THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS ESSAY PAPER 2021

Marking Guide

Note that this Mock Writtens paper is produced by the NSW BTC and local psychiatrists rather than by the Examination Committee so they're not vetted, test driven and perfected by committee in the way that the real papers are. The main point is not to get fixated about whether the question writers were "right" and you were "wrong" in the model answers, but to practice the marathon of doing a full 3-hour paper and mastering the technique required for the different question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself.

When marking, and for the MEQs in particular, it's suggested that markers also refer to the 'MEQ Instructions to Examiners' from the Essay paper page of the college website: https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Exam-Centre/MEQ- Instructions-to-Examiners-1501209.aspx

This is a shorter version of the Essay Paper, in line with changes made in 2019. The CEQ is worth 40 marks and is marked out of 40 (final % mark for CEQ is result/40). The MEQs in this paper are worth 125 (final % mark for the MEQs is result/125).
To get the overall score, add the final % for CEQ to final % for MEQs, and divide by 2. NB: The CEQ must be passed, to pass this Mock Exam.
In the real exam there's a more complex system to calculate the final marks which we can't replicate in a Mock exam. Candidates are advised to aim for well above 50% (60-65% is safer), to allow for that in the actual exam.

CRITICAL ESSAY

CRITICAL ESSAY QUESTION: (40 marks)

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

"It is easy to blame, it is easy to politicize, it is harder to tackle a problem together and find solutions together"

Reference: WHO Director-General, Tedros Adhanom Ghebreyesus, 56th Munich Security Conference, 15th February 2020

Fellowship Competency 1. Communicator – Weighting 10%

The candidate demonstrates the ability to communicate clearly Spelling, grammar and vocabulary adequate to the task; able to convey ideas clearly.	Proficiency level
The spelling, grammar or vocabulary significantly impedes communication.	0
The spelling, grammar and vocabulary are acceptable, but the candidate demonstrates below average capacity for clear written expression.	1 2
The spelling, grammar and vocabulary are acceptable, and the candidate demonstrates good capacity for written expression.	3 4
The candidate displays a highly sophisticated level of written expression.	5

Fellowship Competency 2. Scholar – Weighting 15%

The candidate demonstrates the ability to critically evaluate the statement/question Includes the ability to describe a valid interpretation of the statement/question.	Proficiency level
The candidate takes the statement/questions completely at face value with no attempt to explore deeper or alternative meanings.	0
One or more interpretations are made, but may be invalid, superficial or not capture the meaning of the statement/question.	1 2
The candidate demonstrates an understanding of the statement/question's meaning at superficial as well as deeper or more abstract levels.	3 4
One or more valid interpretations are offered that display depth and breadth of understanding around the statement/question as well as background knowledge.	5

Fellowship Competency 3. Medical Expert, Communicator, Scholar – Weighting 25%

The candidate is able to identify and develop a number of lines of argument that are relevant to the proposition. *The candidate makes reference to the research literature where this usefully informs their arguments. Includes the ability to consider counter arguments and/or argue against the proposition.*	Proficiency level
There is no evidence of logical argument or critical reasoning; points are random or unconnected, or simply listed.	0
There is only a weak attempt at supporting the assertions made by correct and relevant knowledge OR there is only one argument OR the arguments are not well linked.	1 2
The points in this essay follow logically to demonstrate the argument and are adequately developed.	3 4
The candidate demonstrates a sophisticated level of reasoning and logical argument, and most or all the arguments are relevant	5

Fellowship Competency 5. Medical Expert, Health Advocate, Professional - Weighting 25%

The candidate demonstrates a mature understanding of broader models of health and illness, cultural sensitivity and the cultural context of psychiatry historically and in the present time, and the role of the psychiatrist as advocate and can use this understanding to critically discuss the essay question.	Proficiency level
As relevant to the question or statement: the candidate limits themselves inappropriately rigidly to the medical model OR does not demonstrate cultural awareness or sensitivity where this was clearly required OR fails to demonstrate an appropriate awareness of a relevant cultural/historical context OR fails to consider a role for psychiatrist as advocate.	0
The candidate touches on the expected areas, but their ideas lack depth or breadth or are inaccurate or irrelevant to the question/statement.	1 2
The candidate demonstrates an acceptable level of cultural sensitivity and/or historical context and/or broader models of health and illness and/or the role of psychiatrist as advocate relevant to the question/statement.	3 4
The candidate demonstrates a superior level of awareness and knowledge in these areas relevant to the statement/question.	5

Fellowship Competency 8. Medical Expert, Collaborator, Manager - Weighting 15%.

