



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

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

December 2009 / May 2010

PAPER II

I hereby verify that I have completed and returned the Critical Essay Question, the Critical Analysis Problems, and the Modified Essay Questions Examination papers.

CANDIDATE'S NAME:

DATE:



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

**CRITICAL
ESSAY
QUESTION**

MOCK EXAMINATION

**December 2009 / May 2010
PAPER II**

CANDIDATE'S NAME:

DIRECTIONS:

Please write your responses in the following pages.

Write on the lined pages only. Answers written on blank pages will not be marked. Your answer is to be contained within the lines applicable to that question or on the supplementary sheets provided. Text outside these parameters will not be marked.

You can request additional spare pages from the invigilator if needed. Write your name on the top, and the question and sub-question number, 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 pages.

Critical Essay Question: (40 marks)

In essay form, critically discuss this statement from different points of view and provide your conclusion.

"The biopsychosocial model has become more of a hindrance than a help. It has worsened the misconception that biology and psychology are separate entities. This so-called 'model' also gives no guidance as to which aspect, if any, should take precedence in implementing treatment. Psychiatrists thus tend to follow their own prejudices or the pressures of the system within which they work, and focus excessively on the biological."
- Prof. R. G. James, 2007

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

**CRITICAL
ANALYSIS
PROBLEMS**

**MOCK EXAMINATION
December 2009 / May 2010
PAPER II**

CANDIDATE'S NAME:

DIRECTIONS:

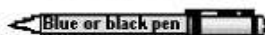
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INSTRUCTIONS:

- Please use a blue/black ballpoint pen or 2B pencil



- Do not fold or bend
- Erase mistakes fully
- Make no stray marks

Critical Analysis Question 1 (20 marks)

Read the abstract and answer the questions that follow.

Age at onset and cognition in schizophrenia: meta-analysis

T. K. Rajji, MD, FRCPC, Z. Ismail, MD, FRCPC and B. H. Mulsant, MD, MS, FRCPC

Department of Psychiatry, University of Toronto and Geriatric Mental Health Program, Centre for Addiction and Mental Health, Toronto, Canada

The British Journal of Psychiatry (2009) 195: 286-293. doi: 10.1192/bjp.bp.108.060723

Background

The relationship between cognition and age at onset of schizophrenia is largely unknown.

Aims

To compare cognitive deficits in individuals with youth-onset and late-onset schizophrenia with those in adults with first-episode schizophrenia.

Method

Twenty-nine databases (including EMBASE, MEDLINE and PsycINFO) were searched from 1980 to 2008. Selected publications had to include healthy controls and analyse separately individuals diagnosed with schizophrenia or a related disorder and individuals with first-episode, youth-onset (maximum age of onset of 19 years) or late-onset schizophrenia (minimum age of onset of 40 years).

Results

Individuals with youth-onset and first-episode schizophrenia demonstrate large deficits (mean effect size ≥ 0.8) on almost all cognitive measures. Individuals with youth-onset schizophrenia demonstrate larger deficits than those with first-episode schizophrenia on arithmetic, executive function, IQ, psychomotor speed of processing and verbal memory. In contrast, those with late-onset schizophrenia demonstrate minimal deficits on arithmetic, digit symbol coding and vocabulary, but larger ones on attention, fluency, global cognition, IQ and visuospatial construction.

Conclusions

Individuals with youth-onset schizophrenia have severe cognitive deficits, whereas those with late-onset schizophrenia have some relatively preserved cognitive functions. This finding supports the view that severity of the disease process is associated with different ages at onset. In addition, the cognitive pattern of people with late-onset schizophrenia suggests that their deficits are specific rather than solely as a result of ageing and related factors.

Question 1.1

Question 1.11 What is a meta-analysis? (2 marks)

[illegible]

score:

Question 1.12 How would a systematic review of this topic differ from this meta-analysis? (4 marks)

[illegible]

[illegible][illegible]

Question 1.22 What does a “mean effect size ≥ 0.8 ” mean? (3 marks)

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score:

Question 1.3 What are the differences between Medline, Embase and PsycInfo? (3 marks)

[illegible]

[illegible]

score:

Question 1.4 How would you define “age of onset of schizophrenia” for this study?
(2 marks)

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score:

Critical Analysis Question 2 (20 marks)

Read the abstract and answer the questions that follow.

Structured risk assessment and violence in acute psychiatric wards: randomised controlled trial

Christoph Abderhalden, PhD, MNSc

Nursing and Social Education Research Unit, University of Bern Psychiatric Services, Berne, Switzerland

***The British Journal of Psychiatry* (2008) 193: 44-50. doi: 10.1192/bjp.bp.107.045534**

Background

There is a lack of research on the possible contribution of a structured risk assessment to the reduction of aggression in psychiatric in-patient care.

