

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

**MOCK WRITTENS**

**MODIFIED ESSAY PAPER**

**MARKING GUIDE**

**November 2022**

**Produced and delivered by the NSW Branch Training Committee in collaboration with Health Education and Training Institute Higher Education**



**CANDIDATE’S NAME:**

 **DATE:**

**TRAINING ZONE:**

**Modified Essay Question 1 Candidate Name:**

*Each question within this modified essay will be marked by a different examiner. The examiner marking this question will not have access to your answers to the other questions. Therefore, please ensure that you address each question separately and specifically. Answer this question fully, even if you believe that you have partly covered its content in your answers to other questions.*

**Modified Essay Question 1: (25 marks)**

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. She reports her sleep is disturbed.

**Question 1.1**

**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 explanation will not receive any marks.* **(8 marks)**

|  |  |  |
| --- | --- | --- |
|  |  | **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, risk of falls
 | 01 |
| **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 | 012 |
| **C** | Past Psychiatric History: Earlier exposure of depression increases risk of depression later in life | 01 |
| **D** | Recent and Past Medical History: Hypothyroidism, medications, and other recent illness associated with increased risk of depression in older adult population. | 01 |
| **E** | Current Function- ADL/ IADL function- Social function- Impairment in function is a consequence and/or cause of depressive symptoms. | 01 |
| **F** | External Supports• Nature and quality of supports; family, friends• Living alone• Social supports/ alternate carer for Mr. Smith | 01 |
| **G** | Mental State Examination- Level of engagement and rapport.- Looking for signs of depression, mania and current intoxication.- Delusions of poverty, nihilistic delusions | 012 |
| **H** | Level of cognitive function- Cognitive screening results Features of cognitive changes | 01 |
| **I** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 8 marks in total**  **TOTAL** |  |

**Note to Examiner:** 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. Candidate Name:**

*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. She reports her sleep is disturbed.*

**Question 1.2**

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

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

|  |  |  |
| --- | --- | --- |
|  |  | **Mark** **(circle)** |
| **A** | Suicide | 011.5 |
| **B** | Elder abuse (could include neglect of husband, homicideassault, coercion of husband or patient) | 011.5 |
| **C** | Self neglect/functional decline | 011.5 |
| **D** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 3 marks in total** **TOTAL** |  |

**Note to Examiner:** Final mark is set at not more than 3 (i.e. if they score more, final mark is still 3)

**Modified Essay Question 1 contd. Candidate Name:**

*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. She reports her sleep is disturbed.*

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 1.3**

**Describe (list and explain) the criteria your registrar would use to determine if Mrs. Smith requires admission under the Mental Health Act.**

*Please note: a list with no explanation will not receive any marks.* **(6 marks)**

|  |  |  |
| --- | --- | --- |
|  |  | **Mark****(circle)** |
| **A** | Her decision-making capacity and level of insight | 01 |
| **B** | Evidence of any cognitive decline or delirium on mental state | 01 |
| **C** | Current physical health | 01 |
| **D** | Risk assessment – suicidality, safety of husband, risk of exploitation by others | 01 |
| **E** | Past history of non-compliance, and current attitude towards accepting treatment ibn the community | 01 |
| **F** | Ability of the local community mental health team to provide assertive follow-up | 01 |
| **G** | Community supports - family, friends- collaterals from family and GP; alternate arrangements for the care of her husband | 01 |
| **H** | Organise a home visit to assess for evidence of neglect of the home, her ability to care for herself and her husband - this might not be possible prior to admission | 01 |
| **I** | Ethical consideration of beneficence vs non maleficence | 01 |
| **J** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 6 marks in total** **TOTAL**  |  |

**Note to Examiner:** Final mark is set at not more than 6 (i.e., if they score more, final mark is still 6)

**Modified Essay Question 1 contd. Candidate Name:**

*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. She reports her sleep is disturbed.*

*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.*

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

**Question 1.4**

**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.* **(8 marks)**

|  |  |  |
| --- | --- | --- |
|  |  | **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
 | 012 |
| **B** | Autonomy, insight and capacity to consent issues* Mrs Smith 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.
 | 012 |
| **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.
 | 012 |
| **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
 | 012 |
| **E** | Psychiatrist Role and Responsibilities:* Treating team to consider their ongoing clinical and therapeutic relationship with Mrs. Smith
 | 012 |
| **F** | Did handwriting affect marking? |  |
|  |  **Up to a maximum of 8 marks in total** **TOTAL** |  |

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