



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

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

PAPER I

I hereby verify that I have completed and returned Paper I, Mock Writtens Examination:

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:



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

**EXTENDED
MATCHING
QUESTIONS**

**MOCK EXAMINATION
PAPER I**

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

**Do not answer
Extended Matching Questions
in this booklet.**

**Use the separate answer sheet
and pencil provided.**

Extended Matching Questions

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All questions are worth 1 mark

- A. alcohol
- B. cannabis
- C. tobacco
- D. opiates
- E. caffeine
- F. cocaine
- G. solvents
- H. methylenedioxymethamphetamine
- I. benzodiazepines
- J. phencyclidine
- K. benztropine
- L. lysergic acid

Which substance listed above is the most likely to be implicated in the following examples.

Please select only ONE option, but any option may be used more than once, if required.

1. Water intoxication
2. Caput medusae
3. Elevated blood Carbon Monoxide levels
4. Acute agitation and aggression
5. Unusual facies and mild mental retardation in children

Extended Matching Questions

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All questions are worth 1 mark

- A. Sleep terror disorder
- B. Primary Hypersomnia
- C. Caffeine induced sleep disorder (insomnia)
- D. Cataplexy
- E. Sleep disorder due to a general medical condition
- F. Periodic Leg Movement Disorder
- G. Insomnia related to an Axis II disorder
- H. Catalepsy
- I. Major Depression
- J. REM Behaviour Disorder
- K. Restless Legs Syndrome
- L. Circadian rhythm disorder
- M. Primary Insomnia

Which sleep problem listed above is best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

6. Jean developed initial insomnia after prolonged stress at work during a restructuring. Although she is now feeling far less stressed she continues to be unable to fall asleep for 2-3 hours after she goes to bed.
7. Sharon sees herself as a “night owl” and stays up until 3am. She is tired at work the next day but manages to catch up on her sleep at the weekends.
8. Jodie suffered from childhood sexual abuse and has long-term coping problems including difficulty sleeping at night.
9. When startled or laughing Bill loses control of his head and neck muscles and his speech becomes slurred. He does not lose consciousness.

Extended Matching Questions

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All questions are worth 1 mark

- A. Depersonalisation disorder
- B. Major Depression
- C. Generalised Anxiety disorder
- D. Dysthymia
- E. Derealisation disorder
- F. Post traumatic stress disorder
- G. Agoraphobia
- H. Conversion disorder
- I. Dissociative Identity Disorder
- J. Dissociative fugue
- K. Acute stress disorder
- L. Simple Phobia

Which diagnosis listed above is best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

10. Ginny is afraid of dogs and after the neighbours get a bull terrier which barks at her across the fence, she refuses to go outside and becomes housebound.
11. John, a 38 year old bank clerk, complains of feeling low and perpetually tired. His sleep is poor and unrefreshing and he tends to over-eat junk food. On assessment he does not meet the criteria for a depression as such. He says that he has felt like this since adolescence and that he grew up with an abusive alcoholic father.
12. A 47 year old man is admitted to a mental health unit. He is initially vague and seems dazed although he is orientated to time and place but is unable to say who he is. He is able to give some personal details on the third day and his wife, who lives in another city, says when contacted that he vanished a week ago and that she had reported him missing. He has apparently been very stressed as he faces embezzlement charges and has lost his job.
13. Jack describes himself as a continual worrier. He frets about his family and about his performance at work and has a lot of anticipatory anxiety regarding a wide range of situations such as social events, the dentist and flying. He says he has broken sleep, tiredness and always feels tensed up.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Sandor Ferenczi
- B. Erich Fromm
- C. Melanie Klein
- D. Otto Rank
- E. Mary Ainsworth
- F. Karen Horney
- G. Sigmund Freud
- H. Wilhelm Reich
- I. Margaret Mahler
- J. Alfred Adler
- K. Anna Freud
- L. Ernest Jones
- M. Carl Jung
- N. Erik Erikson
- O. Michael Balint
- P. Donald Winnicott
- Q. Carl Rogers
- R. Heinz Kohut
- S. Nancy Chodorow
- T. Harry Guntrip

Which historical figure listed above is best represented by each of the following items.