Aims

To assess whether such risk assessments decrease the incidence of violence and coercion.

Method

A cluster randomised controlled trial was conducted with 9 acute psychiatric admission wards as the units of randomisation, (with four wards in the intervention arm and five wards in the control arm). The intervention comprised a standardised risk assessment following admission with mandatory evaluation of prevention in high-risk patients.

Results

Incidence rates decreased substantially in the intervention wards, whereas little change occurred in the control wards. The adjusted risk ratios suggest a 45% reduction in severe aggressive incidents and a 27% decline in the use of coercive measures. The severity of aggressive incidents did not decrease.

Conclusions

Structured risk assessment during the first days of treatment may contribute to reduced violence and coercion in acute psychiatric wards.

Question 2.1

Question 2.11 What is a cluster randomised controlled trial? (2 marks)

[illegible]

score:

Question 2.12 What sort of problems are best studied using cluster randomised trials?
(2 marks)

[illegible]

score:

[illegible]

score:

Question 2.2

Question 2.21 What are the ethical issues with this study? (2 marks)

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score:

Question 2.22 How would you address them? (4 marks)

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score:

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score:



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

**MODIFIED
ESSAY
QUESTIONS**

MOCK EXAMINATION

December 2009 / May 2010

PAPER II

DIRECTIONS:

**There are four Modified Essay Questions worth a combined total of 100 marks.
Each Modified Essay Question is worth 25 marks.**

Please write your responses on the nominated pages applicable to the question. Write on the lined pages only. Answers written on blank pages will not be marked.

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MODIFIED ESSAY QUESTION 1

CANDIDATE'S NAME:

Modified Essay Question 1 (25 marks)

Mr Williams is a 72-year-old retired accountant who was referred by his General Practitioner to a community mental health team for older adults. Mr Williams lives with his wife in their own home. Two daughters live locally.

The general practitioner's referral said:

"Could you please assess Mr Williams, who presents with paranoid beliefs and confusion? These problems have developed over the past 6-12 months. Mr Williams wrongly accuses his wife of having an affair. She has significant heart failure and is 'stressed out'. Mr Williams has been treated for benign prostatic hypertrophy and oesophageal reflux. He is in generally good health otherwise. His regular medications are Terazosin and Omeprazole. Cardiac, respiratory and abdominal examinations were today unremarkable. Basic observations are currently within normal limits, although there have been episodes of hypotension over the past two years."

As the mental health team's registrar, you have been assigned to review Mr Williams at home.

Question 1.1 (12 marks)

Outline details of how you would assess Mr Williams, with particular reference to the key aspects of the history and sources of collateral history, the mental state and medical investigations needed to generate a formulation and differential diagnosis.

During your assessment Mrs Williams tells you her husband's confusion fluctuates significantly over the course of a day. There are also episodes lasting several minutes of diminished level of consciousness. She tells you Mr Williams also reports seeing large animals in their house, sometimes becoming distressed by these. He has vivid nightmares, and thrashes around for some minutes after waking up. At times he's fallen over, but has not sustained any head injury. More recently Mr Williams has needed assistance with dressing. There were no auditory hallucinations or prominent affective symptoms. Mrs Williams confirms her husband's delusional jealousy. At times he will angrily accuse her having an affair with a neighbour, but has not physically threatened or assaulted her.

Mr Williams forcefully tells you his wife is having an affair, but otherwise denies any psychiatric symptomatology or functional impairment.

On mental state examination Mr Williams is alert, guarded, provides a limited account of recent events and symptoms, has mildly irritable mood, flat affect and mildly dysarthric speech. There is no formal thought disorder or responding to non-apparent stimuli. His MMSE is scored 24/30, with marks lost for orientation (-2), recall (-2), repeating a sentence and copying a design. His clock drawing is very poor; numbers are missing and he's completely unable to insert the clock hands. His gait is shuffly. There are no abnormal involuntary movements.

A week after your initial assessment routine investigations have been completed. A full range of blood tests, urinalysis, Chest x-ray and ECG are all unremarkable.

Question 1.2 (7 marks)

Please outline the essential elements you would need to consider in your management plan, taking into account to above facts.

Mrs Williams phones you several weeks after your initial assessment, asking if it's safe for Mr Williams to drive. He is apparently adamantly opposed to stopping driving, stating he will continue to do so, even if told not to by a doctor or the police.

