertension, autonomic instability etc | 0<br>1 |
| **G.** | Mental state examination – current Sx of psychosis or mania | 0<br>1 |
| **H.** | Did not attempt | |
| **I.** | Did handwriting affect marking? | |
| | **Up to a maximum of 9 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 9 (i.e. if they score more, final mark is still 9)

## Modified Essay Question 3 contd. **Candidates Name:**

*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.*

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Bloods<br>CK - elevated in NMS, rhabdomyolysis<br>FBC - elevated white count suggesting infection or NMS<br>UEC - renal failure | 0<br>1<br>2 |
| **B.** | ECG- tachycardia, cardiac dysfunction | 0<br>1 |
| **C.** | Discussion around LP need (doesn't necessarily require), but could mention autoimmune or other encephalitis | 0<br>1 |
| **D.** | CT or MRI Brain to exclude acute processes | 0<br>1 |
| **E.** | Urine MCS - infection | 0<br>1 |
| **F.** | Did not attempt | |
| **G.** | Did handwriting affect marking? | |
| | **Up to a maximum of 4 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 4 (i.e. if they score more, final mark is still 4)

## Modified Essay Question contd.

**Candidates Name:**

*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.*

*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.*

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | Request a MDT and explain diagnoses, risk, ongoing risk due to acuphase in addition to depot so prognosis won't quickly or spontaneously improve | 0<br>1<br>2 |
| **B.** | Advocate for patient, manage stigma. Medical setting due to life-threatening illnesses and risk, including ICU or acute medical ward. CL psychiatry remaining involved with daily reviews of physical and mental health symptoms | 0<br>1<br>2<br>3 |
| **C.** | Liaise with jail clinicians to update them on his state and plan further care and eventual discharge from hospital | 0<br>1 |

| | | |
|---|---|---|
| **D.** | Involve other clinicians such as NUM, social work, OT, physio (all from hospital) NUM to coordinate nursing care, social worker for support for mother and family, physio to maintain join and muscle function as needed | 0<br>1<br>2 |
| **E.** | Daily bloods for CK | 0<br>1 |
| **F.** | Care level with consideration of 1:1 or high level nursing observations (at least every 15 min initially) | 0<br>1 |
| **G.** | Medication - Stop antipsychotics and avoid any further antipsychotics. Acknowledge depot still in him. Lorazepam trial (IV preferably if safe to do so) for catatonia; Consideration of other muscle relaxants such as dantrolene; Consideration of dopamine agonist such as bromocriptine | 0<br>1<br>2 |
| **H.** | Management of temperature including cooling. Close monitoring of vitals. Food and fluid chart with consideration of IV fluids | 0<br>1 |
| **I.** | ECT as treatment option (treats both NMS and catatonia) | 0<br>1 |
| **J.** | Consideration of legislative framework such as MHA and tribunal for consent for ECT, consideration of Guardianship act for any invasive investigations | 0<br>1 |
| **K.** | Did not attempt | |
| **L.** | Did handwriting affect marking | |
| | **Up to a maximum of 12 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 12 (i.e. if they score more, final mark is still 12)

## MODIFIED ESSAY QUESTION 4 **Candidates Name**:

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

### 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)**

| | | | **Mark (circle)** |
|---|---|---|---|
| **A.** | Lara's attitude to the appointment, motivation to change and expectations | This is crucial because it will influence engagement, rapport, treatment planning | 0<br>1<br>2<br>3 |
| **B.** | Severity of her alcohol dependency, associated consequences, mood symptoms and risk | Basic and essential and will determine treatment. Suggest 1 mark for mood | 0<br>1<br>2<br>3 |
| **C.** | Associated health and other dependency issues | Basic and essential and will determine treatment | 0<br>1 |
| **D.** | Social situation and supports | Basic and essential and will determine treatment but is often minimised but is crucial to outcome | 0<br>1<br>2 |
| **E.** | Legal situation and details | Basic and essential and will determine treatment | 0<br>1 |
| **F.** | Evidence of physical or cognitive impacts of alcohol use | Needs to do a office based assessment of this and may need to plan investigations based on this but is often minimised but is crucial to outcome | 0<br>1<br>2 |
| **G.** | Did not attempt | | |
| **H.** | Did handwriting affect marking? | | |
| | | **Up to a maximum of 10 marks in total TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 10 (i.e. if they score more than 10, final mark is still 10)