Please select only ONE option, but any option may be used more than once, if required.

- 14. Person-centered therapy
- 15. Rapprochement
- 16. The Paranoid-Schizoid position
- 17. Good enough mothering

Extended Matching Questions

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All questions are worth 1 mark

- A. Nigrostriatal system
- B. Hypothalamus
- C. Mamillary bodies
- D. Cerebellum
- E. Frontal cortex
- F. Right temporal area
- G. Brain Stem
- H. Tuberoinfundibular pathway
- I. Parietal cortex
- J. Amygdala
- K. Temporal cortex
- L. Occipital cortex

Which brain region or system listed above is most associated with each of the following problems.

Please select only ONE option, but any option may be used more than once, if required.

18. Anomia and dysgraphia

19. Word blindness and movement agnosia

20. Prosopagnosia and fluent aphasia

21. Dysphagia and sleep apnoea

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | | | |
|----|--------------------------|----|--------------------------|
| A. | Verbal Fluency | I. | HoNOS |
| B. | HDRS | J. | YMRS |
| C. | Myers-Briggs Inventory | K. | GATES |
| D. | Y-BOCS | L. | Wisconsin Card Sort |
| E. | PANSS | M. | Wender Utah Rating Scale |
| F. | CAGE | N. | PASAT |
| G. | Adult ADHD Questionnaire | O. | Stroop |
| H. | Trail-making test | P. | BDI |

Which diagnostic instrument above above is best applied to each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

22. A facilitator plans a team planning day focussed around communication and cooperation and decides to send out a self-evaluation task beforehand to all participants.
23. A 30 year old man presents saying that he has self-diagnosed Adult ADHD using a self-report scale on the internet. He is requesting a trial of methylphenidate but you suspect he may be drug-seeking.
24. A 29 year old graduate student presents with obsessions about contamination and excessive handwashing and showering.
25. A 53 year old woman has severe chronic side effects after years of depot antipsychotics. She is about to be trialled on medication to try to reduce her tardive dyskinesia.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Stevens Johnson syndrome
- B. Autobiographical memory deficits
- C. Myocarditis
- D. Hearing loss
- E. Seizures
- F. Impaired glucose tolerance
- G. Polyuria
- H. Agranulocytosis
- I. Polycystic ovarian syndrome
- J. Polydipsia
- K. Urinary retention
- L. Psoriasis
- M. Pancreatitis

Which medical adverse effect as above is most likely to be caused by each of the following treatments.

Please select only ONE option, but any option may be used more than once, if required.

26. Electroconvulsive therapy

27. Olanzapine

28. Amitriptyline

29. Sodium Valproate

30. Transcranial magnetic stimulation

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | |
|----------------------------|--------------------------|
| A. Depersonalisation | I. Visual illusion |
| B. Pareidolia | J. Prosopagnosia |
| C. Déjà vu | K. Somatic hallucination |
| D. Visual agnosia | L. Palinopsia |
| E. Anosognosia | M. Macropsia |
| F. Jamais vu | N. Visual hallucination |
| G. Olfactory hallucination | O. Dysaesthesia |
| H. Finger agnosia | P. Micropsia |

Which aspect of phenomenology listed above is best demonstrated by the following examples.

Please select only ONE option, but any option may be used more than once, if required.

31. An elderly woman with DLB insists that two tiny nuns are sitting on a telephone pole outside her window. Her nurse can only see two magpies there.
32. After suffering a stroke, Mr Davidson seems unaware that he has a hemiplegia.
33. In the ED Mark finds he is floating near the ceiling looking down at himself lying on the gurney. He feels oddly calm
34. Following an LSD trip Sam suffers persistent visual after-images that frighten and distress him.
35. Before the seizure Jane finds that objects look oddly large, as though magnified.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- | | |
|----------------------------------|--|
| A. Somatic delusion | N. Palilalia |
| B. Obsession | O. "Made" speech |
| C. Cluttering | P. Perseveration |
| D. Coprolalia | Q. Loss of goal |
| E. Derailment | R. Poverty of content of speech |
| F. Echolalia | S. Preoccupation |
| G. Incoherence | T. Tangentiality |
| H. Knight's move thinking | U. Nihilistic delusion |
| I. Delusions of reference | V. Poverty of speech |
| J. Magical thinking | W. Semantic paraphasia |
| K. Neologism | X. Circumstantiality |
| L. Word salad | Y. Delusion of poverty |
| M. Rumination | Z. Referential ideas |