The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	Proficiency level
Arguments and conclusions appear uninformed by clinical experience (no clinical link) or are contrary or inappropriate to the clinical context.	0
There is an attempt to link to the clinical context, but it is tenuous, or the links made are unrealistic.	1 2
The candidate is able to apply the arguments and conclusions to the clinical context, and/or apply clinical experience in their arguments.	3 4
The candidate makes links to the clinical context that appear very well-informed and show an above average level of insight	5

Fellowship Competency 9. Medical Expert, Communicator, Scholar - Weighting 10%

The candidate is able to draw a conclusion that is justified by the arguments they have raised.	Proficiency level
There is no conclusion.	0
Any conclusion is poorly justified or not supported by the arguments that have been raised.	1 2
The candidate is able to draw a conclusion/s that is justified by the arguments they have raised.	3 4
The candidate demonstrates an above average level of sophistication in the conclusion/s drawn, and they are well supported by the arguments raised.	5

MODIFIED ESSAY QUESTION 1

Each question within this MEQ will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Please answer each question fully and separately.

You are a junior consultant psychiatrist at a Community Mental Health Service. You are seeing Mark who has presented for an outpatient appointment.

Mark is a 34-years-old single unemployed male living at home with his father, a lawyer. Mark has been diagnosed with schizophrenia and he is currently managed on risperidone 6mg daily. Despite good medication compliance, he continues to report distressing auditory hallucinations. He has previously been trialled on olanzapine with partial resolution of auditory hallucinations, but resulted in significant weight gain.

You suggest that Mark should be trialled on clozapine but his father expresses concern about it.

Question 1.1 (9 marks)

Describe (list and explain) the rationale for a trial of clozapine and any other treatment alternatives you would present to Mark and his father.

		Worth	Mark (circle)
A	Clozapine – as above, need to inform about major side effects especially agranulocytosis, myocarditis, cardiomyopathy, metabolic syndrome, constipation, sedation, and possibility of seizures. Need weekly blood tests for 18 weeks and then monthly lifelong to monitor for agranulocytosis. Monitoring for myocarditis and CMP by checking troponin and CRP. Clozapine improves quality of life in many patients. Metabolic syndrome reduced by healthy balanced diet and active lifestyle. Constipation managed by increased fluid intake and fibre diet. Rationale for clozapine – Most efficacious antipsychotic. In people with schizophrenia with poor treatment response to 2 or more antipsychotic drugs, there is an advantage to commencing clozapine rather than other SGA drugs in terms of symptom improvement over 1 year (Lewis 2006)	2	0 1 2
B	Change to olanzapine or another SGA or depot– likely continued psychotic symptoms	2	0 1 2
C	Combination antipsychotics – limited evidence of efficacy although commonly used, increased side effect burden, high-dose prescribing, increased hospitalisation rates and length of stay, higher treatment costs and increased mortality (Gallego et al., 2012)	2	0 1 2
D	No change in biological management – continued distressing auditory hallucinations, likely may not be able to get the expected benefit which may be possible by clozapine trial	1	0 1 2
E	Augmentation with another antipsychotic – possibly improve in positive psychotic symptoms, increased side effects	1	0 1
F	Psychological – CBT-P, ACT, Diversional therapy.	2	0 1 2

Modified Essay Question 1 contd.

Question 1.1 contd. (9 marks)

Describe (list and explain) the rationale for a trial of clozapine and any other treatment alternatives you would present to Mark and his father.

		Worth	Mark (circle)
G	ECT – possibly short term benefits but cognitive side effects	1	0 1
H	Social and lifestyle - smoking or alcohol cessation, sleep hygiene, distraction techniques, socialization, family / social support, NGOs or support group	1	0 1
	Up to a maximum of 9 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at more than 9. (i.e. if they score more than 9, final mark is still 9)

Modified Essay Question 1 contd.

By the end of the meeting, Mark and his father agreed to an inpatient admission for a trial of clozapine.

Mark has now been discharged from hospital after a four week admission. The auditory hallucinations have completely resolved, and he is currently on clozapine 300mg PO daily.

Mark and his father have come to your clozapine clinic for a weekly review.

The nurse informs you that Mark has missed the blood tests yesterday. His current vital signs are temperature 37.7ºC, pulse 110/min, BP 130/85mm Hg, respiratory rate 15/min. Increased the pulse to make the reader more concerned.

Question 1.2 (5 marks)

Outline (list and justify) the investigations you would conduct to assess Mark at this time.

