



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

MODIFIED ESSAY QUESTIONS

ESSAY STYLE MOCK EXAMINATION PAPER 2020

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 (22 marks)

You are a junior consultant working in the consultation-liaison service at a large general hospital. You have been asked by your general medical colleagues to urgently see John, a 41 year old Samoan man under their care. John was transferred back 3 days ago from the regional neurosurgical unit and has a peripherally inserted central cannula (PICC) in situ as he requires four weeks of treatment with intravenous antibiotics. The treating physician reported that John repeatedly stated that morning that he didn't need antibiotics because he was 'cured' and that "the bandage on my head proves it". He is increasingly irritable with nursing staff trying to give him medication and has attempted to leave on two occasions today. On his second attempt to leave, he required security to contain him. John is 6' 2" and strongly built.

Question 1.1 (9 marks)

Outline (list and explain) the specific information you need to gather in your assessment of John to safely manage the escalating situation.

As part of your assessment, you ascertain that John has a delirium and lacks the decision-making capacity to self-discharge from the hospital at this point in time. He continues to be periodically agitated, despite his wife and sister visiting daily to help calm him down.

Question 1.2 (9 marks)

Outline (list and explain) how you would manage the situation, given that John still requires life-saving care.

Three days later, you receive an email from the Charge Nurse about John, who demands that you 'drug him up' or move him to another ward because her nurses are refusing to care for him any more, as he remains verbally abusive when prevented from leaving the hospital.

Question 1.3 (4 marks)

Outline (list and explain) the potential factors that may have led to the charge nurse's request.

MODIFIED ESSAY QUESTION 2

(22 marks)

You are a junior consultant working in a community mental health clinic and have been asked to review Joanne, an unemployed 28 year old woman who lives with her parents. Joanne was referred to your team one month ago by her GP, and was diagnosed with Obsessive Compulsive Disorder (OCD) by the psychologist on your service and a locum psychiatrist. She recently commenced psychological treatment.

The psychologist has asked you to see Joanne because she has stopped medication (fluoxetine 40mg mane, previously prescribed by her GP), and is now doing poorly. She has also lost weight in the past month.

Question 2.1 (10 marks)

Outline (list and explain) what you will include in Joanne's assessment.

Joanne reports the obsessional thought that she has done something wrong. She relates this to accidentally viewing pornography when on the internet six months earlier. This obsessional thinking leads to her constantly questioning her actions and being unable to make decisions. There is no other compulsive behaviour. After a thorough assessment, you conclude that Joanne has severe OCD. This has deteriorated since she stopped fluoxetine two weeks earlier due to her obsessional anxiety about doing something wrong. She has lost some weight but is not physically compromised.

Question 2.2 (6 marks)

Outline (list and explain) the key elements of your treatment plan for Joanne at this point.

Joanne deteriorates further. She takes medications for three days then stops again. She is nearly paralysed by indecision related to her obsessions, fearing that any behaviour she completes will confirm her fear that she's done something terribly wrong. She attends psychotherapy but is not able to make use of therapeutic techniques outside sessions. Her BMI is now 15.5 and her food intake has been minimal for the last week.

Question 2.3 (6 marks)

Outline (list and explain) the key elements of your treatment plan for Joanne at this point.

MODIFIED ESSAY QUESTION 3

(23 marks)

You are a junior consultant psychiatrist working in a Community Mental Health Team. Anton is a 42-year-old man of European descent under your care. He has an 18 year history of paranoid schizophrenia and is currently on clozapine. He is treated compulsorily via the Mental Health Act. He lives alone in rental accommodation, receives long-term social services income due to his illness and is supported by his elderly parents who are retired and live locally. He has no other close family

Anton attends your clinic complaining that his neighbours have organised with the police to have him monitored and have installed an internet tracking device on the lamppost outside his flat. Anton reports they did this a year ago under the pretence of having fibre internet installed. He has been isolating himself at home and reports that he has no interest in going out and has lost weight because he is not eating. Anton says he has been more worried about the surveillance devices in the last three months and he can no longer sleep because of the fear. He wants zopiclone to help him sleep and a letter to the council to have the lamppost removed, as otherwise he will have to "take matters into my own hands".

Question 3.1 (5 marks)

List the potential reasons for Anton's presentation at this point.

As part of your management plan you need to address Anton's medication.

Question 3.2 (7 marks)

Outline (list and explain) the key points of your medication management for Anton.

At your next review Anton says he wants to regain his Driver's License. He thinks resuming driving would make it easier for him to find work and he could drive his parents to the supermarket. His parents used to drive their own car but his father's eyesight has deteriorated and his mother is anxious about driving.

Question 3.3 (7 marks)

Outline (list and explain) your response to Anton's request.

Anton then says that he has in fact bought a second-hand car and he drove it to the clinic today. The car is unregistered and has no warrant of fitness. Anton admits that he had a drink before driving to the clinic. "Just a beer, though."

Question 3.4 (4 marks)

Outline (list and explain) your immediate response to this situation.

MODIFIED ESSAY QUESTION 4 (18 marks)

You are a junior consultant psychiatrist in an urban area and have been referred a new patient, Mrs Chin, to be assessed in your outpatient clinic. She is a 75 year old Chinese woman, married and living with her husband in their own home. She and her family emigrated from Hong Kong 30 years ago when she was in her mid-forties. Her son (her only child) lives locally with his family, in the same suburb. Her family are concerned that she has become unwell over the past four months. She is reported to be sad and to have lost interest in her usual hobbies (mah jong with friends, and calligraphy). Her sleep is poor and she can be disoriented at times. Her husband says that her memory is not as good as it used to be. Mrs Chin was prescribed an antidepressant by her GP but without any improvement so far.