Which aspect of phenomenology listed above are best demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

36. Ben is in love and spends hours thinking about his girlfriend
37. Angela is fairly sure that people are talking about her and criticising her wherever she goes.
38. Pierre has recurrent negative thoughts that he has failed at work and as a husband and father and has to take sick leave from work.
39. Margaret has frequent unwanted thoughts that she has run over someone on the motorway. She has to keep driving back to check if this is so.
40. Tom finds that car numberplates contain a special code that only he can decipher, which confirms his belief that the FBI are stalking him.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. lithium carbonate
- B. quetiapine
- C. nortriptyline
- D. lamotrigine
- E. olanzapine
- F. amitriptyline
- G. citalopram
- H. risperidone
- I. aripiprazole
- J. clozapine
- K. venlafaxine
- L. sertraline
- M. sodium valproate
- N. fluoxetine

For each of the following statements, select the appropriate medication.

Please select only ONE option, but any option may be used more than once, if required.

- 41. Level I evidence of efficacy in combination with lithium when used after ECT for resistant depression
- 42. Serum levels can fluctuate with menstrual cycle in women with Bipolar disorder
- 43. Most effective antipsychotic to improve negative symptoms of schizophrenia
- 44. Level II evidence of efficacy in treating Bipolar II depressions
- 45. Does not cause rebound worsening of chronic tardive dyskinesia if substituted for first generation antipsychotics
- 46. Level II evidence as a mood stabiliser when combined with fluoxetine

Extended Matching Questions

Questions 47– 50

**All questions are worth 2 marks.
Please select UP TO TWO responses for each question.
More than two responses will incur a mark of zero.**

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- A. Kenneth Arrow
- B. Thomas Beauchamp
- C. Russell Barton
- D. Robert Spitzer
- E. Gregor Mendel
- F. Barbara McClintock
- G. Jeremy Bentham
- H. James Watson
- I. George Moore
- J. Jim Childress
- K. Linus Pauling
- L. Immanuel Kant
- M. Francis Crick

For each of the following questions, select the TWO correct options from the list above.

Please select only TWO options for each question, but any option may be used more than once, if required.

47. Delineated Principle Based Ethics

48. First described the structure of DNA

Extended Matching Questions:

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All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- A. Mahler's Differentiation stage
- B. Klein's Paranoid-Schizoid Position
- C. Freud's Genital stage
- D. Erikson's Autonomy vs Shame stage
- E. Freud's Phallic stage
- F. Freud's Oral stage
- G. Piaget's pre-operational stage
- H. Klein's Depressive Position
- I. Erikson's Trust vs Mistrust stage
- J. Freud's Anal stage
- K. Erikson's Initiative vs Guilt stage

For each of the following examples, select the TWO options from the list above which most closely correspond.

Please select only TWO options for each question, but any option may be used more than once, if required.

49. A two week old baby cries fretfully then calms as her mother begins to breastfeed her.

50. A four year old boy enjoys playing with a toy mechanic's set. He tells visitors that he's going to fix cars like his Daddy when he grows up. He sometimes fights with his 2 year old sister, vying with her for his mother's attention.



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

**KEY
FEATURE
CASES**

MOCK EXAMINATION

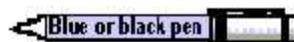
PAPER I

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

INSTRUCTIONS:

Please answer using a blue or black ball-point pen in the spaces below each question.



Where you are asked to select your answers from a list, please use the pencil provided.



PLEASE MARK LIKE THIS ONLY:

- Do not fold or bend 
- Erase mistakes fully 
- Make no stray marks 
- Completely fill in the circle 

KEY FEATURE CASES

Case 1 (6 marks)

John, a 43 year old single indigenous man, was admitted one week ago to the inpatient unit under the Mental Health Act with a relapse of a pre-existing schizophrenic illness. He had been under the care of a community team but was avoiding appointments and defaulting on treatment as he had no insight into his illness. Recently he had stayed with a friend, but he has no fixed address at present.

