



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

MODIFIED ESSAY QUESTIONS

ESSAY STYLE MOCK EXAMINATION PAPER 2018

STIMULUS

To be used as a handout while answering questions.

MODIFIED ESSAY QUESTION 1: (22 marks)

You are a consultant psychiatrist working in a community outpatient clinic. The local consultation-liaison service has made a referral for the urgent review of a 40 year old woman named Adele who presented to the Emergency Department with oesophageal burns after accidentally swallowing bleach. Upon assessment, it was discovered that she had been using bleach as a mouthwash for some time due to incapacitating fears of germ contamination, and the consultation-liaison registrar has diagnosed her with Obsessive Compulsive disorder. She is willing to come to see you, and acknowledges that she needs help.

Question 1.1 (7 marks)

Outline (list and elaborate) the key areas your outpatient assessment of Adele would cover.

You start Adele on Fluoxetine 20mgs, with an increase to 40mgs, then 60mgs. After six weeks at 80mgs, she is showing no real improvement and wishes to look at alternative treatment. She is keen to have medication but would also like to talk to you about “talking therapy” which her GP has mentioned to her.

Question 1.2 (7 marks)

Outline (list and elaborate) your management plan at this point.

You are contacted one day by Adele’s sister Lucy. Lucy is concerned about Adele’s two children, a boy aged 10 and a girl aged 5, for whom Adele is a single parent after their father ended the relationship and went to the UK four years ago. Lucy has become aware that Adele has started keeping the children away from school every Tuesday, which is rubbish collection day, due to Adele’s fears that more germs will be in the air that day because of all the rubbish in the street. Lucy says that Adele’s son has also started showing some fears about contamination when he comes to visit her. She asks what can be done, and what impact Adele’s illness might be having on the children. You explain that you will need to tell Adele the source of this information, and Lucy says she already expressed her concerns to Adele. Adele and Lucy arrange to come in to see you together.

Question 1.3 (8 marks)

Outline (list and elaborate) your approach and the steps you would take now.

MODIFIED ESSAY QUESTION 2

(24 marks)

You are a consultant psychiatrist in a community service, asked by a GP to assess Mrs Smith who is an 85 year old widow living alone in a rented house. The GP describes her as “not coping”. When you arrive at her home you see that her house is cluttered and dirty, with rotting food, cat faeces on the kitchen floor and piles of accumulated rubbish. Mrs Smith welcomes you in for the assessment.

Question 2.1 (8 marks)

List the diagnostic possibilities you will be considering during your assessment.

(repeated from Q.2.1)

You are a consultant psychiatrist in a community service, asked by a GP to assess Mrs Smith who is an 85 year old widow living alone in a rented house. The GP describes her as “not coping”. When you arrive at her home you see that her house is cluttered and dirty, with rotting food, cat faeces on the kitchen floor and piles of accumulated rubbish. Mrs Smith welcomes you in for the assessment.

Question 2.2 (8 marks)

Outline (list and elaborate) the specific risks that Mrs Smith may be facing in her current environment and how you would assess them.

You conclude that it is unsafe for Mrs Smith to remain in the house, and you recommend Mrs Smith enter a rest home for six weeks respite so that her house can be cleaned. She refuses to leave her home.

Question 2.3 (4 marks)

Outline (list and elaborate) how you would assess Mrs Smith's capacity to make this decision.

If you think Mrs Smith's understanding of her situation is marginal:

Question 2.4 (4 marks)

Outline (list and elaborate) the steps you could take to maximise her understanding and capacity to make this decision.

MODIFIED ESSAY QUESTION 3

(25 marks)

You are on-call for a provincial hospital in a rural area after hours as a consultant psychiatrist. The Emergency Department (ED) call you requesting the removal of Abigail, a 14 year old girl who has been brought in by ambulance and is presenting as grossly intoxicated. She has said that she wants to die.

Question 3.1 (8 marks)

Outline (list and elaborate) your approach to this assessment and what you would want to cover.

It is late Friday evening and the ED is full. The ED consultant becomes angry at any delay in the assessment and demands Abigail's immediate removal, saying she is "just being a nuisance".