Question 1.3 (6 marks)

Outline how you would approach this problem

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[illegible]

[illegible]

[illegible]

Modified Essay Question 1 contd

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[illegible]

[illegible]

Modified Essay Question 1 contd

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Question 1.3 (6 marks)

Outline how you would approach this problem.

[illegible]

[illegible]

[illegible]

MODIFIED ESSAY QUESTION 2

CANDIDATE'S NAME:

Modified Essay Question 2 (25 marks)

James is a 14 year old European boy who has been admitted for flexor tendon repair after he thrust his arm through a window during a family argument. He lives with his parents and two younger siblings, but is brought to hospital by a neighbour who says his parents were too drunk to drive him in for medical attention. His parents have not come to the hospital to see him and consent for the surgery was obtained over the phone. James' serum alcohol was high on admission: he says he drank about 10 cans of beer on the night he hurt himself, supplied by his parents.

James is healthy and has no significant medical history.

His mother phoned the charge nurse the day after admission to say that she "couldn't handle him anymore" and that he had been regularly staying out at night, smoking marijuana, and had been suspended from school because of angry interactions with teachers. She says he has not been seen by any services in regards to this problem.

James is referred to you two days post surgery as he is "fit for discharge" according to the surgical team. They want you to organise a follow-up plan for his "anger problem".

Question 2.1 (10 marks)

Outline details of how you would assess James, with reference to key aspects of the history, sources and content of collateral history, James' mental state and other investigations which may be necessary to develop a formulation and management plan.

You discover that James was seen by the school nurse last year after saying he was going to kill himself: she referred him to local youth mental health services but he didn't go to the appointment. James's mother says she is worried that he will kill himself "like his cousin did last year." She says that she is so upset by this situation that she is leaving town to stay with relatives, and says that she wants James "held in hospital so that he won't hurt himself."

The ward social worker has found that James was referred to Youth Social Services last year because he was picked up by police after being found in a park, intoxicated. However, the family moved and he was not seen by either service. When you contact the Youth Social Services social worker you are told that the case was closed.

James has a history of contact with the police for vandalism, usually when intoxicated. He has also been found in a stolen car with friends but no charges were laid.

Question 2.2 (5 marks)

Outline the strategies you might use with James and his family to engage them with mental health follow-up services.

You meet with James and complete a standard psychiatric assessment.

As you discover more about James you uncover a picture of serious and prolonged alcohol and marijuana use. James uses marijuana, several joints daily, obtained from his cousin, and drinks alcohol at least twice a week, up to 10 cans of beer at a time, usually obtained in the family home. You do not identify any other Axis I disorder.

Question 2.3 (10 marks)

Describe in detail your immediate and medium-term interventions for James' alcohol and other drug use.

Modified Essay Question 2 (25 marks)

James is a 14 year old European boy who has been admitted for flexor tendon repair after he thrust his arm through a window during a family argument. He lives with his parents and two younger siblings, but is brought to hospital by a neighbour who says his parents were too drunk to drive him in for medical attention. His parents have not come to the hospital to see him and consent for the surgery was obtained over the phone. James' serum alcohol was high on admission: he says he drank about 10 cans of beer on the night he hurt himself, supplied by his parents.

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Modified Essay Question 2 contd

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[illegible]

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[illegible]

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[illegible]

[illegible]

MODIFIED ESSAY QUESTION 3

CANDIDATE'S NAME:

Modified Essay Question 3 (25 marks)

Ismail is the 24 year old son of an immigrant Middle Eastern family. He has three younger sisters. His family immigrated when he was a teenager in order to achieve a better standard of life. His family were affluent professionals back home.

Employment opportunities have been scarce for his parents as new residents and there have been financial difficulties. Ismail easily learned English and attended the local high school. There he was bullied but achieved well academically. He completed two degrees at University before being employed by a corporate multinational company initially as a system analyst, but latterly as a project leader.

Ismail has been referred by fax from his GP, who saw him with his parents. Ismail had been expressing concerns that the other staff at work were controlling his thinking and that he was worthless and powerless. His family are distressed and seeking help.

You are rostered as the Crisis doctor on duty for your community team for Ismail's assessment.

Question 3.1 (9 marks)

**The triage nurse has arranged for you to see Ismail and his family at 1600hrs.
Explain your initial course of action up to and including your assessment.**

During the assessment, with his parents in the room, Ismail discloses that he had in the past sexually abused one of his sisters and that he is feeling much guilt and sadness about this.

Question 3.2 (7 marks)

Describe how you would proceed.

Ismail ends up in your ongoing care in the community. He experiences frank psychotic symptoms for approximately a month but has a full resolution of symptoms with the use of antipsychotic medication and weekly psychological input.