He appeals against being held under compulsory treatment and a legal review is arranged. At this review his compulsory treatment in hospital is argued for by his psychiatrist on the basis that the disorganisation associated with John's illness renders him seriously incapable of self care.

John argues (with the help of a lawyer) that he chooses to live a semi-itinerant lifestyle, and that although his standards are fairly basic, he is not so impaired that compulsory treatment is justified. The judge agrees, and discharges John from compulsory treatment.

Immediately after the hearing, John's distressed father and sister who attended the legal review and were very unhappy about the outcome, reveal that they are frightened because last night when they visited, John made a direct threat to kill his mother if she kept sexually assaulting him at night. They say that they were too afraid of John to tell the judge about this during the hearing.

Question 1 (3 marks)

After the hearing John is demanding that the staff open the door so he can be released from the unit. His lawyer is supporting his request.

What are the MOST URGENT steps to take at this point. Give UP TO THREE answers.

1.	
2.	
3.	
	score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Key Feature Case 1 contd.

A staff member opens the door and John runs out before anything further is said to him.

Question 2 (1 mark)

What immediate action (if any) should you take? Select the MOST APPROPRIATE answer from the list below. Give ONE answer only.

- Respect the legal decision and do nothing
- Ask his usual community team to find him and reassess him
- Have security guards placed at his mother's house
- Inform the Police that he needs to be located
- Discuss the situation with the Clinical Director

score:

Office use only: please mark like this ■	1	2	3	4	5 Too many answers	6 Did not attempt
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Question 3 (2 marks)

Two weeks later John's family ask to see you. They want to complain about John being released at the initial legal review, which resulted in a lot of stress and trauma, particularly for his mother.

What are the MOST IMPORTANT things you need to do or say in this meeting. Give UP TO TWO answers.

1.
2.

score:

Office use only: please mark like this ■	1	2	3	4	5 Too many answers	6 Did not attempt
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KEY FEATURE CASES

Case 2 (6 marks)

You are on call and receive a phone call at 9pm from one of the Crisis Team nurses. They have just been rung by Sue, the manager of a local rest home. One of their residents, Alfred, who resides in their specialist dementia care unit, has punched a staff member. Sue is upset and states that the Crisis Team must remove him from the unit immediately, or she will call the police and ask them to take him into custody. Alfred was admitted to the unit 3 weeks ago from home. He has an established diagnosis of Dementia with Lewy Bodies. In the last week he has been seen by his General Practitioner, who examined him, ordered some blood tests, and sent a referral to the local mental health community assessment and treatment team for older adults.

Question 1 (3 marks)

What are the three MOST IMPORTANT things that need clarified immediately?
Give UP TO THREE answers.

1.	
2.	
3.	
	score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Alfred is brought into the Emergency Room where you are asked to assist in his assessment and management. He has been thoroughly examined and he has been found to have a urinary tract infection which will require a period of inpatient care. He is disorientated to time and place and he presents as restless with an irritable and suspicious edge.

Question 2 (3 marks)

What are the KEY ISSUES you would advise the medical team about, with respect to initial management? Select UP TO THREE answers from the list below.

- To prescribe a cholinesterase inhibitor
- Avoid psychotropic medication if possible
- To use the Mental Health Act as he is unable to consent
- Close nursing - e.g. in a side room close to nurses station
- Admit him to the psychogeriatric assessment ward
- If sedation is required, use low dose antipsychotic for managing acute behavioural disturbance
- A meeting with his family is needed to gather personal history

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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KEY FEATURE CASES

Case 3 (6 marks)

Mr Yee is a 79 year old man in the Emergency Department presenting with agitation and verbal aggression. He was brought to the ED from the police station where he had been arrested for assaulting a police officer. The police had received a complaint of serious sexual assault from one of the patient's neighbours and in the course of trying to interview him he had become agitated. In ED the physicians had reviewed and treated the medical problems and had noted cognitive impairment and parkinsonism. Communication is difficult because the patient only speaks Mandarin. It appears that at times Mr Yee has been responding to visual hallucinations. You have been called to assess him as he has been asking to leave the hospital and return home with his wife. On initial observation he appears highly aroused, speaking loudly and in a pressured manner in Mandarin, waving his arms around and trying to exit the room.

