



Modified Essay Questions

SCORING KEY

FEBRUARY 2018

INSTRUCTIONS:

- Please use pencil ONLY, preferably 2B
- Do not fold or bend
- Erase mistakes fully
- Make no stray marks
- Completely fill in the oval

Please MARK LIKE THIS ONLY:



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 the on-call psychiatrist to a public hospital and you are contacted by a psychiatry registrar.

Mark is a 45-year-old single successful car salesman who has presented to the Emergency Department expressing suicidal ideation with a plan and intent. He had been recently charged with sexual assault after a work function. He has no previous psychiatric history.

Question 4.1

Outline (list and justify) what specific information you would expect the registrar to have obtained from Mark. (12 marks)

A.	RECENT HISTORY <ul style="list-style-type: none"> • Precipitant for current presentation. • Issues around primary or secondary gain: is he genuinely worried, suicidal or is he trying to avoid court and consequences. • Explore possible symptoms of current mental illness: depression; mania. • Current functioning, coping style/personality. • History of substance use and current intoxication. • Some details re charge. 	<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 <input type="radio"/> 7
B.	RISK ASSESSMENT <ul style="list-style-type: none"> • TO SELF - plan, intent, imminent, past history, means. • OTHERS - threats to victim, others, intent, plan, past history. • REPUTATION - possible impact of alleged offence (suspended from work; family and friends' reactions; publicity; content about him on social media). 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	MENTAL STATE EXAMINATION <ul style="list-style-type: none"> • Level of engagement and rapport. • Looking for signs of depression, mania and current intoxication. • Shame and anger. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
D.	EXTERNAL SUPPORTS <ul style="list-style-type: none"> • Nature and quality of supports; family, friends, colleagues. • Living alone? • Fear of consequences for employment. • Legal support and cost. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
E.	COLLATERAL INFORMATION <ul style="list-style-type: none"> • GP, family, next-of-kin. 	<input type="radio"/> 0 <input type="radio"/> 1
F.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
G.	Did not attempt	<input type="radio"/>
H.	Did handwriting affect marking?	<input type="radio"/>

Note to Examiner: Please mark all bubbles even if the total adds up to more than 12.
Note to NDS: Please set the maximum mark to 12.

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

You are the on-call psychiatrist to a public hospital and you are contacted by a psychiatry registrar.

Mark is a 45-year-old single successful car salesman who has presented to the Emergency Department expressing suicidal ideation with a plan and intent. He had been recently charged with sexual assault after a work function. He has no previous psychiatric history.

The registrar informs you that, on examination, Mark is distressed and tearful. Mark is fearful of legal costs. He reports he cannot recall the incident on the night and states that he was very intoxicated that night. Mark says he will kill himself if he is jailed. He has stated that he is too ashamed to discuss this matter with his parents.

A bed is available but the registrar expresses uncertainty about whether or not to admit Mark to an inpatient unit.

Question 4.2

Outline (list and justify) what in Mark's history and presentation would indicate that he needs admission. (6 marks)

A.	PATIENT FACTORS <ul style="list-style-type: none"> • Dynamic risk factors: patient's imminent intent and plan, means. • Static risk factors: male gender, age, single, current major mental illness. • Ongoing substance use. • Imminence of the legal proceeding, work, social and family consequences. • Availability of family/social supports. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
B.	NON-PATIENT FACTORS <ul style="list-style-type: none"> • Staff reactions to and beliefs about his charges impacting on decision making (understanding the registrar's emotional reaction to the patient, patient's charges and threat of suicide). • Availability of appropriate community mental health supports. • Fear of blame if Mark does suicide or hurt himself. 	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
C.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
D.	Did not attempt	<input type="radio"/>
E.	Did handwriting affect marking?	<input type="radio"/>

Note to Examiner: Please mark all bubbles even if the total adds up to more than 6.
Note to NDS: Please set the maximum mark to 6.

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A bed is available but the registrar expresses uncertainty about whether or not to admit Mark to an inpatient unit.

A few weeks later, the registrar contacts you, advising that they have received a request from Mark's solicitor (with signed consent) asking for a report regarding the assessment on the night of his presentation. Your service has a policy of responding to such requests.

Your registrar asks your advice on how to prepare such a report.

Question 4.3

Describe (list and explain) your advice to the registrar. (6 marks)

A.	Teach/explain differences between treating doctor report/statement and forensic reports.	<input type="radio"/> 0 <input type="radio"/> 1
B.	Review the RANZCP Statement on reports to the court.	<input type="radio"/> 0 <input type="radio"/> 1
C.	Providing a brief, factual summary of the presentation and management, including mental state on the night of his presentation. Avoid speculation about mental state at the time of the alleged offence and about any future risky behavior.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
D.	Advise registrar that once they prepare the report they may want to run it by legal services.	<input type="radio"/> 0 <input type="radio"/> 1
E.	The registrar is to advise the solicitor they would need to get an independent assessment if they want an opinion about any forensic matters; if other mental health clinicians were involved in the treatment (inpatient or community) the solicitor may want a treating doctor report from those involved.	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2
F.	Spare (only to be used after approval from Co-Chairs, Writtens Subcommittee)	<input type="radio"/> 1
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