



Modified Essay Questions MARKING GUIDE

MARCH 2020

INSTRUCTIONS:

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



Please MARK LIKE THIS ONLY:

Modified Essay 5

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. You are contacted by the after-hours Stage 1 registrar who has reviewed Brooke in the emergency department. Brooke, a 22-year-old receptionist, was admitted overnight following a non-toxic overdose of paracetamol. She has been medically cleared.

She was due to attend a family reunion, on the day of admission, at which her maternal grandfather was expected to be present. She was sexually abused by this grandfather between the ages of six and nine years. Her family has known of the abuse for five years but expected her to attend for the sake of the family.

Brooke gives a history from her teens of suicidal ideas and of cutting her thighs. However, she has not made any previous suicide attempts.

The registrar asks for advice on management of this presentation.

Question 5.1

Outline (list and justify) the goals of IMMEDIATE treatment for this patient.

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

A.	Acute containment and assessment of acute risk. Physical health risk: medically cleared? Substance use? Access to possible substances or implements to self-harm or attempt suicide.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
B.	Assessment of any underlying psychiatric disorders and psychological issues such as feelings of anger to and betrayal by the family, helplessness, powerlessness.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
C.	Temporary respite from stressor.	<input type="radio"/> 0 <input type="radio"/> 1
D.	Strategies to reduce distress.	<input type="radio"/> 0 <input type="radio"/> 1
E.	Consider continuing inpatient or outpatient treatment.	<input type="radio"/> 0 <input type="radio"/> 1
F.	Development of engagement with patient and with her family (with the patient's consent), including psychoeducation for family and patient.	<input type="radio"/> 0 <input type="radio"/> 1
G.	SPARE	<input type="radio"/> 1
H.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
I.	DID HANDWRITING AFFECT MARKING?	<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 6 marks, however, a total of greater than 6 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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The registrar asks for advice on management of this presentation.

Question 5.2

Describe (list and explain) the disadvantages of continuing inpatient treatment.

Please note: a list with no explanation will not receive any marks. (4 marks)

A.	Risk of increasing dependency and regression that prevents mobilisation of own coping strategies.	<input type="radio"/> 0 <input type="radio"/> 1
B.	Exposure to modelling by fellow patients of poor coping strategies.	<input type="radio"/> 0 <input type="radio"/> 1
C.	Positive reinforcement of self-harm as a way of dealing with difficulties.	<input type="radio"/> 0 <input type="radio"/> 1
D.	Disruption to work, finance, social supports that may adversely impact on community and social roles.	<input type="radio"/> 0 <input type="radio"/> 1
E.	Potential for staff splitting, with negative impact on her care and therapeutic relationships.	<input type="radio"/> 0 <input type="radio"/> 1
F.	Medicalisation of psychosocial stresses resulting in the stigma associated with being a patient with a 'psychiatric history'.	<input type="radio"/> 0 <input type="radio"/> 1
G.	SPARE	<input type="radio"/> 1
H.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
I.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>

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- **MARKS:** This question is worth 4 marks, however, a total of greater than 4 is acceptable.
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Brooke gives a history from her teens of suicidal ideas and of cutting her thighs. However, she has not made any previous suicide attempts.

The registrar asks for advice on management of this presentation.

Brooke has been attending a counsellor for six months for therapy for sexual abuse. A few days following the presentation, her counsellor telephones the registrar at Brooke's request to discuss current therapy and follow-up. The counsellor tells the registrar that in Brooke's Recovered Memory Therapy (RMT), she is focussing on uncovering Brooke's repressed memories of sexual abuse by extended family members.

The registrar contacts you for advice.

Question 5.3

Discuss (list and debate) the pertinent ethical dilemmas that arise from the telephone conversation between the registrar and the counsellor. Please note: a list with no debate will not receive any marks. (10 marks)

A.	Consent issues: • Has confirmation been sought with Brooke relating to agreement for full disclosure and discussion of information with counsellor?	<input type="radio"/> 0 <input type="radio"/> 1
B.	Beneficence and non-maleficence issues: • Discussion about the formulation and your evidence-based treatment recommendations. • Discussion of risks of therapy focussing on repressed memories in Brooke's current situation, and the evidence-base regarding this. • Advise against exploration of past sexual abuse by additional family members.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	Autonomy issues: • Discussion with Brooke on concerns such as evidence that this type of treatment can be harmful, provide information about more appropriate therapy. • Acknowledgment of therapeutic alliance with the counsellor.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
D.	Safety issues: • Consider making notification to the Health Practitioner Regulatory Authority with regard to the counsellor's practice, discuss with your director/consultant peers with regard to your practice.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
E.	Your roles and responsibilities: • Ongoing clinical relationship with Brooke. • Ongoing therapeutic relationship for Brooke with the counsellor. • Regulatory requirement for reporting potentially contentious clinical behaviour. • Expectation of registrar's engagement with the supervisory framework. • Liaison and consultation role for the registrar to have communication with the counsellor.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
F.	SPARE	<input type="radio"/> 1
G.	CANDIDATE DID NOT ATTEMPT	<input type="radio"/>
H.	DID HANDWRITING AFFECT MARKING?	<input type="radio"/>

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