		Worth	Mark (circle)
A	FBC, CRP and blood culture – to rule out infection, myocarditis and agranulocytosis	2	0 1 2
B	Troponin - to rule out myocarditis and cardiomyopathy Candidates may add BNP or ECHO but Troponin is a must to get 1 mark given the time taken to get ECHO (not logistically realistic)	2	0 1 2
C	LFT – rare cases of fulminant hepatic failure with clozapine	1	0 1 2
D	CXR / COVID swab, upper respiratory swab – to rule out URTI, pneumonia and COVID	1	0 1
E	Urine complete examination or urine MCS to rule out UTI although less likely in a young male	1	0 1
F	CK for NMS (unlikely with clozapine)	1	0 1
	Up to a maximum of 5 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at more than 5. (i.e. if they score more than 5, final mark is still 5)

Modified Essay Question 1 contd.

Based on the results of the investigations, Mark had to be admitted to the medical ward for one week with bacterial pneumonia. Mark's father is very angry as he believes this resulted from the clozapine you prescribed and threatens you with legal action.

Question 1.3 (7 marks)

Discuss (list and explain) the process you will undertake to manage the father's concerns.

		Worth	Mark (circle)
A	Offer a meeting to discuss the father concerns	2	0 1 2
B	Apology, willing to listen and be patient	2	0 1 2
C	Inform father about the process of making a complaint if he wishes and how the complaints are handled	2	0 1 2
D	Discussion with Medical Director or a senior colleague or in peer review	1	0 1 2
E	Discussion with medicolegal advisory service or insurer	1	0 1
F	Ensure personal support to reduce stress and anxiety, and to manage the matter appropriately	1	0 1
	Up to a maximum of 4 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at more than 7. (i.e. if they score more than 7, final mark is still 7)

MODIFIED ESSAY QUESTION 2

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers for the other questions. Please answer each question fully and separately.

You are a junior consultant psychiatrist providing after hours cover to the Emergency Department. Your registrar calls you to discuss Mrs Smith, a 69-year-old retired receptionist, who was asked to come to the Emergency Department by her family doctor. She has presented with her husband and has requested he join her in the assessment. Mrs Smith reports she has been her husband's primary carer for the last 3 years (he has dementia). Mrs Smith reports that she has not been feeling like her usual self, she feels more irritable and gets flustered easily when she cannot leave the house alone. She reports her sleep is disturbed.

Question 2.1 (8 marks)

Describe (list and explain) the salient features of history and examination you would like your psychiatric registrar to focus on when assessing Mrs Smith.
Please note: a list with no justification will not receive any marks.

		Worth	Mark (circle)
A	Risk Assessment • Self - plan, intent, imminent, past history, means. Risk of suicide/self-harm • Others (particularly husband)- threats to victim, others, intent, plan, past history. Risk of harm to husband • Other risk – Finance, reputation	1	0 1
B	Assessment of Depressive Symptoms commonly associated with older adults - Sleep disturbance and sleep pattern - Fatigue, - Psychomotor retardation - Loss of interest in living - Hopelessness - Memory and concentration problems - Weight and appetite changes	2	0 1 2
C	Past Psychiatric History: Earlier exposure of depression increases risk of depression later in life	1	0 1
D	Recent and Past Medical History: Hypothyroidism, medications, and other recent illness associated with increased risk of depression in older adult population.	1	0 1
E	Current Function - ADL/ IADL function - Social function - Impairment in function is a consequence and/or cause of depressive symptoms.	1	0 1
F	External Supports • Nature and quality of supports; family, friends • Living alone • Social supports/ alternate carer for Mr Smith	1	0 1
H	Mental State Examination - Level of engagement and rapport. - Looking for signs of depression, mania and current intoxication.	2	0 1 2
I	Level of cognitive function - Cognitive screening results Features of cognitive changes	1	0 1
	Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners</u>: 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.

Question 2.2 (3 Marks)

Describe (list and explain) the areas of concern in regard to risk. (3 marks)

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

		Mark (circle)
A	Suicide	0 1 1.5
B	Elder abuse (could include neglect of husband, homicide assault, coercion of husband or patient)	0 1 1.5
C	Self neglect/functional decline	0 1 1.5
	Up to a maximum of 3 marks in total **TOTAL:**	

<u>Note to Examiners</u>: Final mark is set at not more than 3. (i.e. if they score more, final mark is still 3)

Modified Essay Question 2 contd.

During the assessment, Mrs Smith reports feeling listless and fatigued, having problems concentrating, and worrying about how she can continue to care for Mr Smith. She expresses the view that the both of them are a burden to their children and she thinks they would both be better off dead. After the assessment, you make a provisional diagnosis of major depressive disorder. Mrs Smith tells you she does not want to be admitted to hospital for treatment.

Question 2.3 (6 marks)

Describe (list and explain) the criteria your registrar would use to determine if Mrs Smith has the capacity to refuse admission and treatment.

