

CANDIDATES NAME:



The Royal
Australian &
New Zealand
College of
Psychiatrists

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK MODIFIED ESSAY EXAM

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



HEALTH
EDUCATION
& TRAINING

CANDIDATE'S NAME:

DATE:

TRAINING ZONE:

DIRECTIONS:

- This paper will take 150 minutes (2.5 hours) and is worth 125 marks. Candidates may begin writing their answers in this booklet at any point after the examination commences.
- Please use a black or blue ball-point pen to write your responses in the following pages. Write within the lines, on lined pages only. Answers written on blank pages will not be marked.
- You can request additional spare pages from the invigilator if needed. Write your name on the top of any extra page and interleave the page into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional lined pages.
- A Stimulus handout is provided for candidates to refer to.

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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.

Question 1:1

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

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Modified Essay Question 1 contd.

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)

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Modified Essay Question 1 contd.

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)

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Modified Essay Question 1 contd.

After one week of antidepressant therapy, there has been no change in Mr Green's engagement with rehabilitation and his treating team are recommending that 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)

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MODIFIED ESSAY QUESTION 2 (25 marks)

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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)

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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.

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

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Modified Essay Question 2 contd.

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)

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MODIFIED ESSAY QUESTION 3 (25 marks)

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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)

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Modified Essay Question 3 contd.

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)

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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".

Describe (list and explain) your approach to management.

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Question 4.1

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

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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.'

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

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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.

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

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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)

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Modified Essay Question 5 contd.

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)

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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. Your 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)

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CANDIDATES NAME:

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