

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

**MOCK WRITTENS**

**MODIFIED ESSAY PAPER**

**MARKING GUIDE**

**November 2022**

**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:**

**Modified Essay Question 2 Candidate 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: (23 marks)**

You are junior consultant psychiatrist working in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team. The patient, Hugo, is a 19-year-old man currently studying Veterinary Science. He normally resides with his mother. He has a history of a difficult relationship with his father following his parents’ separation when he was six years old. Their separation was acrimonious and related to his father’s excessive alcohol use and violence towards Hugo and his mother.

Hugo has a history of self-harm and has made a couple of previous suicide attempts by overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was 16 years old and the second following an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP commenced him on fluoxetine which he took for 3 months before stopping because he didn’t feel that it helped.

Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge drinks alcohol.

On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier.

In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

**Question 2.1**

**Outline (List and justify) your approach to the situation and the advice you would provide for short term management while Hugo is in hospital (8 marks)**

Please note: a list without any justification will not receive any marks

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | Medical assessment – review medical history and investigation –   * Past psychiatric history – other episodes of depression, mania psychosis, anticholinergic syndrome | 0  1  2 |
| **B** | Mental state examination – emphasis on mood, thought form and content, insight | 0  1  2 |
| **C** | Risk assessment - ongoing risk to Hugo, risk to girlfriend  Level of care, special observation, falls risk  Use of MHA | 0  1  2 |
| **D** | Cognitive assessment: Bedside assessment, name an instrument to measure cognitive assessment  Delirium assessment - orientation, hallucinations, short term memory | 0  1 |
| **E** | Drug screen – UDS | 0  1 |
| **F** | Collateral – ambulance officers, GF, mother, nursing staff caring for him since admission, toxicology team | 0  1 |
| **G** | Ongoing reviews by CL team and assessment prior to discharge to decide need for inpatient care under the psychiatry team, nursing support/ psychoeducation | 0  1 |
| **H** | Social worker to liaise with university, if Hugo consents to this | 0  1 |
| **I** | Symptomatic management- avoid anticholinergics, use of Diazepam as PRN, review of antidepressants- cease in the short-term | 0  1 |
| **J** | 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 more, final mark is still 8)

**Modified Essay Question 2 contd**. **Candidate Name:**

You are junior consultant psychiatrist working in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team. The patient, Hugo, is a 19-year-old man currently studying Veterinary Science. He normally resides with his mother. He has a history of a difficult relationship with his father following his parents’ separation when he was six years old. Their separation was acrimonious and related to his father’s excessive alcohol use and violence towards Hugo and his mother.

Hugo has a history of self-harm and has made a couple of previous suicide attempts via overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was 16 years old and the second following an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP commenced him on fluoxetine which he took for 3 months before stopping because he didn’t feel that it helped.

Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge drinks alcohol.

On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier.

In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

You return to see Hugo 48 hours after admission. He is alert, orientated and toxicology are requesting his transfer to a mental health unit. He tells you that he felt distressed by the relationship breakup. He is also stressed about differences with a supervisor at his clinical placement. He expresses remorse over his suicidal attempt and assures that he would not harm himself again if discharged. He describes impulsive behaviour like reckless driving, binge eating. His mood as ‘always up and down’. His relationship history is characterized by intense and short-lived relationships that are quite preoccupying and overwhelming. Hugo wants to know why he feels this way.

**Question 2.2**

**Outline (list and justify) the primary diagnosis and differentials diagnoses you would discuss with Hugo (7 Marks)**

Please note: a list without any justification will not receive any marks

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | Borderline personality disorder: affective instability, interpersonal difficulties, , substance use, self-harm, impulsivity | 0  1  2  3 |
| **B** | Depression – pervasive | 0  1 |
| **C** | Bipolar affective disorder – type 2 | 0  1 |
| **D** | Adjustment disorder | 0  1 |
| **E** | Substance induced mood disorder | 0  1 |
| **F** | Substance Use Disorder frequency/quantity of use; physical/psychological dependence; periods of abstaining; effects in other domains of life – school, social; family. | 0  1 |
| **G** | Unresolved grief/trauma from early life trauma | 0  1 |
| **H** | Cyclothymic disorder | 0  1 |
| **I** | Did handwriting affect marking? |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Up to a maximum of 7 marks in total TOTAL |  |