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

		Worth	Mark (circle)
A	Understanding psychiatric problem	1	0 1
B	Able to understand proposed treatment in hospital	1	0 1
C	Able to understand alternatives to proposed treatment in hospital	1	0 1
D	Able to understand option of refusing admission to hospital treatment	1	0 1
E	Able to appreciate reasonably the foreseeable consequences of refusing treatment	1	0 1
F	Able to appreciate reasonably the foreseeable consequences of accepting treatment	1	0 1
G	Ability to retain the information	1	0 1
H	Ability to communicate their decision	1	0 1
I	Candidates may also consider if Mrs Smith meets the criteria for involuntary admission under the civil mental health due to concerns of safety for Mr and Mrs Smith.	1	0 1
	Up to a maximum of 6 marks in total TOTAL:		

<u>Note to Examiners</u>: Final mark is set at not more than 6. (i.e. if they score more, final mark is still 6)

Modified Essay Question 2 contd.

Mrs Smith tells you she does not want to be admitted to hospital for treatment because she is a carer for her husband.

Question 2.4 (8 marks)

Discuss (list and debate) the pertinent ethical considerations that arise from admitting Mrs Smith.

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

		Worth	Mark (circle)
A	Beneficence and non-maleficence issues: - Discussion risk of treatment e.g. medication risk and psychological distress associated with coercive treatment - Discuss the benefits of treatment e.g., restoration of individual autonomy from treatment. - Discuss the risk of harming family relationships - Discuss the benefit of protecting family relationship - Risk of harm associated with refusing treatment i.e. Mrs Smith could harm herself or Mr Smith	2	0 1 2
B	Autonomy, insight and capacity to consent issues - Mr Smooth has a right to consent to treatment. - Capacity to consent is related to specific decision so Mrs Smith may have ethical capacity if she is able understand relevant information, relate that information to her personal situation, and make a balanced decision to specific treatment. It is	2	0 1 2
C	Safety issues: - Discuss the admission as a risk intervention strategy mitigate the risk of harm to Mr and Mrs Smith due to Mrs Smith illness. - Prevention of individual harm is the ethical basis to justify involuntary treatment. - If Mrs Smith is admitted it is important to consider who will care for Mr Smith at home.	2	0 1 2
D	Justice: - If Mrs Smith refuses treatment or is not admitted to hospital it could be considered a violation of the principle of justice to have a person with severe illness left untreated - However, it would be unjust to require Mrs Smith to be treated as an inpatient because of a lack of community resources to manage her illness at home	2	0 1 2
E	Psychiatrist Role and Responsibilities: - Treating team to consider their ongoing clinical and therapeutic relationship with Mrs Smith	2	0 1 2
	Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners</u>: Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8).

Modified Essay Question 1 contd.

Mark recovers completely and was discharged home on clozapine 300mg daily. He continues to see you in the monthly clozapine clinic. Three months later, he presents very excited to report that he has completely ceased smoking two weeks ago. He was previously smoking 30 cigarettes daily.

Question 1.4 (4 marks)

Discuss (list and explain) further management for Mark.

		Worth	Mark (Circle)
A	Reduction of clozapine dose needed by up to 50% in the coming days. Only award 2 marks if the candidate gives a complete plan of reduction which is usually 10% daily for next 4 days e.g. 270mg tonight, …… If only suggests, reduce dose without a plan or how much to reduce over the next few days then award 1 mark	2	0 1 2
B	Increased monitoring for relapse over the next few days / weeks e.g. crisis team, increased follow up, admission	1	0 1
C	Monitor clozapine levels	1	0 1
D	May need to increase dose if he starts smoking again	1	0 1
E	Offer NRT or other supports to remain abstinent from cigarettes	1	0 1
	Up to a maximum of 4 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at more than 4. (i.e. if they score more than 4, final mark is still 4)

MODIFIED ESSAY QUESTION 3

Each question within this MEQ will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Please answer each question fully and separately.

You are working as a psychiatrist in a general hospital and have responsibility for Emergency Department presentations.

Overnight, a 26 year old woman, Kayla, presented to ED with her friends after superficially cutting her wrist with a razor blade whilst she was intoxicated with alcohol. Kayla was discharged at 3am into the care of her friends after the ED resident had a phone discussion with the on-call psych registrar (i.e., patient not seen by the registrar).

The ED consultant calls you early in the morning concerned about this process, irritably complaining that this was not appropriate and is not within the protocol.

Question 3.1 (10 Marks)

Outline (list and describe) your initial management of this situation.

