The Royal Australian & New Zealand College of Psychiatrists

Exam ID:

Modified Essay Questions
MARKING GUIDE
MARCH 2025

INSTRUCTIONS: 2B PENCIL

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

Please MARK LIKE THIS ONLY: 0 ● 2

Modified Essay 2

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 consultant psychiatrist working in the consultation-liaison team at a large metropolitan hospital. Judy, a 51-year-old homeless female, was admitted 36 hours ago to the emergency department (ED). She was seen by your colleague a day earlier and had been placed under the Mental Health Act for admission to the inpatient unit. Since then, Judy has been waiting in the emergency department, with 1:1 nursing observations, for a bed in the inpatient unit.

Judy has a diagnosis of schizoaffective disorder and methamphetamine dependence. Her last admission to the mental health unit was a month previously from where she absconded after 24 hours.

In the handover you receive from your colleague, you are informed that Judy is currently psychotic and disinhibited, disrobing, and verbally abusing the nurse allocated to her. She has been sedated using droperidol and midazolam twice in the last 36 hours. She had also spat on one of the nurses in the early hours of the morning, necessitating this nurse to be tested for transmissible infections. The staff have expressed some frustration at her ongoing presence in ED.

Question 2.1

Describe (list and explain) the key clinical and systems issues you would need to consider in this scenario.

Please note: A list without any explanation will not be awarded any marks.

(10 marks)

A.	**Judy's Current MSE:** ▪ Level of arousal, confusion, delirium. ▪ Presence of psychotic symptoms. ▪ Mood & Affect.	0 1 2
B.	**Response to medication:** ▪ Medication dosages used. ▪ Treatment of her primary mental illness.	0 1 2
C.	**Risk:** ▪ To self. ▪ To others. ▪ Of absconding. ▪ Reputational risk. ▪ Of medical neglect due to challenging behaviour. ▪ Of adverse reactions to the sedation provided in ED e.g. respiratory depression (Markers: this point may appear in B above).	0 1 2
D.	**Physical health assessment and monitoring:** ▪ Neglect and malnourishment; deficiencies. ▪ STI. ▪ Recent trauma/injuries. ▪ Has she had an ECG? ▪ Medication/drug – drug reactions. ▪ Has she had a CT scan?	0 1 2
E.	**AOD Screening:** ▪ Consider nicotine, alcohol, illicit substances. ▪ Substance withdrawal risks.	0 1
F.	**System factors:** ▪ Bed availability; barriers to admission to an IPU. ▪ Stigma about psychiatric patients in ED. ▪ Acute behavioural disturbance management.	0 1 2
G.	**Staff Wellbeing:** ▪ Staff assault. ▪ Resentment of colleague being assaulted. ▪ Staff distress/burnout. ▪ Access to staff support (e.g. debriefing or organisational support services).	0 1 2
H.	**Medico-legal:** ▪ Mental Health Act status and expiry. ▪ She has assaulted a staff member, so may be charged. ▪ Use of restrains and restrictive practices.	0 1 2

P.T.O.

The Royal Australian & New Zealand College of Psychiatrists

Modified Essay Questions
MARKING GUIDE
MARCH 2025

I.	**SPARE** (only to be used after approval from Chair, Writtens Subcommittee)	1
J.	**CANDIDATE DID NOT ATTEMPT**	
K.	**DID HANDWRITING AFFECT MARKING?**	

FEEDBACK FOR CANDIDATE	
One or more incorrect answers included which did not accrue marks.	
One or more less relevant answers included which did not accrue marks.	
Inadequate justification/explanation/debate.	
Satisfactory response.	

NOTES TO MARKER

- **SPARE:** Only to be used after approval from Chair, 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 10 marks, however, a total of greater than 10 is acceptable.
- **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.

Marker initials

The Royal Australian & New Zealand College of Psychiatrists

Exam ID:

Modified Essay Questions
MARKING GUIDE
MARCH 2025

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

2B PENCIL

Please MARK LIKE THIS ONLY: (0) ● (2)

Modified Essay 2

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 working in the consultation-liaison team at a large metropolitan hospital. Judy, a 51-year-old homeless female, was admitted 36 hours ago to the emergency department (ED). She was seen by your colleague a day earlier and had been placed under the Mental Health Act for admission to the inpatient unit. Since then, Judy has been waiting in the emergency department, with 1:1 nursing observations, for a bed in the inpatient unit.

Judy has a diagnosis of schizoaffective disorder and methamphetamine dependence. Her last admission to the mental health unit was a month previously from where she absconded after 24 hours.

In the handover you receive from your colleague, you are informed that Judy is currently psychotic and disinhibited, disrobing, and verbally abusing the nurse allocated to her. She has been sedated using droperidol and midazolam twice in the last 36 hours. She had also spat on one of the nurses in the early hours of the morning, necessitating this nurse to be tested for transmissible infections. The staff have expressed some frustration at her ongoing presence in ED.

Question 2.2

Describe (list and explain) your approach to prevent a further escalation of Judy's aggressive behaviours in the ED.

Please note: A list without any explanation will not be awarded any marks.