Question 4.1 (6 marks)

Outline (list and justify) your differential diagnoses at this point.

In the referral, the GP explains that Mrs Chin speaks Cantonese and cannot speak or understand English well, and that an interpreter will be needed for the assessment. The GP says that Mrs Chin's son always attends and interprets when the GP sees her, as his father's English is also limited.

Question 4.2 (4 marks)

Discuss your approach to communicating with Mrs Chin and her family.

From the assessment, Mrs Chin's cognitive function is moderately impaired and she has a past medical history indicating vascular risk factors. She does not drink alcohol or smoke cigarettes, and she has mild hypertension (untreated, to date). Her husband says that her memory has been getting slowly worse for more than two years. Her sadness now appears to be more frustration at being unable to manage usual activities. She needs to be reminded frequently when doing housework and often loses objects in the house. The likely diagnosis is now felt to be a vascular dementia with moderate cognitive impairment. Mrs Chin and her family want to know what this means and what treatment is available.

Question 4.3 (8 marks)

Outline (list and explain) your approach, and the information and medium-term treatment plan you would discuss with them.

MODIFIED ESSAY QUESTION 5 (23 marks)

You are a junior consultant psychiatrist and have been asked to see Davey, a 9-year-old boy referred by his school with concerns about his irritability, poor academic performance and restlessness in the classroom. You see him with his mother, Shannon, who has raised him as a solo parent after his biological father absconded on hearing of her pregnancy. She has had no further contact with the father, and Davey is her only child. Shannon works full-time in a supermarket and Davey attends after-school care. Davey spends Saturday with his maternal grandmother while Shannon does a second job as a cleaner, to supplement their income.

Question 5.1 (6 marks)

List the key areas you need to assess in your initial work-up.

You arrange for Connors ADHD Rating Scales to be done at school and at home, for Davey. The results show high scores across all domains (Inattention, Hyperactivity/Impulsivity, Learning problems, Executive function, Aggression and Peer Relations), with *t* scores above 70 for Inattention, Learning Problems and Executive Function.

You talk with Shannon and suggest treating Davey with stimulant medication. Shannon says: "I'm worried he might be a bit slow, what with not doing too good at school. Shouldn't he have his IQ checked first in case that's the problem?"

Question 5.2 (1 mark)

State why Davey should not have IQ testing first, before treatment for ADHD.

Question 5.3 (5 marks)

Outline (list and elaborate) a) the key additional things you would need to assess prior to Davey starting stimulant treatment and b) your approach, and what you would need to discuss, to gain consent for Davey to start stimulant treatment for ADHD.

Davey is between the 25th and 50th centile for his height and between the 50th and 75th centile for his weight on commencing stimulant treatment.

His school reports a significant improvement on treatment with 0.9 mg/kg Methylphenidate LA (long-acting) with good coverage of the school day, a significant improvement towards normal in Davey's reading ability and improved classroom behaviour. You discharge Davey back to his GP.

Six months later, Davey's GP contacts you, concerned that Davey has gained no weight or height in the last six months.

Question 5.4 (5 marks)

Outline (list and explain) your management suggestions to Davey's GP.

One year later Davey's GP asks you to review Davey as he has only gained 2 cm of height in the past year (the 50th centile for growth at this age is 5-6 cm per year and the 2nd centile is 4 cm per year). Davey has gained 1 kg in weight. Shannon has persuaded Davey's GP to increase the methylphenidate LA to a daily dosing of 1.4mg/kg to manage Davey's symptoms in his after-school programme. This was because the programme staff threatened to ban Davey from the programme due to his behaviour, which in turn jeopardised Shannon's job.

Question 5.5 (6 marks)

Outline (list and explain) your approach and what you would need to cover in your next review of Davey with Shannon.

MODIFIED ESSAY QUESTION 6 (18 marks)

You are an on-call consultant psychiatrist called to assess Abigail (aged 23) in the Emergency Department (ED) on a Saturday. You are assisting with cover as the registrar was overloaded with other assessments. Abigail has presented to ED twice within the past 3 days, each time with overdoses of 10 paracetamol tablets. Abigail is well known to the ED with multiple past presentations of self harm including lacerating her wrists, intoxication and overdose. She has now been medically cleared for discharge from ED. The houseofficer's notes say that her current presentation was triggered by conflict with her father with whom she lives, as Abigail says he does not believe her report of childhood sexual abuse by a neighbour who was a friend of her father. Her father says Abigail has intense mood swings which are difficult to control or predict.

Question 6.1 (4 marks)

List the most likely differential diagnoses which might account for her presentation at this point, based on the above information.

Question 6.2 (8 marks)

Outline (list and explain) the history you would take to confirm a diagnosis of Borderline Personality Disorder and how you would undertake this assessment.

A comprehensive management plan which actively discourages admission for Abigail due to a past history of prolonged, difficult admissions with regression, angry acting out, and escalating self-harm, is located in Abigail's records. Abigail's regular follow-up is from a community mental health centre and a private psychotherapist. Abigail is now somewhat calmer and has started talking of staying with a friend overnight, as she's still angry with her father.

The private psychotherapist then arrives at the ED and talks with you before seeing Abigail. She offers to take Abigail home with her and to ensure her safety. The therapist lives with her partner and two small children at home.

Question 6.3 (6 marks)

Discuss your response to the psychotherapist's request.

end of MEQs