**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 2 contd. Candidate Name:**

You are junior consultant psychiatrist working in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team. The patient, Hugo, is a 19-year-old man currently studying Veterinary Science. He normally resides with his mother. He has a history of a difficult relationship with his father following his parents’ separation when he was six years old. Their separation was acrimonious and related to his father’s excessive alcohol use and violence towards Hugo and his mother. Hugo has a history of self-harm and has made a couple of previous suicide attempts via overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was 16 years old and the second following an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP commenced him on fluoxetine which he took for 3 months before stopping because he didn’t feel that it helped. Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge drinks alcohol. On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier. In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

You return to see Hugo 48 hours after admission. He is alert, orientated and toxicology are requesting his transfer to a mental health unit. He tells you that he felt distressed by the relationship breakup. He is also stressed about differences with a supervisor at his clinical placement. He expresses remorse over his suicidal attempt and assures that he would not harm himself again if discharged. He describes impulsive behaviour like reckless driving, binge eating. His mood as ‘always up and down’. His relationship history is characterized by intense and short-lived relationships that are quite preoccupying and overwhelming. Hugo wants to know why he feels this way.

Hugo says he would like to go home rather than continue his admission. When you call his mother to discuss a discharge plan, she expresses concerns about Hugo trying to self-harm again and wants to know why you don’t consider a longer admission beneficial. Given her concerns, you decided to call a family meeting.

**Question 2.3**

**Describe (list and explain) the issues you will raise at this family meeting (4 marks)**

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | Consent from Hugo to meet with mom and discuss her concerns. If he refuses, explain the impact this may have on his relationship with her and possible impact on future accommodation. | 0  1 |
| **B** | Explaining the diagnosis and differential diagnoses. | 0  1 |
| **C** | Provide reasons why keeping him in hospital in not ideal – minimal benefits of hospital admission for people with borderline PD, limited role of pharmacotherapy, need for ongoing therapy in community, risks of acute inpatient units, impact on his study. | 0  1 |
| **D** | Safety plan; Provide information on way to access help if he is at risk for self harm, follow up with acute care team in the community, need for case management referral for longer term therapy, involvement of GP | 0  1 |
| **E** | Liaison with university – support for time missed and extra time, if needed for assessments | 0  1 |
| **F** | Long-term Treatment Options: Use of psychotherapy as the mainstay of his longer term management | 0  1 |
| **G** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 4 marks in total** **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 2 contd. Candidate Name:**

You are junior consultant psychiatrist working in a busy general hospital. You are called to review a patient in the Emergency Department (ED) admitted under the Toxicology team. The patient, Hugo, is a 19-year-old man currently studying Veterinary Science. He normally resides with his mother. He has a history of a difficult relationship with his father following his parents’ separation when he was six years old. Their separation was acrimonious and related to his father’s excessive alcohol use and violence towards Hugo and his mother. Hugo has a history of self-harm and has made a couple of previous suicide attempts via overdose requiring brief hospitalisation. The first overdose was in the context of his father remarrying when he was 16 years old and the second following an argument with an ex-girlfriend one year ago. Following his first suicide attempt his GP commenced him on fluoxetine which he took for 3 months before stopping because he didn’t feel that it helped. Hugo has a recent history of recreational drug use, mostly MDMA at university parties. He also occasionally binge drinks alcohol. On this occasion, Hugo has been brought to hospital by ambulance following an overdose of promethazine. The ambulance report states that his girlfriend had called emergency services after he sent her a text message with a photograph of several empty pill packets. This was in the context of their relationship ending a few days earlier. In ED, Hugo appears to be drowsy, disorientated and he is picking at the air as though something is there. He is awaiting transfer to the Toxicology ward. However, they have requested your input prior to this.

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*Hugo says he would like to go home rather than continue his admission. When you call his mother to discuss a discharge plan, she expresses concerns about Hugo trying to self-harm again and wants to know why you don’t consider a longer admission beneficial. Given her concerns, you decided to call a family meeting.*

Hugo mentions that he has been thinking about ‘doing therapy’.

**Question 2.4**

**Describe (list and explain) the forms of psychotherapy that may be suitable for Hugo (4 marks)**

Please note: a list without any explanation will not receive any marks**.**

|  |  |  |
| --- | --- | --- |
|  |  | **Mark (circle)** |
| **A** | Dialectical behaviour therapy. | 0  1  2 |
| **B** | Psychodynamic psychotherapy. | 0  1  2 |
| **C** | Cognitive behavioural therapy. | 0  1 |
| **D** | Family therapy/ relationship counselling | 0  1 |
| **E** | Mentalization based therapy | 0  1 |
| **F** | Motivational Interviewing for substance use | 0  1 |
| **G** | Did handwriting affect marking? |  |
|  | **Up to a maximum of 4 marks in total**  **TOTAL** |  |

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