Question 3.2 (4 marks)

Outline (list and elaborate) your response to this request.

Abigail proves to be intoxicated with alcohol. She is found a bed in a short-stay unit off the main ED where she is monitored by nursing staff. She falls asleep and wakes six hours later at 4 a.m., presenting as sober.

The nurse tells you they have learned Abigail was being cared for by a babysitter and drank wine from an open cask in the kitchen, unbeknownst to the babysitter who eventually called an ambulance after Abigail became intoxicated. The nurse says there was some difficulty locating her parents, but they are now driving in and are expected in about an hour.

Abigail is tired and somewhat embarrassed but no longer wants to die and is medically cleared for discharge. Your review does not reveal any history of mental illness including depression or past suicide attempts. Abigail says she has tried alcohol before "a few times". She denies using any other substances.

Question 3.3 (7 marks)

Outline (list and elaborate) your approach, with a specific focus on her substance abuse.

Abigail's parents arrive at the hospital. They do not live locally and have driven for several hours to get to the Emergency Department. They are understandably concerned and anxious for their daughter. Abigail becomes suddenly enraged and fearful and does not want to see them.

Question 3.4 (6 marks)

Outline (list and elaborate) how you would proceed at this point.

MODIFIED ESSAY QUESTION 4 (24 marks)

You are a consultant psychiatrist working in an inpatient forensic unit. Stephen is a 22 year old man with a known history of paranoid schizophrenia, who at the time of admission was under the care of an Early Intervention Team. Stephen self-presented the previous night to the Emergency Department in distress, reporting his stepfather wanted to kill him. After one of the ED doctors had taken a blood sample from him, Stephen believed this signalled he would die within two hours. He subsequently fled from the ED department whilst awaiting a psychiatric assessment. One hour later he allegedly assaulted a passer-by, without provocation. Stephen believed this person had been instructed by his stepfather to kill him and that he needed to protect himself. He was arrested and charged with assault with intent to injure.

Question 4.1 (10 marks)

Outline (list and elaborate) your assessment of Stephen so as to gather information about his risk of further violence.

On reviewing the notes, you find that Stephen presented with his first psychotic episode two years earlier (age 20). He became suspicious about his stepfather, with whom he lived, and left home due to fears for his safety. He had been using cannabis heavily since age 18. He had no previous history of violence or criminal convictions. He had been studying agriculture at university but left the course 6 months before his first psychotic episode. He responded well to olanzapine 10mg daily which he took for 18 months. Six months ago he lost his job on a farm, recommenced smoking cannabis, was sporadic in his medication adherence and disengaged from the Early Intervention Team (this service was in the process of discharging him at the time of his admission).

On assessment, Stephen reported feeling safe from his stepfather as he could not be "got at" in hospital, although he remained fearful of him, especially if he were to be released. He denied any auditory hallucinations. His mother informed you that Stephen had been well until 10 days before admission, since which time he had been spending more time away from home. He had gone missing for two days before the index offence.

Stephen accepted oral olanzapine on admission and was nursed in the high care area for three days without incident. He was subsequently transferred to the open ward, but assaulted another patient the following morning after seeing this patient talking on the phone. Stephen believed this patient had made contact with his stepfather and had been instructed to kill him. Both Stephen and the other patient are under your care.

Question 4.2 (8 marks)

Outline (list and elaborate) your management of this critical incident.

One month later, Stephen remains an inpatient in the Forensic Unit. His mental state has improved and he is due to appear in Court.

Question 4.3 (4 marks)

Outline (list and elaborate) the key issues to consider in relation to the issue of his appearance in Court. (Do not cover the psychiatric Court Report itself)

A psychiatric Court Report has been prepared in relation to Stephen's charges and his Court appearance.

Question 4.4 (2 marks)

List the TWO key (pre-conviction) legal issues that would need to be addressed in this report.

