



2024

Ethiopian Health Professionals Licensing Examination(EHPL E)

INFORMATION BOOKLET

PSYCHIATRY NURSING



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA

የኢትዮጵያ ጤና ለሀገር ብልጽግና
HEALTH CARE FOR THE FUTURE OF ETHIOPIA



Institute of
Educational Research

Message From the State Minister, Ministry of Health -Ethiopia



Mrs. Frehiwot Abebe

Improving healthcare quality is a global priority for sustainable development, with high quality healthcare being a key component of universal health coverage. One strategy to maintain health care standards is through provision of health professional competency assessment. Consequently, in 2019, the Ministry of Health Ethiopia, initiated the Ethiopian Health Professionals Licensing Examination (EHPLE) for undergraduates in seven health disciplines, which has since expanded to include 13 health disciplines.

The main goal of this competency assessment is to identify health professionals with minimal competencies necessary to perform their duties safely and competently, thus enhancing the quality of health care services. This initiative is overseen by a dedicated Health and Health Related Institutions and Professionals' Regulatory Lead Executive Office (LEO), comprising four desks, which plays a pivotal role in strengthening the system and enabling the LEO to conduct the competency exam more extensively and with improved organization and quality.

It is important to note that this competency assessment differs significantly from traditional academic or employment examinations. Hence, this information booklet has been created to address the informational needs of both examinees and teaching faculty regarding the Ethiopian Health Professionals' Licensure Examination. Additionally, it aims to facilitate the assessment process, while promoting transparency and ensuring the sustainability of the program.

The preparation of this guideline involved the collaboration of esteemed experts from various higher education institutions, the Ministry of Health, JHPIEGO-Ethiopia, Amref/HWIP, Health Professionals' Associations, and the Ministry of Education. Their invaluable contributions are acknowledged with sincere gratitude, alongside appreciation for the Ministry of Health staff for their unwavering commitment and hard work throughout the project.

Acknowledgements

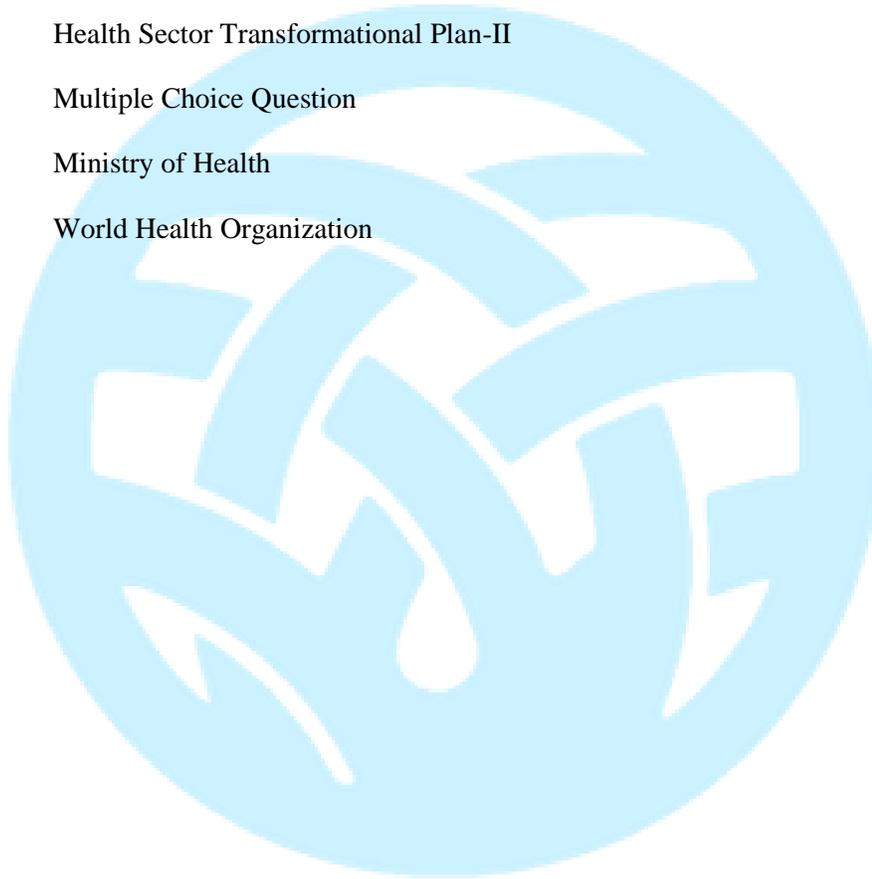
This Information Booklet for Ethiopian Health Professional’s Licensure Examinations is a contribution from several educators, researchers, students and concerned individuals with a genuine interest to propel Ethiopia’s medical and health sciences education forward.

The Ministry of Health is grateful for the contribution of many individuals and institutions in realizing this endeavor. Among these are Professional Associations, Student Association, Higher Education Institutions (both public and private), JHPIEGO-Ethiopia, AMREF/HWIP, MOE (Ethernet), UNFPA, AAU-IER and all HHRIPR LEOs staff.