Although sad in his mood in response to his experience he is not clinically depressed. He develops good insight and returns to work, although he struggles with his concentration and the rigours of the job and the expectations of his seniors.

Three months after the full resolution of his symptoms Ismail announces that he, his now adult siblings and his parents wish to go on Hajj, a pilgrimage to Mecca in Saudi Arabia, in two months time. They seek your opinion regarding this.

Question 3.3 (9 marks)

Outline the issues you would raise in discussion with Ismail and his family and how you would manage the process

Modified Essay Question 3 (25 marks)

Ismail is the 24 year old son of an immigrant Middle Eastern family. He has three younger sisters. His family immigrated when he was a teenager in order to achieve a better standard of life. His family were affluent professionals back home.

Employment opportunities have been scarce for his parents as new residents and there have been financial difficulties. Ismail easily learned English and attended the local high school. There he was bullied but achieved well academically. He completed two degrees at University before being employed by a corporate multinational company initially as a system analyst, but latterly as a project leader.

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Modified Essay Question 3 contd

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Question 3.2 (7 marks)

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[illegible]

[illegible]

[illegible]

[illegible]

Modified Essay Question 3 contd

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MODIFIED ESSAY QUESTION 4

CANDIDATE'S NAME:

Modified Essay Question 4 (25 marks)

Mr Green is a 63 year old man who is currently an inpatient in the Coronary Care Unit following an acute inferior myocardial infarction. He has been in hospital for the past three days and there have been no post-infarct complications.

He has been referred to the liaison psychiatry team because he appears to be low in mood. The nurses have noticed that he looks flat and his interactions with them are minimal. He is eating and drinking normally.

When you review him, he presents exactly as described in the referral letter. While not actually telling you to leave, his responses to your questions are monosyllabic. He does not appear to be confused. You carry out a full assessment as best you can, taking as much history from him as possible and assessing his mental state and cognitive functioning.

When you ask for permission to telephone his wife (who is listed as his next of kin) for some collateral history, he refuses. There are no other family members living locally.

Question 4.1 (6 marks)

Outline how your assessment would proceed from this point.

Two days later, you review Mr Green again. He talks a little more this time, but it becomes clear that he is depressed. He is having thoughts of killing himself. He is also having thoughts of harming staff and has made some plans as to how to do this, for example, by grabbing a needle. These thoughts appear to be due to irritability and desperation, rather than any psychosis.

It appears that Mr Green's depressive symptoms predate his myocardial infarction. Things have not been going well at work and his mood has been declining for the last two months. This heart attack is the final straw. He now feels completely hopeless and helpless about himself and his future.

You managed to contact his GP, but the GP was unaware of Mr Green's current depression and had not seen him for several months. The GP had not been prescribing any medication. You have also confirmed that there is no other past psychiatric history.

Mr Green agrees to start an antidepressant. However, he still does not want you to phone his wife or any other family members.

Question 4.2 (13 marks)

What is your plan of action based on this second assessment?

A further two days later, things are not going well for Mr Green. He has refused to take his prescribed antidepressant, despite having agreed to this initially. He remains very withdrawn and has ongoing suicidal ideation and thoughts of harming the staff, although he has not acted on these. He is still eating and drinking adequately.

In addition, he has had some episodes of arrhythmia and his cardiac medication has been adjusted.

Question 4.3 (6 marks)

What is your plan of action based on this second assessment, particularly regarding the role of Mental Health Services in Mr Green's care from this point on?

Modified Essay Question 4 (25 marks)

Mr Green is a 63 year old man who is currently an inpatient in the Coronary Care Unit following an acute inferior myocardial infarction. He has been in hospital for the past three days and there have been no post-infarct complications.

He has been referred to the liaison psychiatry team because he appears to be low in mood. The nurses have noticed that he looks flat and his interactions with them are minimal. He is eating and drinking normally.

When you review him, he presents exactly as described in the referral letter. While not actually telling you to leave, his responses to your questions are monosyllabic. He does not appear to be confused. You carry out a full assessment as best you can, taking as much history from him as possible and assessing his mental state and cognitive functioning.

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Question 4.1 (6 marks)

Outline how your assessment would proceed from this point.

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[illegible]

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Modified Essay Question 4 contd

Two days later, you review Mr Green again. He talks a little more this time, but it becomes clear that he is depressed. He is having thoughts of killing himself. He is also having thoughts of harming staff and has made some plans as to how to do this, for example, by grabbing a needle. These thoughts appear to be due to irritability and desperation, rather than any psychosis.

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[illegible]

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[illegible]

[illegible]

[illegible]