## Modified Question 4 contd.

**Candidates Name:**

*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.*

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)**

| | **Diagnosis** | **Justification** | **Mark (circle)** |
|---|---|---|---|
| **A.** | Major depressive disorder | Common comorbid and its in the prompt -may currently be experiencing a major depressive episode | 0<br>1 |
| **B.** | Persistent depressive disorder | Common comorbid and its in the prompt | 0<br>1 |
| **C.** | Alcohol induced mood disorder – | Only two weeks since last drink, may still be experience alcohol related mood disturbance. often forgotten and will change treatment as a diagnosis | 0<br>1<br>2 |
| **D.** | Personality disorder | Common comorbid and its in the prompt: maladaptive coping mechanisms, risk taking behaviour (recurrent DUIs). Beut it is a trap to ascribe PD to all people who become dependent and so not too many marks | 0<br>1<br>2 |
| **E.** | Bipolar disorder | – longstanding mood problems, diagnostic uncertainty with co-morbid alcohol use, mother has bipolar disorder | 0<br>1<br>2 |
| **F.** | Adjustment Disorder | Mood associated with associated with legal issues | 0<br>1 |
| **G.** | No mental illness | No diagnosis other than AUD – not enough to diagnose any other condition yet | 0<br>1 |
| **H.** | Did not attempt | | |
| **I.** | Did handwriting affect marking? | | |
| | | **Up to a maximum of 8 marks in total TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score than 8, final mark is still 8)

## Modified Question 4 contd.

**Candidates Name:**

*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.*

*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.'*

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)**

| | **Reason** | **Justification** | **Mark (circle)** |
|---|---|---|---|
| **A.** | Psycho-education about borderline personality disorder | Major question raised by counsellor and clarity is needed | 0<br>1<br>2 |
| **B.** | Discuss indications for Quetiapine | off-label for management of emotional distress, symptomatic management or it could be used to augment her antidepressant if that is required in the future. | 0<br>1<br>2 |
| **C.** | Discuss expectations of treatment | combination of pharmacological, psychological and lifestyle interventions would be most useful. to include the repertoire of relevant treatments | 0<br>1<br>2<br>3 |
| **D.** | Liaise with counsellor | Establish collaborative partnership and opportunity for him to contact you if needed in the future.<br>Discuss his clinical impression – discuss working diagnosis – education about role of medications like Quetiapine | 0<br>1<br>2 |
| **E.** | Did not attempt | | |
| **F.** | Did handwriting affect marking | | |

**Note to Examiner:** (Final mark is set at not more than 7 (i.e. if they score than 7, final mark is still 7)

## MODIFIED ESSAY QUESTION 5 **Candidates Name:**

***Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.***

## 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)**

| | | Mark (circle) |
|---|---|---|
| **A.** | Teacher who has accompanied her to see if she is her class teacher and the circumstances surrounding her being sent to ED. If that is not her class teacher, liaise with the year advisor or the class teacher | 0<br>1<br>2 |
| **B.** | School Counsellor-Current history and what risk issues have been identified. And the school arrangements around storage and supervision of medication admin, and the boarding house situation | 0<br>1<br>2 |
| **C.** | Great Grandmother ( Kinship carer) to ask about developmental history, Family History ( intergenerational trauma ), Past History, Current problems, any specialist input in the pas | 0<br>1<br>2 |
| **D.** | Child Protection case worker –circumstances around removal from parent, current child protection arrangements and supports to the kinship carer, is there a local guardian? | 0<br>1<br>2 |
| **E.** | GP—current GP to clarify when script was given and any medical issues | 0<br>1 |
| **F.** | School Principal—to clarify whether she is able to return to boarding school, and what the school expects from the assessment | 0<br>1<br>2 |
| **G.** | Any other Private Mental Health Supports | 0<br>1 |
| **H.** | Did not attempt | |
| **I.** | Did handwriting affect marking? | |
| | **Up to a maximum of 9 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 9 (i.e. if they score more, final mark is still 9)

## Modified Essay Question 5 contd. **Candidates Name:**

*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.*

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)**

| | | Mark (circle) |
|---|---|---|
| **A.** | Engaging an Adolescent –being non- judgemental, creating a safe space to talk, explaining confidentiality and limits of confidentiality, negotiating with adolescent that information needs to be provided before any decision can be made; if no information provided, this will prolong the assessment. Saying you understand reason for her trust issues and using empathetic statements, discharge can only be considered if we know she is safe and for that we need to know where she has stockpiled the medication Fluoxetine. | 0<br>1<br>2 |
| **B.** | Factors increasing risk<br>Predisposing—neurodevelopmental history, temperament, exposure to toxins, attachment trauma, exposure to DV, Parental mental health or Drug and alcohol, subject of Abuse, Bullying, reason for kinship care, prejudicial environment, intergenerational trauma ( consideration of Aboriginal background), suicidal threats or gestures or past suicidal attempts.<br>Precipitating Factors- -increase in Drugs and alcohol, Self-Harm, grief/loss, transition/separation issues, emotional dysregulation, academic pressures, illness or sleep deprivation, suicidal intent or plans, interpersonal issues, access to means for suicide.<br>Perpetuating factors—Ongoing D&A, medication compliance, PTSD symptoms, ongoing stressors, feelings of isolation, poor self -esteem, lack of support or supervision | 0<br>1<br>2<br>3<br>4 |
| **C.** | *Factors reducing risk*<br>Protective Factors—premorbid functioning, response to medications, reflective capacity, supportive relationships including friendships, wanting help, knowledge of means to access help, future focus, caregivers who can enact a safety plan, sense of belonging or identity. | 0<br>1<br>2 |

| | | |
|---|---|---|
| **D.** | Call school/DCJ worker to name a responsible person with whom risk can be explored further and safety planning can be done if needed. Include Great Grandmother in this conversation assuring her that hospitalisation would be the last resort but safety would be the paramount consideration and invite her to talk to Mikayla so as to encourage her to cooperate with risk assessment. Scope for boarding school management to check her room and belongings, Request that her DCJ case worker attends ED as soon as possible | 0<br>1<br>2 |
| **E.** | Mikayla's capacity to consent as "mature minor" | 0<br>1 |
| **F.** | Did not attempt | |
| **G.** | Did handwriting affect marking? | |
| | **Up to a maximum of 8 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score more, final mark is still 8)

## Modified Essay Question 5 contd. **Candidates Name:**

*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.*

*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.*

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)**

| | | **Mark (circle)** |
|---|---|---|
| **A.** | De-escalation in order to allow for medical assessment: Advise optimise environment for young person to help them to feel safe and non-threatened – quiet area of department, soft tone of voice, offer sensory items, food and drink if safe to give, await DCJ worker if they have relationship with Mikayla, or seek to see if teacher who has come along has good relationship, Aboriginal Liaison Officer if available to advise how to make approach more culturally safe.<br>If all this fails to persuade young person to cooperate with medical assessment and treatment, then offer oral benzodiazepine or low dose anti-psychotic, then give young person space to consent to further medical assessment and negotiation of plan. Phone call with Grandmother if willing | 0<br>1<br>2 |
| **B.** | Marks for mentioning trauma informed care, least restrictive practices, some discussion of safe selection of medications for behavioural disturbance in paediatric population, impact of Aboriginality on Mikayla's experience, discussion of sensory impacts. Location of young person – Consider appropriate location (? Safe Discharge) or transfer Paediatric, Psychiatric or other Ward (PECC) | 0<br>1<br>2 |
| **C.** | Legal aspects – discussion of clarification of whether steps can be taken in best interests about urgent need for medical evaluation plus parental consent from DCJ/Grandma –? use of Mental Health Act in 16 year old – disordered/ill | 0<br>1<br>2 |
| **D.** | Careful liaison between ED, paediatrics and toxicology, and social work/legal as needed | 0<br>1 |

| | | |
|---|---|---|
| **E.** | Consideration of need for urgent physical /medical assessment?<br>Delirium/serotonergic effects | 0<br>1 |
| **F.** | Risk management plans related to level of observation in ED ( Level of Observation), constant, or every 15 minutes, 1:1 special by MH nurse or ED staff, impact of using security (may escalate situation), vs having a trusted adult sit with her (teacher, family, DCJ worker) | 2 |
| **G.** | Offer to review the patient yourself. This will help support registrar | 0<br>1 |
| **H.** | Did not attempt | |
| **I.** | Did handwriting affect marking? | |
| | **Up to a maximum of 8 marks in total**<br>**TOTAL** | |

**Note to Examiner:** Final mark is set at not more than 8 (i.e. if they score more, final mark is still 8)