

TEP PRETEST - FINAL - 3-23-10

Please answer all questions as indicated by directions on the bar.

1) You are working in a rural ER when a 45 year old woman arrives with a complaint of chest pain. She was recently released from jail after being arrested for DUI. She states she has been under a lot of stress because she is going through a divorce, her children are in college, and she lives alone. In passing, she mentions that she has not been able to get out of bed for days and that her life is not worth living. Patient denies regular use of alcohol prior to the DUI. Telemedicine Psychiatry consult recommends that she be admitted. You agree that the patient needs to be admitted and complete the involuntary commitment papers. No psychiatric hospital beds are available and you are instructed to call for a bed in 3 days.

Would you feel comfortable starting her on an antidepressant while she waits for admission?



2) Refer to the previous scenario. After three days the patient is no longer reporting thoughts of hurting herself. She is not eating well, but is more animated and talking with staff. None of her psychosocial stressors have changed, but she verbalizes that she can handle it.

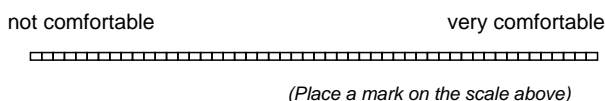
She agrees to a safety plan of contacting her estranged sister and going to the Mental Health department as soon as she leaves the ED to arrange outpatient care. She says that she will return to the ED if she feels unsafe. Her commitment papers have expired.

Would you feel comfortable discharging her for outpatient treatment rather than inpatient admission?



3) A family practice physician calls to advise you that he is sending a patient to the ED due to recent worsening of psychotic symptoms. He cautions you that the patient may tell you that he does not want to be hospitalized. In the Emergency Department the patient is pleasant and cooperative. He is well oriented and reports that he has been hearing voices for several weeks, but has no suicidal or homicidal thoughts. The medical evaluation is negative and there are no psychiatric beds available.

Would you feel comfortable starting this patient on antipsychotic medication and arranging for outpatient follow-up?



4) A 75 year old woman arrives in the ED with a delusion that her bedridden neighbor has been trying to hurt her. The police report that the patient went to her neighbor's home with a butcher knife demanding that she stop trying to harm her. The patient was brought to the ED by police for evaluation. The patient has been medically cleared. This is a holiday week-end and there are no psychiatric beds available for at least another 3 days and no psychiatrist is on call.

Would you feel comfortable starting treatment with an antipsychotic medication while this patient is waiting for involuntary admission to a psychiatric hospital?

not comfortable very comfortable

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(Place a mark on the scale above)

5) A 25yo man with a previous diagnosis of schizophrenia presents disheveled, agitated, hallucinating, and requiring placement in a safety room. His agitation requires you to restrain and tranquilize him. After a period of sleep his thoughts are better organized and he reports that he has not been taking his medications as prescribed. He cannot tell you the names of his current medications. He tells you he is allergic to Haldol and you observe him to have involuntary lip smacking. There is no mental health coverage available for 3 days due to a long holiday week-end.

Would you feel comfortable starting regular dosing with an antipsychotic medication rather than "PRN" dosing for agitation while he remains in your Emergency Department?

not comfortable very comfortable

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(Place a mark on the scale above)

6) Refer to the previous question. After 72 hours the patient no longer requires seclusion, has been taking his medications, and the commitment papers have expired. The patient reports that he continues to experience his chronic auditory hallucinations telling him to hurt others, but says that he has no intention of acting on what these voices are saying. His mother has been visiting regularly and he has an established outpatient mental health care provider.

Would you feel comfortable discharging this patient for outpatient treatment?

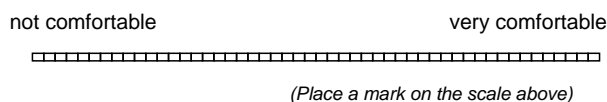
not comfortable very comfortable

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(Place a mark on the scale above)

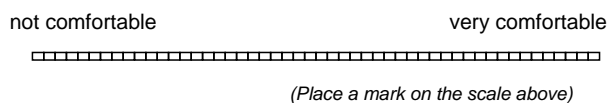
7) You arrive for your shift on Monday morning and re-encounter a patient whom you committed on Friday before going home for a weekend off. No inpatient Psychiatric beds are available. The patient has a history of Bipolar Disorder with psychotic symptoms and when you saw her on Friday she was agitated, dysphoric, and threatening to hurt her husband. Your replacement started the patient on Depakote and Risperdal and she now reports feeling better and is no longer agitated. She reports that her thoughts of hurting her husband have not entirely resolved, but that she has no intention of acting on these thoughts. Her commitment papers have expired. Her sister is visiting.

Would you feel comfortable discharging her for outpatient treatment?



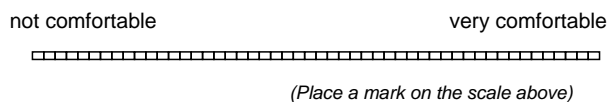
8) A 42 year old man with a long history of criminal activity including Assault & Battery and a prior history of incarceration arrives intoxicated and threatening to hurt others. He states that he plans to kill his girlfriend because she has been unfaithful. He has no known psychiatric history except for Poly-Substance Dependence and Antisocial Personality Disorder. After sobering up he still states that he intends to kill his girlfriend. You page a psychiatrist who tells you that no psychiatric consult is necessary because this is a legal issue and not an acute psychiatric illness.

Would you feel comfortable discharging this patient from your Emergency Department with instructions that if he hurts anyone it will be a police matter?



9) A 55yo white woman with Alcohol Dependence in Full Sustained Remission presents with a complaint of chest pain, shortness of breath, and a feeling of impending doom. This is her tenth admission to the ED for the same complaint. Her cardiac evaluation was negative on a recent visit. While you are waiting for her test results, she tells you that she is unemployed, recently lost her home, and lives in a shelter.

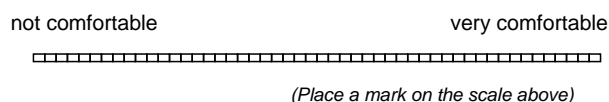
Would you feel comfortable prescribing a benzodiazepine and arranging outpatient follow-up?



10) You are working in a rural ED. A 24 year old man arrives with a complaint of abdominal pain and the medical evaluation is negative. He tells the nurse that he is anxious and depressed and later divulges that his life is not worth living. He reports that he has lost his appetite, spends a lot of time alone, and has lost interest in his previous hobbies for the past 2 months. He does not live near his family and recently broke up with his girlfriend of 6 months. Psychiatric services are not available in your hospital.

Would you feel comfortable starting him on an anti-depressant and arranging for out patient follow-up?

Would you feel comfortable starting treatment with an anti-depressant and arranging for out patient follow-up?



11) Are you a Resident or an Attending? (Select one from the drop-down menu.)

- Resident
- Attending