MODIFIED ESSAY QUESTION 5 (20 marks)

Alex is a 9 year old boy referred to the Child and Adolescent outpatient clinic where you work as a consultant psychiatrist. The school have concerns about his poor focus on learning, and say that he appears very tired and is explosive at times in class. The school initially referred him to his General Practitioner (GP) wondering if he was physically ill due to his tiredness, but Alex's GP found no physical abnormality. Screening bloods, including thyroid function and full blood count, were all normal. He presents with his parents Simon and Alison, who separated two years ago in what was apparently a non-acrimonious separation. They have shared custody for Alex and his younger sister Kylie (aged 7).

Question 5.1 (7 marks)

Outline (list and elaborate) the key areas you would explore in the history of the presenting complaint.

Alison reports Alex has always been hard to settle at night from very young, and seems to her a "night owl". When they were together he would be left in bed and usually settled when his parents went to bed at 10pm. She thinks he has been much more challenging to settle to sleep since the separation and blames this on Simon allowing him to have an iPad in his bedroom. Simon says the iPad helps Alex settle to bed independently. Alison thinks Alex is averaging six hours sleep at night.

Question 5.2 (3 marks)

Outline (list and elaborate) what you would feed back to Alex's parents about his sleep and night-time routines.

Alex's parents report that he was initially highly distressed by the need to live in two houses after the separation, and that his rigid routine might change. Since then, his parents have worked on ensuring that written timetables are posted (and matching) at each house. If Alex can travel with the specific bowls and plates he always uses, and if he carries the four sets of clothes that he's willing to wear with him, things go reasonably well.

Question 5.3 (6 marks)

List the TWO most likely diagnostic possibilities based on this information, and elaborate on what additional information you would want to get from his parents, to clarify these.

Alex's teacher has provided an additional letter. It reports that Alex was becoming very angry at transition points in the classroom when they moved from one task to the next, but this has improved since he has been given a wristwatch and a timetable planner. He now tends only to become very irritable when other children try to interact with him around classroom resources or toys. He is willing to read copiously about reptiles, of which he has an exhaustive knowledge, but will refuse to read any books he feels have a "girly" theme or are otherwise "boring". Alex's teacher asks if you will send some advice to the school around managing Alex.

Question 5.4 (4 marks)

Outline (list and elaborate) what additional assessments you might do to best advise Alex's teacher.

MODIFIED ESSAY QUESTION 6 (25 marks)

You are a consultant psychiatrist at a Community Mental Health Team (CMHT). Jeffrey, an indigenous 48 year old man with a long history of paranoid schizophrenia, is under your care at the CMHT, and under a Compulsory Treatment Order. He has been maintained on a traditional antipsychotic depot for several years. He has a history of co-morbid alcohol and cannabis use but rarely presents to local Mental Health Services or to the police. He attends the CMHT regularly to get his depot. He is often homeless but sometimes stays at a cheap boarding house for a while, or else at the homeless shelter. His support network includes the homeless shelter, a local soup kitchen and various other NGO supports such as a local drop-in centre.

Jeffrey has been estranged from his family for some time, but his sister, Claire, recently moved back to the area and has requested a meeting with you. Jeffrey has agreed for you to do this to "get her off my back, but I don't want her meddling with my business".

Question 6.1 (7 marks)

Outline (list and elaborate) the topics you wish to address with Claire.

During the meeting Claire becomes impassioned and pleads that Jeffrey be taken off all his medication as it is "cruel and inhumane". She produces an article from the internet that decries the use of psychiatric drugs, calling them "poisons".

Question 6.2 (5 marks)

Outline (list and elaborate) your response to this.

Jeffrey leaves town to avoid his sister. Some months later Jeffrey is admitted to the acute psychiatric ward. His psychotic illness has relapsed after missing the last 3 depot injections. You are involved in a team meeting with the ward team about his care.

Question 6.3 (6 marks)

Outline (list and elaborate) the aspects of Jeffrey's care that you wish to address in this meeting.

The inpatient consultant later rings you to discuss medications options. He is considering a trial of clozapine for Jeffrey.

Question 6.4 (7 marks)

Outline (list and elaborate) the advantages and disadvantages of this proposal and how any disadvantages could be reduced.

end of MEQs