Question 1 (3 marks)

What are the **MOST IMPORTANT** things you need to arrange or carry out in the assessment? Give **UP TO THREE** answers only.

1.
2.
3.

score:

Office use only: please mark like this ■	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt
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Mr Yee is able to be calmed and you have the opportunity to continue his assessment and management. He is still saying that he wants to leave the hospital.

Question 2 (3 marks)

What are the **MOST IMPORTANT** next steps you need to take in Mr Yee's management? Select **UP TO THREE** answers from the list below.

- Prescribe low-dose Haloperidol for his symptoms
- Order an urgent CT Scan
- Obtain collateral history from his wife
- Liaise with the Police
- Repeat his Mini Mental State Examination
- Recommend to physicians that he remains for a further period of assessment

score:

Office use only: please mark like this ■	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt
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KEY FEATURE CASES

Case 4 (6 marks)

Jack is a 42-year-old man required by bail conditions to attend your Community Mental Health Centre for an assessment. Jack is staying with his best friend and is on bail for assaulting his wife of nine years. He tells you she has been seeing another man but “won’t admit it”. Jack says he has been checking his wife’s undergarments on the washing line for evidence of sexual activity, but says he “can’t go too close” as she has a protection order and he would be in breach of bail conditions.

Jack has no previous history of psychiatric assessment or treatment. He tells you that he feels physically fit and well. Jack runs his own waterproofing business although over the past year he has spent progressively less time at work and more time checking up on his wife. He tells you that he has set up video cameras inside his house to monitor his wife’s whereabouts and actions. Jack is a regular heavy drinker and his wife thinks he may have been smoking methamphetamine with his best friend.

Question 1 (5 marks)

What are the MOST IMPORTANT factors it is necessary to consider when establishing the level of imminent risk that Jack poses to his wife?

Select UP TO FIVE options from the list below.

- Presence or absence of current psychosis
- Jack’s beliefs and intentions regarding his wife
- The details of Jack’s wife’s restraining order
- Whether the marital relationship was conflicted
- Presence or absence of current substance misuse
- History of violent offending
- The details of Jack’s wife’s injuries in the recent assault
- Whether Jack possesses a weapon

score:

Office use only: please mark like this ■	1	2	3	4	5 Too many answers	6 Did not attempt
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Question 2 (1 mark)

What is the MOST LIKELY eponymous syndrome represented by the case as above?
Give ONE answer only.

1.

score:

Office use only: please mark like this ■	1	2	3	4	5 Too many answers	6 Did not attempt
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KEY FEATURE CASES

Case 5 (6 marks)

As a psychiatrist attached to a maternal mental health service you are asked to assess a 28 year old woman living in a physically abusive defacto relationship, who is 22 weeks pregnant. She has a history of sexual abuse in childhood from her stepfather and has had a prior child removed from her care by social services at age two. She has a difficult relationship with her mother and is not currently engaged with any mental health services or receiving psychotherapy. She has a history of self harm via cutting and minor overdoses. During this pregnancy she has experienced increased dysthymic symptoms with resumption of cutting and of burning her arms with cigarettes. Her G.P. and midwife do not feel that she has a major depression but are concerned about her self-harming behaviour. She is currently on no medications except vitamins and iron.

Question 1 (2 marks)

You conduct a psychiatric assessment of this woman. What are the two key issues you consider the most essential to determine in your assessment?

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Question 2 (4 marks)

Which steps are the MOST IMPORTANT in developing a management plan to improve this patient's overall stability? Select UP TO FOUR options from the list below.

