

CANDIDATE NAME:



The Royal
Australian &
New Zealand
College of
Psychiatrists

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK MODIFIED ESSAY EXAM November 2023

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



HEALTH
EDUCATION
& TRAINING
INSTITUTE

CANDIDATE'S NAME:

DATE:

TRAINING ZONE:

DIRECTIONS:

- This paper will take 150 minutes (2.5 hours) and is worth 125 marks. Candidates may begin writing their answers in this booklet at any point after the examination commences.
- Please use a black or blue ball-point pen to write your responses in the following pages. Write within the lines, on lined pages only. Answers written on blank pages will not be marked.
- You can request additional spare pages from the invigilator if needed. Write your name on the top of any extra page 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 lined pages.
- A Stimulus handout is provided for candidates to refer to.

MODIFIED ESSAY QUESTION 1 (22 marks)

Each question within this modified essay question will be marked by a different examiner. The examiner marking one 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.

You are a junior CL consultant working in a small hospital. A 23 year old Indian woman who is an overseas student doing a Master's degree in Economics presents to ED with one month history of epigastric pain, rectal bleeding and frequent postprandial vomiting. She reports 5 kg weight loss in the past month. Prior to this, she was experiencing increased fatigue. She has intermittently used cannabis, the last time around a month ago.

She is clinically dehydrated with a persistent tachycardia, and her bloods demonstrate hypoglycemia and a metabolic acidosis. There is no medical history of note. The ED gives her IV fluids, thiamine, metoclopramide and pantoprazole and she is admitted under general medicine.

The team refers to you with concerns for "major depressive disorder, suicidal ideation and eating disorder".

She has been in Australia for 18 months and is living with her boyfriend of 8 months who is also Indian. His parents are now pressuring them to get married, but she is reluctant to make this commitment, as she had a conflict with the boyfriend four weeks ago, after which he blocked her on all social media for three days. She also has significant financial stressors, having taken out an \$85,000 loan for her studies and works to keep up with repayments. She has no other family or friends in Australia.

She contacted the mental health line around four weeks ago, however they referred her back to her GP. The GP commenced her on venlafaxine at the time. She has not been compliant with this.

As a child in India, she had no friends in primary school and changed schools but was then "bullied" by a teacher. She attempted to jump in front of a bus at the age of fifteen. Following this, she had several relationships where her partner was either physically or sexually abusive towards her.

At her undergraduate university (in India), she was sexually assaulted by a professor. Her complaint was disregarded by the university. She was subsequently diagnosed with depression by a psychiatrist.

Question 1.1 (10 marks)

Outline (list & justify) the differential diagnoses you would consider.

(Please note: A list with no justification will not receive any marks.)

MODIFIED ESSAY QUESTION 2 (21 marks)

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.

You are an early career psychiatrist working in a community health centre with the acute care team. You have been asked to see a new patient referred for assessment by his GP.

Jack Bower is a 17-year-old male in year 12 of a public high school and living with his parents and two younger siblings aged 15 and 12 in an outer metropolitan area. Jack had a normal developmental history, met all his developmental milestones, and was an average student academically. He typically played soccer on weekends and gamed online with his friends.

Over the last few months Jack's family have observed him to be increasingly withdrawn spending more time in his room and he has not been attending soccer practice. There has been a marked decline in his school marks and his teachers have commented about poor attention in class.

Upon review with his parents, Jack appeared reasonably well dressed and groomed, however his engagement was limited, and rapport was not easy to establish. His affect appeared flat; however, he denied feeling depressed. When asked about his social withdrawal and poor school performance, Jack just shrugged his shoulders. Jack said that he thought he would do fine in the HSC.

You interview Jack alone briefly. He was not much more forthcoming and there was little spontaneity in conversation. He continued to deny feeling depressed and denied thoughts of suicide or self-harm. However, when specifically asked about hearing voices, he conceded that he sometimes heard whispers or people calling his name when there was nobody around. He has this experience daily for about 10 minutes per day. He also said he sometimes saw shadowy figures at night. When asked about persecutory ideation, he said that he sometimes feels like he is being watched, but he doesn't know by whom.

There is no history of substance use.

There is no family history of mental illness, however Jack's paternal uncle was described as eccentric and reclusive.

Question 2.1 (5 marks)

Describe (list and explain) your preliminary diagnostic impression and differential diagnoses you would consider?

(Please note: A list with no explanation will not receive any marks.)

CANDIDATE NAME:

Modified Essay Question 3 cont'd.

You are a Junior Consultant Psychiatrist working in the acute adult unit in a General Hospital. You are also the principal supervisor for Dr Will Smith, a first-year trainee registrar who has completed seven months of psychiatry training.

You receive a phone call from the Clinical Director informing you that a patient, Jordan McKenzie, who had presented to the Emergency Department 2 days ago with suicidal ideation and was assessed and discharged by Dr Smith in the after-hours shift has been found dead yesterday. The Clinical Director has just informed Dr Will Smith and is conveying this to you, as his supervisor.

You have supported Dr Smith through the immediate phase. He has gone back to his usual inpatient work on the ward and appears to be coping reasonably.

A week later, Dr Smith receives a letter inviting him to an interview as part of the associated Root Cause Analysis. He becomes distressed and panicked and approaches you regarding the process.

The RCA interview occurs, and Dr Smith appears to manage the RCA interview. After three weeks, you receive a call from the clinical director asking about Dr Smith's welfare. It has come to his notice that he had called in sick with late notice for two after-hours shifts and the reserve registrars had to be called in.

You had not been aware of this as Dr Will Smith had not had any sick leave or absences from his day work.

You wonder what might be behind these absences and whether perhaps your registrar is continuing to struggle with distress post the patient's death.

Question 3.3 (4 marks)

Outline (list and explain) how you would approach the situation.

(Please note: A list without explanation will not receive any marks.)

CANDIDATE NAME:
