

Psychiatry SAQs

Emergency Medicine Fellowship Program



How to use this book:

1) Complete SAQs

- < 3 months until exam: Exam conditions – focus on clear answers ‘to time’
- 3-6 months until exam: Transition towards exam conditions
- > 6 months until exam: Open book is ok, ‘focus on good answers and developing knowledge acquisition

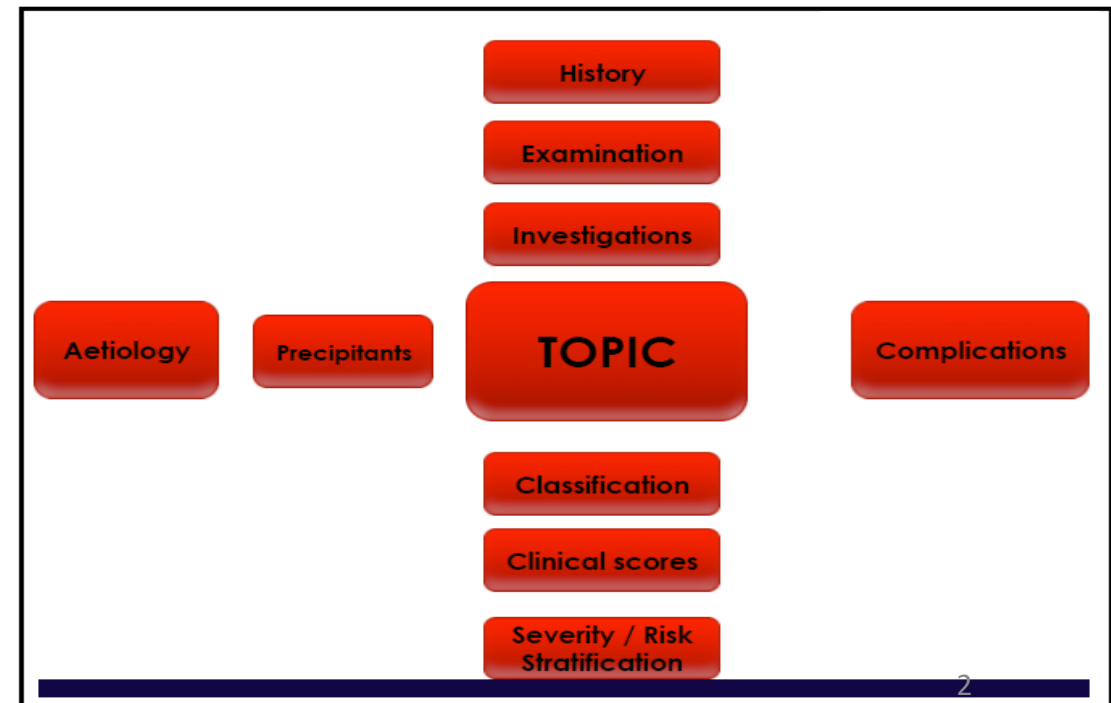
2) Read and study around SAQ

- Use each SAQ as motivation to study around the individual topic
- Think about the different ways the topic could come up in the SAQ exam (use the topic structure provided by APEM course)

3) Write SAQs to further develop this program

- Review syllabus of medical expertise
- Create SAQs relating to topics not covered in this book, please format to be in exam-format, include answers
- This will help further develop this program as well as help you think like an examiner
- Return to ben.shepherd86@gmail.com

ALL THE BEST!



6. PSYCHIATRY

6.1 Evaluation

- a) History E H
- b) Physical examination E H
- c) Mental state examination E H
- d) Investigations I H

6.2 Organic brain syndrome DIS H

6.3 Violent/agitated behaviour

- a) Prevention S H
- b) Safety issues S H
- c) Restraint options and management M Ex

6.4 Deliberate self-harm DIS H

6.5 Depression DIS H

6.6 Anxiety disorders

- a) Phobias DIS G
- b) Panic disorder DIS H
- c) Post-traumatic stress disorder DIS G
- d) Obsessive–compulsive disorder DIS G
- e) Hypochondriasis DIS G
- f) Other DIS G

6.7 Psychoses

- a) Acute and chronic DIS H
- b) Bipolar affective disorder DIS H
- c) Schizophrenia DIS H
- d) Mania and hypomania DIS H
- e) Other DIS H

6.8 The “challenging” ED patient

- a) Personality disorder DIS H
- b) Malingering DIS H
- c) Frequent presenter DIS H
- d) Conversion disorder DIS H
- e) Pain disorder DIS H
- f) Somatization disorder DIS H
- g) Munchausen’s by proxy DIS H
- h) Management strategies DIS H
- i) Other DIS H

6.9 The mental health patient in the ED

- a) Triage S Ex
- b) Appropriate psychiatric assessment area S H
- c) Community teams S H
- d) Psychiatry liaison nurse as part of the ED team S H
- e) In-patient psychiatry services S H
- f) Psychiatric facilities/units S H
- g) ED staff issues – appropriate training, debriefing S Ex