- Avoidance of psychotropic medications in pregnancy
- Referral for psychotherapy regarding her sexual abuse history
- Engagement and developing a therapeutic relationship
- Arranging for the patient, her partner and her mother to commence family therapy
- Immediate recommendation to social services that the baby be uplifted at birth
- Preventing her from cutting and burning her arms
- Urgently arranging for her to move into a women's refuge
- Exploring with her a possible trial of SSRI medication
- Arranging any necessary social support that she may need to reduce her stress
- Arranging a meeting with all involved to develop a collaborative support, crisis and birth plan

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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KEY FEATURE CASES

Case 6 (6 marks)

Shane is a 43 year old man with a chronic delusional disorder. When unwell he becomes extremely jealous of his defacto partner Vicki and six years ago when psychotic he attempted to strangle her. He drinks alcohol to excess, usually at weekends, and when relatively well is able to work part-time for his brother as a builder's labourer. His G.P. has a good relationship with him and is treating him for hypertension. After a three year period of stability while treated with a depot intramuscular phenothiazine, he is to be transitioned to oral risperidone over the next three months due to persistent extrapyramidal side-effects. At this point he has been an informal patient for a year and has been reasonably cooperative with follow-up, although his insight remains poor, and he continues to drink intermittently. His Relapse Prevention Management Plan is very out of date and needs revision.

Question 1 (2 marks)

What are the **KEY ISSUES** in the process of organising a review of Shane's Relapse Prevention Plan? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Question 2 (4 marks)

Which items are the **MOST APPROPRIATE** to include in Shane's management plan? Select **UP TO FOUR** options from the list below.

- Shane will not receive follow-up unless he abstains from alcohol
- Vicki is to administer Shane's risperidone medication so as to ensure he is taking it
- If Vicki feels seriously at risk from Shane she is to call the police immediately
- If Vicki is concerned Shane is developing early warning signs she is to call the Crisis Team
- Shane is to be responsible for taking his own risperidone each day
- Shane's depot medication will be ceased rather than tapered off gradually
- Shane will be discharged to his G.P. at the end of the three month transition to risperidone
- Shane is responsible for his actions and will face prosecution if he breaks the law
- Shane will not receive benzotropine any more now that he is starting risperidone

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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KEY FEATURE CASES

Case 7 (6 marks)

Chris is a 31 year old man brought by ambulance to the Emergency Department after sitting in his car with the motor running and a hose attached to the exhaust and wedged into the driver's window. He was discovered by a passing jogger, probably soon after attaching the hose but the timing is unclear. He is distressed and at times tearful. He relates a history of low mood for three months since breaking up with his girlfriend. He usually works as a car mechanic but has taken a week's sick leave. He flats with three students but is not close to them and feels they have little in common. Chris's mother died from cancer when he was eight and he is estranged from his father, saying he was "a bastard" who emotionally and physically abused Chris and his two older sisters. His sisters live locally and he sees them occasionally.

Question 1 (2 marks)

What **KEY PHYSICAL SEQUELAE** of Chris's actions with the car hose would you need to discuss with the E.D. staff? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Question 2 (4 marks)

Which items below would be the **LEAST IMPORTANT** in assessing Chris's current level of risk to self? Select **UP TO FOUR** options from the list below.

- Evidence of a major depression
- The absence of a suicide note
- Whether he has plans for a further attempt
- Does he regret having survived
- The degree of his social isolation
- Whether he really wanted to end his life
- The lethality of any further attempt planned
- Details of his history of abuse
- Whether he is promising not to self-harm again
- Does he feel hopeless about the future
- Evidence of borderline personality disorder
- History of self-harm and suicidal behaviour

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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KEY FEATURE CASES

Case 8 (6 marks)

Brent, a 16 year old high school student, is referred to your community CAMHS service for an emergency assessment after contact with the after-hours Crisis Team. Within the last 48 hours he has become very angry towards his father, expressing delusions that his father has been unfaithful to his mother. He has a history of abusing cannabis in the past two years and has started smoking amphetamine in the past month. His parents are very concerned for him and attend the assessment. While Brent does not acknowledge that he has a mental illness he is happy to take oral medication.

Question 1 (3 marks)

Which **KEY FEATURES** in this case indicate a better prognosis in first episode psychosis?
Give **UP TO THREE** answers.

1.
2.
3.

score:

Office use only: please mark like this ■	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt
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Brent is treated with olanzapine and now no longer has any psychotic symptoms.

Question 2 (3 marks)

What are now the **KEY ISSUES** to address in facilitating Brent's recovery?
Give **UP TO THREE** answers.

