



# Modified Essay Questions

# MARKING GUIDE

FEBRUARY 2021

**INSTRUCTIONS:**

- Please use pencil ONLY.
- Do not fold or bend.
- Erase mistakes fully.
- Completely fill in the oval.



Please MARK  0  
LIKE THIS ONLY:  1  
 2

**Modified Essay 4**

**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 a junior consultant psychiatrist on call for the Emergency Department at a general hospital. Early on a Friday evening you are called for advice by a first-year psychiatry registrar on duty. The registrar has reviewed Toby, a 28-year-old man who is new to the area. He had presented asking for a prescription of diazepam 5mg tablet, up to four tablets a day with five repeats. He says he has been taking these for a while for his “nerves” and he has run out. There is no information available on Toby in the hospital records system.

**Question 4.1**

**Outline (list and justify) the key information on history you would expect the registrar to have obtained.**

*Please note: a list with no justification will not receive any marks. (12 marks)*

<b>A.</b>	A history of the symptoms leading to the prescription of diazepam and any other diagnoses.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>B.</b>	A history of when it was first prescribed, by whom, a history over time of the dose and its escalation.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>C.</b>	A history of dependence, i.e. withdrawal, tolerance etc.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>D.</b>	A history of other treatments undertaken, for example other medications, CBT, psychotherapy of any kind.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>E.</b>	A history of substance use including other prescription drugs, alcohol abuse, illicit substances especially opiates. Is Toby intoxicated now?	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>F.</b>	Information about Toby’s current personal (including employment) and social circumstances.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>G.</b>	Risk history – suicide attempts, self-harm, aggression, forensic hx, current risk.	<input type="radio"/> 0 <input type="radio"/> 1
<b>H.</b>	Collateral information if available. For example, information from his previous general practitioner, D & A services, private psychiatrists, mental health services, family members etc.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>I.</b>	Whether any information is available about Toby on a prescription shopping programme telephone line/internet e.g. Safe Scripts Victoria.	<input type="radio"/> 0 <input type="radio"/> 1
<b>J.</b>	<b>SPARE</b>	<input type="radio"/> 1
<b>K.</b>	<b>CANDIDATE DID NOT ATTEMPT</b>	<input type="radio"/>
<b>L.</b>	<b>DID HANDWRITING AFFECT MARKING?</b>	<input type="radio"/>

**NOTES TO EXAMINER**

- **SPARE:** Only to be used after approval from Co-Chairs, Writtens Subcommittee.
- **DID NOT ATTEMPT:** If the candidate did not attempt this question, fill in ONLY the **CANDIDATE DID NOT ATTEMPT** bubble.  
*No other bubbles should be filled in.*
- **MARKS:** This question is worth 12 marks, however, a total of greater than 12 is acceptable.
- **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.



**Marker initials**



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Please MARK LIKE THIS ONLY:

**Modified Essay 4**

The information that is presented in italics in this question is a repetition of the earlier sections of the case vignette.

*You are a junior consultant psychiatrist on call for the Emergency Department at a general hospital. Early on a Friday evening you are called for advice by a first-year psychiatry registrar on duty. The registrar has reviewed Toby, a 28-year-old man who is new to the area. He had presented asking for a prescription of diazepam 5mg tablet, up to four tablets a day with five repeats. He says he has been taking these for a while for his "nerves" and he has run out. There is no information available on Toby in the hospital records system.*

The registrar telephones you two weeks later to inform you that Toby did not attend a follow-up appointment at the outpatient department. The registrar also informs you that on the same day he had received an email from the hospital asking him to respond to a complaint lodged by Toby about "the poor care" Toby had received during the ED consultation.

**Question 4.2**

**Describe (list and explain) what you would discuss with the registrar about managing this situation further.**

*Please note: a list with no explanation will not receive any marks. (9 marks)*

<b>A.</b>	Toby's care: <ul style="list-style-type: none"> <li>• Arrange for a relevant clinician to ring and check on Toby's welfare. Consider whether the registrar should do this.</li> <li>• Discuss with the registrar whether Toby's next of kin (if known) should be contacted (in context of risk assessment).</li> <li>• Check with the registrar whether any information was obtained from Toby's previous or current GP or other service providers.</li> <li>• Ensure there is a suggested management plan documented in the notes should Toby re-present.</li> <li>• Consult with the local AOD services.</li> </ul>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
<b>B.</b>	The complaint: <ul style="list-style-type: none"> <li>• Ask to read the complaint to help understand exactly what Toby is complaining of. Explore further with the registrar to gain their perspective.</li> <li>• Use hospital protocols to respond to the complaint e.g. medicolegal department.</li> <li>• Likely needs a written response from the consultant psychiatrist or clinical director.</li> <li>• Offer to assist composing the written response.</li> </ul>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
<b>C.</b>	The registrar's well-being: <ul style="list-style-type: none"> <li>• Ascertain how the registrar is feeling about the complaint.</li> <li>• Offer to meet with the registrar or to liaise with his principal supervisor for support.</li> <li>• Consider discussing with DOT, director and peer supports.</li> <li>• Advise registrar to contact their medical indemnity organisation.</li> </ul>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>D.</b>	Consider QI processes as an outcome of the complaint, e.g. documentation, communication, adherence to protocols, learnings to improve practice.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
<b>E.</b>	<b>SPARE</b>	<input type="radio"/> 1
<b>F.</b>	<b>CANDIDATE DID NOT ATTEMPT</b>	<input type="radio"/>
<b>G.</b>	<b>DID HANDWRITING AFFECT MARKING?</b>	<input type="radio"/>

**NOTES TO EXAMINER**

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- **MARKS:** This question is worth 9 marks, however, a total of greater than 9 is acceptable.
- **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.



Marker initials