	Issue	**Exposition**	**Worth**	**Mark (circle)**
A	Collegial collaboration	Need for an ongoing respectful collaboration with the senior ED staff and reasons- patient care , good communication, work satisfaction	3	0 1 2 3
B	Clarify clinical situation and outcome	Seek corroborative information from notes and psych registrar. Inform the registrars supervisor as they will need ongoing support.	3	0 1 2 3
D	Plan ongoing care needs for client	Check follow up plans and arrange appropriate follow up if needed	3	0 1 2 3
D	Clarify the current policy and agreed after hours policy and actual processes	Check current policy Check current processes Discuss with colleagues issues around processes	3	0 1 2 3
		Up to a maximum of 10 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 10. (i.e if they score more, final mark is still 10)

Modified Essay Question 3 contd.

Question 3.2 (7 Marks)

Outline (list and describe) the ethical concerns you have in regard to the client's care.

	Issue	Exposition	Worth	Mark (circle)
A	Beneficence	Provision of safe and respectful care for the client	2	0 1 2
B	Non-maleficence	Did the service "cause no harm" to Kayla ?	2	0 1 2
C	Justice – access to safe services	Was Kayla's care as safe as it could have been? Was there adequate corroborative information and sufficient expertise (consultant involvement) ?	2	0 1 2
D	Autonomy	Was Kayla sufficiently involved in the consideration of her care ?	2	0 1 2
E	Capacity	Did Kayla have capacity to make a decision about going home	2	0 1 2
		Up to a maximum of 7 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 7. (i.e if they score more, final mark is still 7)

Modified Essay Question 3 contd.

Contact has been made with Kayla and she has seen the local Acute Care Service and her care has now been transferred to the Adult Community Mental Health Team

After review in the Community a diagnosis of Borderline Personality disorder is made with a recommendation for treatment with Dialectical Behaviour Therapy (DBT).

Question 3.3 (8 marks)

Outline (list and describe) DBT as a therapy including the model and modules, and how it may help Kayla.

	Issue	**Exposition**	**Worth**	**Mark (circle)**
A	Theoretical background of DBT	History, development and theoretical origin of DBT	2	0 1 2
B	Model and structure	Individual and group based therapy delivered over a fixed period with modules of psychological work Formal frame. Skills training group, individual treatment, DBT phone coaching, and consultation team.	3	0 1 2 3
C	Modules	Utility of modules based on DBT – including mindfulness, distress tolerance, emotional regulation and interpersonal effectiveness.	3	0 1 2 3
D	Useful for Kayla	which aspects would be likely to be helpful for Kayla… affect management and self harm behaviour management	3	0 1 2 3
		Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set at not more than 8. (i.e. if they score more, final mark is still 8)

MODIFIED ESSAY QUESTION 4

Each question in this MEQ will be marked by a different examiner. The examiner marking one question will not have access to your answers to the other questions. Please answer each question fully and separately.

You are a junior consultant psychiatrist working in a small metropolitan hospital. The consultation liaison psychiatry registrar calls you, as their consultant is on leave, to discuss a patient referred by the maternity team. Tammy is a 31 year old married woman, who teaches at a private high school and lives with her husband. She is day 3 postpartum following the birth of their first child. Tammy has no history of mental illness.
Your registrar tells you that Tammy has been increasingly anxious today and has been coming in and out of her room asking for help with infant care. She is needing a lot of redirection with wrapping and settling her baby. The team feel this is "a bit odd" as Tammy seemed to be coping well the first couple of days.

Question 4.1 (8 marks)

Outline (list and justify) what information you would like the registrar to obtain when assessing Tammy.

		Worth	Mark (circle)
	HISTORY		
A	History of presenting complaint - symptom onset, recent baseline function. Symptoms – e.g. mood, agitation, delusions or hallucinations, ruminations, sleep, - whether able to sleep when has opportunity, sense of confidence with parentcraft, intrusive thoughts e.g. harm coming to baby or self, accidentally harming baby e.g dropping in bath or when carrying. Cognitions about self and baby Risk – of harm to self or baby, misadventure.	1	0 1
B	Of pregnancy, delivery and perinatal course for Tammy and baby. Whether pregnancy was planned and wanted, spontaneous or assisted fertility, any complications, length of labour, period of time awake during labour, early adjustment. – sleep post delivery	1	0 1
C	Psychiatric history – any past episodes, admissions or diagnoses, medications, MH contact, DSH or suicide attempts. Family history of mental illness. History of trauma – developmental or recent	1	0 1
D	Medical history and recent physical Sx e.g. fever, headaches, neurological Sx. Substance use history.	1	0 1
E	**MENTAL STATE -** Grooming, rapport, psychomotor abnormalities. Cognitive – attn, concentration, orientation. Mood and affect. Cognitions about self and baby; particular anxieties about parenting and baby, degree of confidence re parentcraft Delusions, perceptual changes, preoccupations. Thoughts of suicide or harm to self/baby/others.	2	0 1 2

Modified Essay Question 4 contd.