6.10 Therapy

a) Pharmacology of therapeutic agents

- i) Benzodiazepines D H
- ii) Anti-psychotics D H
- iii) Antidepressants D H
- iv) SSRIs D H
- v) Sedatives D H
- vi) Other D H

b) Non-pharmacologic therapy

- i) ECT – complications M G
- ii) Other M G

6.11 Involuntary detention M Ex

- a) Legal aspects of mental health care S Ex

COLUMN “LO” – CATEGORIES OF LEARNING OBJECTIVES

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents		Ex - Expert
E - Physical Examination	P - Procedures	S - Systems	H - High
I - Investigations	Eq - Equipment	NCI - Non-clinical/clinical interface	G - General
M - Medical Interventions	T - Theories		3

COLUMN “LP” – LEVELS OF PRACTICE

You department statistics show that 50% of patients who are eventually found to have a Primary Psychiatric disorder are being seen initially by an Emergency Department Doctor. One solution suggested is a direct Mental Health referral from triage for patients that appear to have a Mental Health problem to allow more appropriate initial review.

a) List Four (4) criteria for a patient to be transferred directly to psychiatric services (4 marks)

1. _____
2. _____
3. _____
4. _____

b) You institute a psychiatric triage reference card. List two (2) points that distinguish category one psychiatric patients from lower triage categories. (2 Marks)

1. _____
2. _____

c) The ED psychiatric assessment team ask that patients deemed at risk of suicide by medical staff have a brief risk assessment. List six (6) suicide risk factors that should be assessed? (6 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

d) In order to identify patients with delirium in the initial nursing assessment you plan to introduce the Confusion Assessment Method. State the four (4) clinical features that are used in this Method to rapidly identify delirium. (4 marks)

1. _____
2. _____
3. _____
4. _____

A 60 year old man comes to A&E with his sister. She says he has been withdrawn and quiet lately, and has been saying he wants to die.

- a) Give 6 important factors you would consider in assessing his risk of suicide. (6 marks)

- b) Outline 4 key factors you would consider in determining if this patient required inpatient or outpatient management of his depression. (4 marks)

A 35-year-old male is brought to your Emergency Department by his concerned family, because of his strange behaviour and agitation at home. He physically attacked his father, when he tried to calm him down.

You're informed by triage nurse, the patient is reluctant to get assessed and wants to leave.

a) List four (4) differential diagnostic categories for this patient. (4 marks)

1. _____
2. _____
3. _____
4. _____

b) State four (4) steps in escalating management of an acutely agitated patient? (4 marks)

1. _____
2. _____
3. _____
4. _____

Patient becomes verbally aggressive and is trying to leave. He is refusing oral medication.

c) List two (2) parenteral medications with details to control the situation (4 marks).

Medication	Stat dose	Repeat dose after (minutes)	Maximum dose in 24 hrs

Discuss 4 escalating steps to de-escalation of the agitated patient

1

2

3

4

A 25 year old patient is in the emergency department for 8 hours of observation following a polypharmacy ingestion. You have been asked to provide "medical clearance" prior to transfer of the patient for mental health assessment.

i. List three (3) factors that you would consider for this safe transfer.

1. _____

2. _____

3. _____

ii. Provide seven (7) factors that distinguish between a delirium and a psychosis.

	Delirium	Psychosis
1		
2		
3		
4		
5		
6		
7		

A 22 year old man is brought in by ambulance looking dishevelled with obvious delusions and reacting to auditory hallucinations

What is the DDx for psychosis? (4 marks)

Name 4 organic conditions can present with psychosis (4 marks)

What is the diagnostic criteria for schizophrenia (4 marks)

A 32 year old woman is brought in by her husband with extreme apathy and low mood

What is the diagnostic criteria for major depressive disorder (4 marks)

Name 4 organic conditions can present with depression (4 marks)

You find out the woman has recently given birth, What is the DDx of low mood in the post-partum period? (3 marks)

What are the risk factors for post-natal depression? (4 marks)

A 38 year old man is brought in by concerned friends after a week of partying with what they describe as an “abnormally high mood’

What is the diagnostic criteria for a manic episode (4 marks)

Name two psychological conditions associated with mania? (2 marks)

Name 3 organic conditions can present with mania (3 marks)

Name 3 risks to the manic patient? (3 marks)

Please outline the main features of conditions below, focussing on features that allow for differentiation

Condition	Key Features (8 marks, 2 each) – incl. distinguishing features
Malingering	
Somatisation	
Munchausen's (incl by proxy)	
Conversion Disorder	

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1. _____

2. _____

3. _____

4. _____

Many opportunities to provide preventative health interventions exist in the ED.

- i. Briefly define “primary prevention” and “secondary prevention” (2 marks)

Primary prevention:

Secondary prevention:

- ii. List the 4 components of the CAGE questionnaire (4 marks)

- iii. For each category below, list 3 indicators that a woman may be a victim of Domestic Violence (6 marks)

Physical Indicators

Behavioural indicators

- iv. In what circumstances should a report of Domestic Violence be made to Police irrespective of the victim’s wishes (3 marks)

- v. Other than alcohol and Domestic Violence screening, list 5 public health interventions currently carried out in Emergency Departments – provide an explanation or example for each (5 marks)

Public Health intervention type	Explanation/Example

Your intern has a patient who believes needs to be 'detained for his own good'. Answer the following questions

Discuss the indications for involuntary care under the mental health act?

Discuss the indications for involuntary care under 'duty of care'?

For each of the above, what powers for involuntary treatment exist?

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