1.
2.
3.

score:

Office use only: please mark like this ■	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt
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KEY FEATURE CASES

Case 9 (6 marks)

Rosemary, a 47 year old woman, has a history since her early twenties of dysmenorrhoea, dysuria, pain on intercourse, back pain and headaches, nausea, several 'food allergies' and difficulty swallowing. She has been referred by her G.P. who has investigated all these complaints exhaustively but found nothing definitive to account for them. Rosemary used to work as a legal secretary but has felt too unwell to manage this for the last five years. She lives with her husband Fred who is a travelling salesman for a cleaning products company and often away. Their only son has lived in Hong Kong for the last three years and is a trainee banker. Rosemary's G.P. telephones you for advice as she is refusing referral to mental health services and he is very frustrated. He says "there's nothing further I can do for this lady. It's very clear that her problems are all in her head."

Question 1 (2 marks)

Which **KEY PSYCHOSOCIAL FACTORS** from the vignette above might increase Rosemary's tendency to somatise? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Question 2 (2 marks)

Which **KEY ISSUES** should you include in your discussion with Rosemary's G.P. to assist his care of her? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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Question 3 (2 marks)

What are the **KEY MEDICAL RISKS** associated with somatisation disorder? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■	①	②	③	④	⑤ Too many answers	⑥ Did not attempt
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**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

**SHORT
ANSWER
QUESTIONS**

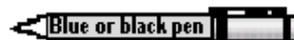
**MOCK EXAMINATION
AUCKLAND / NEW ZEALAND**

December 2008 / May 2009

PAPER I

INSTRUCTIONS:

Please answer using a blue or black ball point pen
in the spaces provided below each question.



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

SHORT ANSWER QUESTIONS

Short Answer 2 (6 marks)

You suspect that a patient referred to you for a “conversion disorder” by a GP may in fact have Gerstmann’s syndrome.

Question 1 (3 marks)

List the features of Gerstmann’s syndrome.

score:

Office use only: please mark like this <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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Question 2 (3 marks)

List any other specific tests you could do at your community clinic to check the patient’s parietal function. Include aspects of the MMSE but do not include a physical examination.

score:

Office use only: please mark like this <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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SHORT ANSWER QUESTIONS

Short Answer 7 (4 marks)

Rose is a six year old girl who has been diagnosed as having Separation Anxiety at a community CAFS clinic.

Question 1 (2 marks)

List in note form the main focuses of anxiety that would contribute to a diagnosis of Separation Anxiety in Rose.

score:

Office use only: please mark like this ■	① ② ③ ④	⑥ Did not attempt
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Question 2 (2 marks)

List in note form the main behavioural manifestations that would contribute to a diagnosis of Separation Anxiety in Rose.

score:

Office use only: please mark like this ■	① ② ③ ④	⑥ Did not attempt
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SHORT ANSWER QUESTIONS

Short Answer 10 (5 marks)

Question 1 (1 mark)

Briefly define Type I and Type II errors

score:

Office use only: please mark like this <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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Question 2 (4 marks)

List in note form several different types of validity which may be applicable in the design and critical analysis of studies.

score:

Office use only: please mark like this <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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SHORT ANSWER QUESTIONS

Short Answer 12 (6 marks)

Mr Pratchett has developed a major depression with psychotic features. He is felt to need ECT treatment which he wants as he believes that he should die and that ECT will kill him.

Question 1 (3 marks)

List in note form the types of mood-congruent delusions that may occur in a psychotic depression

score:

Office use only: please mark like this ■	① ② ③ ④	⑥ Did not attempt
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Question 2 (3 marks)

List in note form the ethical and medico-legal issues that arise in Mr Pratchett's case

score:

Office use only: please mark like this ■	① ② ③ ④	⑥ Did not attempt
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SHORT ANSWER QUESTIONS

Short Answer 13 (6 marks)

Question 1 (3 marks)

List several psychotropic medications which act as strong inhibitors of either the 2D6 or 1A2 P450 system.

score:

Office use only: please mark like this ■	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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Question 2 (3 marks)

List several antipsychotic medications which are acted on by grapefruit juice via the P450 system such that their serum levels are raised.

score:

Office use only: please mark like this ■	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 6 Did not attempt
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