Question 4.1 (8 marks)

Outline (list and justify) what information you would like the registrar to obtain when assessing Tammy.

		Worth	Mark (circle)
F	P**HYSICA**L - Review of observation charts – temps, BP stability. Review or suggestions for investigations e.g. FBC, UEC, LFT, CMP, ESR, CRP, swabs, neuroimaging, EEG as relevant	2	0 1 2
G	**COLLATERAL** - Discuss with husband, midwives, obstetric team + other HCP as relevant, e.g. GP. Review of recent and past notes and medication charts – any recent changes?	2	0 1 2
	Up to a maximum of 8 marks in total **TOTAL:**		

Note to Examiners: **Final mark is set out at not more than 8 (i.e. if they score more, final mark is still 8)**

Modified Essay Question 4 contd.

You review Tammy with the registrar. There are half-eaten food packets scattered throughout the room. Her husband, David, looks fatigued as he rocks their infant who is crying loudly. He reports that Tammy has seemed 'out of it' all day and is not making sense. He is worried that she is getting worse. Tammy seems oblivious to everything and smiles vaguely at you. She starts playing a podcast on her phone and listens to it intently. At times she giggles inappropriately.

Question 4.2 (4 marks)

List the differential diagnoses that you would consider.

		Worth	Mark (circle)
A	Delirium, e.g. toxaemia of pregnancy due to neurological event, electrolyte disturbance, infection, severe anaemia from PPH	1	0 1
B	Medication side effect or adverse drug reaction e.g. to antihypertensives or analgesics	1	0 1
C	Substance intoxication or withdrawal	1	0 1
D	Postpartum onset/presentation of bipolar disorder Postpartum onset/presentation of psychotic illness – schizophrenia, schizoaffective disorder	1	0 1
E	Postpartum psychosis	1	0 1
F	Postnatal depression	1	0 1
G	Dissociative phenomena e.g. if significantly traumatic birth and/or Hx of trauma	1	0 1
	Up to a maximum of 4 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set out at not more than 4 (i.e. if they score more, final mark is still 4)

Modified Essay Question 4 contd.

Following your assessment, the Midwifery Unit Manager asks to speak with you. The midwives are concerned that they cannot manage Tammy's behaviour and would like her to be transferred.

Question 4.3 (7 marks)

Please describe (list and explain) what you would tell the Midwifery Unit Manager about how the consultation-liaison team will assist with Tammy's care.

		Worth	Mark (circle)
A	**PSYCHOEDUCATION** about the condition for midwives and Tammy and David – explain diagnosis of postpartum psychosis, fairly rapid onset of florid symptoms. Fluctuation in symptomatology. Severity, treatment and importance of close monitoring and care to ensure safety for Tammy and baby.	1	0 1
B	**REVIEW** - daily review of Tammy by CL team + arranging constant supervision e.g. extra midwife or 1:1 special when husband is not present.	1	0 1
C	**SUPPORT** - Interventions with maternity staff – education sessions or attending handover. Request for detailed recording of behavioural observations by staff – ensure they have a good templates and examples. Assist them to deliver consistent approach to behavioural management to provide containment. Importance of sleep support in recovery – aim at least 4 to 6 hours continuous period of sleep – preferably overnight Discussion with woman, lactation consultant, midwife and partner re options for feeding infant when woman sleeps – EBM (expressed breast milk), formula top up – father to attend to infant feeds Due to sedative effect of the psychotropic meds , partner to support woman in infant cares – changing and settling after breastfeed Would support the midwifery team to request additional nursing staff supports – to provide increased care and mental state observation for Tammy and also to assist and supervise safe infant cares by Tammy Ways to contact for MH support if required, including after hours or in emergency.	1	0 1

Modified Essay Question 4 Contd.

Question 4.3 (7 Marks)

Please describe (list and explain) what you would tell the Midwifery Unit Manager about how the consultation-liaison team will assist with Tammy's care.