(9 marks)

A.	**System factors:** • Prioritising with bed manager to locate a bed in the inpatient unit. Relocating Judy to a more-trauma-informed unit/milieu may assist in preventing an escalation. • Liaise with nursing and medical staff to provide support and education in de-escalation, being trauma-informed, creating an awareness of interpersonal interactions which may trigger or soothe Judy. • Reconsider frequency of changeover of staff special, consider 2:1 nursing/high risk observation staffing to reduce risk of burnout and injury. • Acknowledge potential resource limitations. • Precautions/infection control – may impact on engagement. Staff to be cautious around Judy if she is removing her mask to spit at others. • Recruiting lived experience/peer support worker to talk with Judy, to build the therapeutic rapport. Consider recruiting the support of a friend or relative. If indicated, consider cultural supports.	(0) (1) (2) (3) (4) (5) (6)
B.	**Patient factors:** • Consider a review of her mental state for the purposes of excluding a deterioration of her distress/arousal and to exclude the onset of withdrawal symptoms/delirium. • What does Judy want? • Reducing stimulation and potential triggers; high noise environments and over-stimulation may lead to aggression. • Review of the medication to optimise management of arousal, distress, discomfort, and management of the psychosis. • Addressing discomfort such as pain, withdrawal symptoms (nicotine, alcohol, drugs). Consider offering nicotine replacement. • Use of distraction such as sensory modulation/soothing to reduce arousal levels. • Consider advanced care directives in case Judy has one (from a previous admission).	(0) (1) (2) (3) (4) (5) (6)

C.	**SPARE** (only to be used after approval from Chair, Writtens Subcommittee)	(1)
D.	**CANDIDATE DID NOT ATTEMPT**	○
E.	**DID HANDWRITING AFFECT MARKING?**	○

FEEDBACK FOR CANDIDATE	
One or more incorrect answers included which did not accrue marks.	○
One or more less relevant answers included which did not accrue marks.	○
Inadequate justification/explanation/debate.	○
Satisfactory response.	○

NOTES TO MARKER
- **SPARE:** Only to be used after approval from Chair, 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 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

The Royal Australian & New Zealand College of Psychiatrists

Exam ID:

Modified Essay Questions
MARKING GUIDE
MARCH 2025

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

2B PENCIL

Please MARK LIKE THIS ONLY: (0) ■ (2)

Modified Essay 2

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 working in the consultation-liaison team at a large metropolitan hospital. Judy, a 51-year-old homeless female, was admitted 36 hours ago to the emergency department (ED). She was seen by your colleague a day earlier and had been placed under the Mental Health Act for admission to the inpatient unit. Since then, Judy has been waiting in the emergency department, with 1:1 nursing observations, for a bed in the inpatient unit.

Judy has a diagnosis of schizoaffective disorder and methamphetamine dependence. Her last admission to the mental health unit was a month previously from where she absconded after 24 hours.

In the handover you receive from your colleague, you are informed that Judy is currently psychotic and disinhibited, disrobing, and verbally abusing the nurse allocated to her. She has been sedated using droperidol and midazolam twice in the last 36 hours. She had also spat on one of the nurses in the early hours of the morning, necessitating this nurse to be tested for transmissible infections. The staff have expressed some frustration at her ongoing presence in ED.

The ED medical consultant insists that Judy be discharged from the ED as she is causing problems for the staff, other patients and carers, and has already been in the ED for nearly two days.

Question 2.3

Describe (list and explain) the ethical and governance issues of this request.

Please note: A list without any explanation will not be awarded any marks.

(10 marks)

A.	**Ethical:** ▪ Duty of care – the primary duty of the clinician/service is to Judy, and this includes effective assessment and management. There is also a duty of care to the staff and other patients, and this has to be balanced with the duty of care to Judy. ▪ Beneficence – providing Judy with the best possible care and being in ED for a prolonged period of time without appropriate psychiatric care, goes against the principle of beneficence. ▪ Non-maleficence – a prolonged admission in ED and without due consideration of her disposition may cause her further distress and harm. She is also being managed in restrictive circumstances (1:1 nursing). ▪ Autonomy – Judy is detained under the MHA depriving her of her autonomy. ▪ Justice – Judy is homeless (lack of fairness), social justice, resource allocation for adequate service delivery for patients with mental illness. Deontological (Kantian) philosophies – she has a right to treatment. Rawlian ethics - everyone must receive at least basic care.	(0) (1) (2) (3) (4) (5) (6)
B.	**Governance:** ▪ Safety of Judy, other patients and staff – the service has a responsibility to ensure Judy and others receive care in a safe environment and without prejudice (stigma, homelessness, substance affected, hard-to-treat patient). MOU between CLPsych and ED with the aim of working well together and regular collaboration. ▪ Resources – a lack of bed availability impacts on the safe environment for care provision. ▪ KPIs (key performance indicators) to ensure throughput of patients in ED (some jurisdictions may have limits to patient stay in ED). Breach of length of stay guidelines or policies. ▪ Auditing, Incident reporting and management – the service has a responsibility to ensure these sorts of incidents do not recur. ▪ Media and complaints management. ▪ Model of Care will be influenced by a range of statutory and legislative requirements, codes of conduct, policies and procedures, guidelines, training, and supervision etc. ▪ Escalation processes. ▪ Staff well-being, training and education regarding risk management. ▪ Potential medicolegal implications.	(0) (1) (2) (3) (4) (5) (6)

C.	**SPARE** (only to be used after approval from Chair, Writtens Subcommittee)	(1)
D.	**CANDIDATE DID NOT ATTEMPT**	( )
E.	**DID HANDWRITING AFFECT MARKING?**	( )

FEEDBACK FOR CANDIDATE	
One or more incorrect answers included which did not accrue marks.	( )
One or more less relevant answers included which did not accrue marks.	( )
Inadequate justification/explanation/debate.	( )
Satisfactory response.	( )

P.T.O.

The Royal Australian & New Zealand College of Psychiatrists

Modified Essay Questions
MARKING GUIDE
MARCH 2025

NOTES TO MARKER

- **SPARE:** Only to be used after approval from Chair, 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 10 marks, however, a total of greater than 10 is acceptable.
- **CHECK:** You have marked one bubble for each sub question and initial the box once you have completed marking.

Marker initials