



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

MODIFIED ESSAY QUESTIONS 2022

Written by the NSW Branch Training Committee and
the Health, Education and Training Institute for Higher Education, and
adapted for use in NZ by the NZ Training Committee

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 (23 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 fractured 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 in another city and suffers from dementia. Mr Green was prescribed the Diazepam to assist with sleep after his wife died six months ago.

Question 1.1 (8 marks)

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.

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

Question 1.2 (3 marks)

Outline (list and justify) other differential diagnoses that could be considered for Mr Green.

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

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 a foreshortened future. He does not believe he can walk again. Your registrar has proposed a management plan for Mr Green.

Question 1.3 (6 Marks)

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.

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 (6 Marks)

Outline (list and justify) appropriate actions that you might undertake to support Mr Green as the consulting psychiatrist.

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

Modified Essay Question 2 (24 marks)

You are a junior consultant psychiatrist working in a community mental health clinic in a regional town. Your patient, Hemi, is a 41 year old unemployed Māori man who is separated from his partner. They have a 7 year old son, whom he sees fortnightly. He currently lives alone in a private rental unit owned by his elderly parents who live nearby. Hemi 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. Hemi was discharged from hospital on Paliperidone depot which was changed to oral Olanzapine in the community due to a lack of therapeutic response. Six months ago, Hemi was readmitted for three weeks for a Clozapine trial due to ongoing psychotic symptoms. He still experiences auditory hallucinations, although they have significantly reduced since he started Clozapine.

Question 2.1 (12 marks)

Outline (list and justify) the key factors you would consider while completing a risk assessment for Hemi.

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

Question 2.2 (6 Marks)

Outline (list and justify) strategies to optimise Hemi's Clozapine treatment.

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

Hemi feels he is a failure as he has been trying to re-establish employment as a kitchen hand, without success. A recent application for work rehabilitation funding was declined due to Hemi not meeting the criteria. He still experiences chronic pain and is unable to do tasks requiring physical strength due to his injuries. Hemi feels that he is not a good role model for his son as he doesn't have a job.

Question 2.3 (6 Marks)

Describe (list and explain) how you would address Hemi's current concerns.

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

Modified Essay Question 3: (28 marks)

You are a 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 while in prison, was diagnosed with schizophrenia seven 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 15 kgs over recent years, his treating team reduced and ceased the Quetiapine.

Approximately three months after the cessation of Quetiapine, the prison guards report that Tim is increasingly paranoid and hostile. He is reassessed by a forensic psychiatrist in prison, who orders Zuclopenthixol Acetate 150 mg as a stat dose. Tim continues to deteriorate, refusing any oral intake and becoming incontinent of urine and faeces, prompting his transfer to the medical wing. The next morning, nursing staff find him with a reduced Glasgow Coma Scale (GCS) of 12, prompting an urgent transfer to the nearby Emergency Department. His observations at triage are: Heart rate 105 bpm, Blood pressure 135/85 mm Hg, Temperature 37.9 degrees C, Respiratory rate 15 bpm.

You attend the Emergency Department with your registrar to assess Tim.

Question 3.1 (9 marks)

Outline (list and justify) the key information you wish to gain in your initial assessment of Tim.

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

Tim is mute and uncooperative with your assessment. Your registrar attempts to conduct a 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 taking blood for investigations.

Question 3.2 (5 marks)

List the most relevant investigations you would want ordered for Tim.

You check the blood tests and find them unremarkable except for a white cell count of 11.5 (normal range 3-11), C-reactive protein of 23 (normal <5), Creatinine kinase of 1250 (normal 45-250). Other investigations cannot be carried out 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 only has mental health problems as his bloods are fine. He should just be managed by psychiatry."

Question 3.3 (14 marks)

Describe (list and explain) your approach to this situation and your management plan.

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

MODIFIED ESSAY QUESTION 4 (25 marks)

You are working as a junior consultant psychiatrist in an outpatient clinic in a metropolitan city. A local General Practitioner (GP) has referred a patient, Lara, a 25 year old single woman in a clerical job, for review and advice. Lara has a diagnosis of low mood and of alcohol use disorder. She has just been charged with driving under the influence with a mid-range level of alcohol. This is her second such charge and her lawyer has suggested she seek counselling and psychiatric review.

Question 4.1 (10 marks)

Describe (list and explain) the key aspects you would cover in your assessment of Lara's alcohol use disorder.

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

You arrange for Lara to receive outpatient alcohol withdrawal management and counselling via the local Community Alcohol And Drug Services. You review her two weeks later, at which time she is abstinent from alcohol and has been prescribed Acamprosate 666 mg 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 says she is tired of being "miserable all the time" and worries that she will end up like her mother who had "manic depression and a truckload of addictions."

Question 4.2 (8 marks)

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

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

You review Lara after another four weeks 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 asks you to 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 (7 marks)

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

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

MODIFIED ESSAY QUESTION 5 (25 marks)

You are a Junior Consultant Psychiatrist covering the Emergency Department (ED) of a small suburban hospital. The triage nurse gets a call in the morning from a local boarding school saying they are sending a 16 year old Māori girl, Mikayla, to the ED with one of their teachers. Mikayla is in the care of her great-grandmother who lives in a rural area. 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 General Practitioner which she apparently takes intermittently. Your Stage 1 registrar is planning to go to the ED to assess Mikayla and requests your guidance.

Question 5.1 (9 marks)

Outline (list and justify) what collateral information you would want the registrar to obtain to guide Mikayla's assessment.

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

The registrar calls you from ED saying that she has assessed Mikayla who has been stockpiling her Fluoxetine. Mikayla is unwilling to give details about where the medication is; she does not want admission and wants to go back to the boarding school. She says she is not suicidal anymore and is only holding the medication for a time when she might feel suicidal again. The teacher has had to leave to return to the school and the registrar has only been able to speak to Mikayla's great-grandmother by phone, who supports Mikayla's decision to be discharged.

Question 5.2 (8 marks)

Describe (list and explain) what further advice you would want to give the registrar regarding assessing Mikayla at the ED.

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

The registrar calls you again to say that Mikayla has vomited and has now admitted that she took an overdose of 20 Fluoxetine tablets that morning. She is becoming abusive and is refusing to lie down. Her Child Protection Services case worker is on his way to the hospital.

Question 5.3 (8 marks)

Describe (list and explain) your recommendations for further management for Mikayla.

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

end of MEQs