		Worth	Mark (circle)
D	**MEDICATION** and regular review for dosing, efficacy and side effects. e.g antipsychotic like olanzapine 2.5-5mg, or quetiapine likely 50-200mg following informed consent re benefits and side effects. PRN meds for agitation and to assist sleep also e.g. antipsychotic or benzodiazepine. Consideration of safety recommendations and precautions if breastfeeding. Baseline bloods and ECG for medication monitoring, including fasting lipids and glucose, and weight. Discuss the likely sedative effect of the medication and recommendations for care of Tammy whilst on ward - Need increased support for infant care and observation of feeding and delivery of the infant cares particularly in period post medication	2	0 1 2
E	**STATUS** - discuss options for status of ongoing care – ideally voluntary but may need to use mental health act if Tammy not willing to stay and significant safety concerns.	1	0 1
F	**SETTING** –consideration and review of the ideal location of care depending on resources available . Ideal to keep mother and baby together in a safe and supported setting to support mother-infant bonding and optimise partner support. over next 24 hours – initially on maternity ward for midwifery support, if significant improvement of symptoms may improve and be cared for at home with intensive community perinatal mental health support however if symptoms escalate or unable to contain then consider transfer to mother-baby unit, if available or mental health unit if wait time for specialist bed	2	0 1 2
G	**TRANSITION** planning – for transfers or at point of discharge home to arrange close community follow up with specialist perinatal services or general community mental health teams as a minimum, depending on service availability	1	0 1
	Up to a maximum of 7 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set out at not more than 7 (i.e. if they score more, final mark is still 7)

Modified Essay Question 4 contd.

Tammy and David return to see you in your outpatient clinic 12 months later. They are planning another pregnancy and are seeking advice. Tammy has been well for the last 10 months and has continued taking olanzapine 5mg since admission.

Question 4.4 (6 Marks)

Please outline (list and justify) the key information you would cover about how to prevent recurrence in future pregnancies.

		Worth	Mark (circle)
A	Importance of **planning pregnancy** in order to optimise medication and wellbeing *before* becoming pregnant	1	0 1
B	Explain that there is a significant risk of **recurrence** in subsequent pregnancies and relevant risk factors – e.g. sleep deprivation, significant stress/anxiety, substance use	1	0 1
C	Discuss role of **medications** and options for continuing or ceasing medications pre-conception. Discussion of EWS and decision to recommence meds should relapse occur Also option to restart prophylactic medications postnatally if decision to cease during pregnancy. Detailed risk-benefit discussion of various options, plus offer reading materials and numbers for Mothersafe or equivalent services to allow independent advice and questions to be answered.	2	0 1 2
D	Talking to both Tammy and David on multiple occasions. Arrange followup sessions for further discussion once they have had a chance to consider information/resources and discuss their preferences together	1	0 1
E	Close **antenatal care** with regular review through pregnancy. Close liaison between psychiatry, obstetric team and GP	1	0 1
F	Aim for longer **postnatal** admission and support following delivery – quiet single room, attention to preserving sleep e.g. husband doing overnight feeds or baby to nursery overnight, PRN meds as required. Adequate supports and regular reviews when returning home.	2	0 1 2
	Up to a maximum of 6 marks in total **TOTAL:**		

<u>Note to Examiners:</u> Final mark is set out at not more than 6 (i.e. if they score more, final mark is still 6)

MODIFIED ESSAY QUESTION 5

Each question within this MEQ will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Please answer each question fully and separately.

You are a junior consultant psychiatrist providing after-hours cover to a small rural hospital over the Christmas long weekend. There is no on site registrar.

John, a 12 year old aboriginal boy, has been brought in by ambulance with deliberate self-harm by cutting on his forearms. He is the oldest of five children, and lives with half-siblings, step-father and his mother, who also has a diagnosis of borderline personality disorder and smokes cannabis. His father has been absent since his birth. There is a history of sexual abuse by his grandfather between the ages of six and nine years. There is no history of suicidal attempts. The local GP diagnosed John with depression and anxiety, and he was started on fluoxetine with limited benefit. John stopped going to school two years ago, and hangs out with older children who supply him with cannabis.

You decide to go in and see John. On review, he engages minimally and dismisses any concerns around his safety. He denies low mood and mentions that he cut himself after his step-father yelled at him while fighting with his mother. He would like to go home and engage with his regular counselor. The wounds did not need suturing and there are no other medical issues.

Question 5.1 (8 Marks)

Outline (list and justify) the risk factors you will consider in making a decision about John's management.

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

1 mark each to a maximum of 4 marks for Static Factors, 5 marks for Dynamic Factors and 1 mark for other for this question

	Static Factors	**Worth**	**Mark (circle)**
A	Age: gender are both are associated with higher risk of suicide	1	0 1
B	Indigenous youth – higher risk of suicide	1	0 1
C	Rural – also associated with higher risk of suicide	1	0 1
D	Trauma history of SA and domestic violence from step-father	1	0 1
E	Maternal mental illness – BPD – likely to have insecure attachment relationship	1	0 1

Modified Essay Question 5 Contd.

Question 5.1 (8 marks)

Outline (list and justify) the risk factors you will consider in making a decision about John's management.

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

1 mark each to a maximum of 4 marks for Static Factors, 5 marks for Dynamic Factors and 1 mark for other for this question

	Dynamic Factors	**Worth**	**Mark (circle)**
G	Recent history of self-harm escalating in the last year	1	0 1
H	Diagnosis of MDD and GAD	1	
I	Current substance use	1	0 1
J	Poor medication response	1	0 1
K	Limited engagement with service providers	1	0 1
	Other	1	0 1
L	Limited resources in a rural area	1	0 1
	Up to a maximum of 8 marks in total **TOTAL:**		

<u>Note to Examiners</u>: Final mark is set at not more an 8 (i.e. if they score more, final mark is still 8)

Modified Essay Question 5 Contd.

You speak to John's mother who wants John to be admitted to hospital to get proper treatment as this is his third presentation with self-harm within last year. You do not have any specialized child and youth unit in the hospital and the nearest hospital with a child unit is over 200km away.

Question 5.2 (6 Marks)

Discuss (list and debate) the considerations around inpatient treatment.

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

	Advantages	**Worth**	**Mark (circle)**
A	Acute risk of completed suicide can be managed over the long weekend given limited services in a rural area.	1	0 1
B	Allows for a longitudinal multi-disciplinary assessment and treatment- important given the escalating self-harm- diagnostic clarification.	1	0 1
C	Develops an alliance with the mother as she may feel more 'heard' if her concerns are acted upon - facilitate family work necessary for future treatment.	2	0 1 2
D	Allows for comprehensive multi-agency planning e.g. treatment of MH issues and psycho-social determinants of health – such as access to school (re-linking) addressing of care and protection issues if any.	1	0 1
	Disadvantages		
E	Isolation from the family as child and adolescent unit is far away from his Country – not on Country	1	0 1
F	John does not want an admission – may damage the fragile therapeutic relationship.	1	0 1
	Up **to a maximum of 6 marks in total** **TOTAL:**		

<u>Note to Examiners</u>: Final mark is at not more than 6 (i.e. even if they score more, final mark is still 6)

Modified Essay Question 5 Contd.

With safety planning and follow-up, you decide to discharge John into care of his mother. A week later, you see them in the outpatient clinic. John appears very sad and withdrawn but does not want to talk with you about what is going on.

Question 5.3 (7 Marks)

Describe (list and explain) what you need to be mindful of when dealing with an aboriginal patient? Please note: a list with no explanation will not receive any marks.

		Worth	Mark (circle)
A	Recognise that the patient may have a mistrust of systems and institutions given the intergenerational experiences of trauma with systems and ongoing issues of prejudice in MHJ care etc.	2	0 1 2
B	Recognise that John comes from a collectivist culture and as such he may have additional concerns about being away from away from his younger siblings, whose welfare he may feel responsible for.	2	0 1 2
C	**Rapport-** build rapport by sharing stories common interests etc. person before business approach.	1	0 1
C	**Language**: Note that many Aboriginal people may not speak English as their first language or they may speak English in different dialects (Kriol, Aboriginal English or Torres Strait Islander Creole) so use plain English to clarify your message and aid understanding.	1	0 1
D	Choose words to avoid medical jargon and terminology.	1	0 1
E	Speak in gentle tones as higher tones may come across as patronizing.	1	0 1
F	Give patient time to think and allow them to answer.	1	0 1
G	Paraphrase and summarize to avoid misunderstanding and also ask the patient to summarise what has been said to confirm understanding.	1	0 1
H	**Shame –** important aspect to be mindful off – so ensure personal information is discussed in a safe private space.		
I	Recognize and respond sensitively to concerns and show empathy.	1	0 1
K	Consult with local aboriginal health worker/colleague or a local community member to clarify, build you knowledge of local suitable and generally acceptable words to minimize misunderstanding.	1	0 1
M	Offer to include support person to aid engagement.	1	0 1
	Up to a maximum of 7 marks in total **TOTAL:**		

<u>Note to Examiners</u>: Final mark is at not more than 7 (i.e. even if they score more, final mark is still 7)

Modified Essay Question 5 Contd.

Question 5.4 (4 Marks)

List the differential diagnosis you would consider for John.

		Worth	Mark (circle)
A	PSTD	1	0 1
B	Major Depressive Episode	1	0 1
C	Generalised Anxiety Disorder	1	0 1
D	Substance inducted mood disorder	1	0 1
E	Substance induced mood disorder	1	0 1
F	Dysthymia	1	0
	Up to a maximum of 4 marks in total TOTAL:		

<u>Note to Examiners</u>: Final mark is at not more than 4 (i.e. even if they score more, final mark is still 4)