Acronyms and Abbreviations

EHPLE	Ethiopian Health Professionals Licensing Examination
ETA	Educational and Training Authority
HEIs	Higher Education Institutions
HHrIPR-LEO	Health and Health-related Institutions and Professionals Regulatory Lead Executive Office
HSTP-II	Health Sector Transformational Plan-II
MCQ	Multiple Choice Question
MoH	Ministry of Health
WHO	World Health Organization



Purpose of the Information Booklet

The Ethiopian Health Professionals' Licensure Examination (EHPLE) Information Booklet serves as a comprehensive guide for those individuals seeking information about the exam. It typically outlines basic information for candidate registration, exam development and administration processes and procedures, result notification, and the licensing process. It also includes information on the exam framework, i.e., the exam domain, sub-domain, content, process, and task, with sample exam items specific to each profession.

The publication of this Booklet is crucial for the following reasons:

- **Clarity and guidance:** It provides clear information about the exam by ensuring candidates understand the necessary information to prepare them.
- **Accessibility:** It serves as a readily accessible resource for individuals pursuing to take the exam, consolidating essential information in one document and facilitating easy access to necessary details. It also helps other stakeholders who might be interested in such resources.
- **Transparency:** It promotes transparency in the examination process and fosters trust among stakeholders about the exam.

In summary, the publication of this Booklet is essential for creating a transparent, standardized, and accessible framework that guides candidates through the EHPLE process.

Contents

Message From the State Minister, Ministry of Health -Ethiopia	i
Acknowledgements.....	ii
Acronyms and Abbreviations	iii
Definition of terms	vi
1. Introduction.....	1
1.1. Background.....	1
1.2. The Rationale of EHPLE	1
2. Key processes of EHPLE.....	2
2.1. Registration of candidates.....	2
2.2. Task Analysis.....	3
2.3. Exam Blueprint	3
2.4. Item Development.....	3
2.5. Item Review	3
2.6. Standard setting method.....	4
2.7. Exam Administration	4
2.8. Scoring and post exam analysis	5
2.9. Result notification and appeal management	5
2.10. Licensing.....	5
3. Examination Framework.....	6
Sample questions	11
Sample References.....	18
List of contributors.....	19
Contact Us.....	20

Definition of terms

- **Domain:** a broad category or area of knowledge or skills of a profession
- **Sub-domain:** a subset of a broader domain that focuses on knowledge or skills related to the overarching domain
- **Content:** a more specific subcategory, which is a breakdown of the sub-domain
- **Task:** the responsibility, knowledge, skill, and attitude of a junior undergraduate professional in an actual work environment
- **Process:** a systematic sequence of steps or actions designed to achieve a specific outcome
- **Learning outcome:** a clear and measurable statement that describes what the examinee is expected to know or be able to do
- **Relative emphasis:** the proportional importance or weight assigned to different content areas or categories within the assessment
- **Item:** a particular multiple-choice question
- **Item developer:** a subject matter expert responsible for writing test items or questions that make up the examination
- **Item reviewer:** a subject matter expert responsible for reviewing and refining the test items or questions that make up the examination
- **Standard setting:** a process of determining a cut-off point or passing score for an exam
- **Item difficulty index:** a statistical measure that indicates the proportion of examinees who answered a particular test item correctly
- **Discrimination index:** a statistical measure that evaluates how well a particular test item differentiates between high-performing and low-performing examinees
- **Admission paper:** a printout paper generated by the system after completing registration that contains the examinee's photo, QR code, and necessary information

1. Introduction

1.1. Background

Competency assessment is one of the strategies for controlling the standard of healthcare services provided in healthcare facilities. The World Health Organization (WHO) recommends all healthcare professionals to have necessary competencies. In Ethiopia, the Health Sector Transformational Plan-II (HSTP-II) states competency assessment of all graduates before joining the health workforce as one of the strategic initiatives.

The Ministry of Health (MoH) launched the Ethiopian Health Professionals Licensing Examination (EHPLE) for undergraduates in 2019. The Health and Health-related Institutions and Professionals Regulatory Lead Executive Office (HHrIPR-LEO) of the Ministry of Health was given a mission to implement the ministry's objective to achieve competency-related goals. It has the responsibility to ensure that the EHPLE meets technical, professional, and legal standards, and to protect the health, safety, and welfare of the public by assessing candidates' abilities to practice competently.

Currently, the exam is given for 13 health professions (Medicine, Nursing, Public Health, Pharmacy, Medical Laboratory Science, Anesthesia, Midwifery, Dental Medicine, Medical Radiology Technology, Environmental Health, Psychiatric Nursing, Pediatric and Child Health Nursing, and Emergency and Critical Care Nursing). Since its introduction until February 2024, a total of 166293 examinees took the exam in 14 rounds.

1.2. The Rationale of EHPLE

One of the critical functions of the MoH is to guarantee the efficiency, quality, and equity of healthcare delivery and to protect the public from any undesirable consequences in healthcare delivery practices. As professionals' competence is a significant determinant of the quality of health, evaluation of health professionals' competence has now been given due attention. The licensing examination for health professionals serves as a crucial step to ensure that individuals entering the field meet specific competency standards. The sole aim of the competency assessment is to safeguard public health by verifying that health professionals have the minimal basic knowledge, attitude, and skill required to provide safe and effective care.

Licensing exams act as a preventive measure, ensuring that only competent professionals join the health workforce, which, in turn, contributes to reducing the occurrence of medical errors and enhancing overall patient safety. By setting standards through examinations, regulatory bodies strive to minimize the risk of medical errors caused by incompetence.

2. Key processes of EHPLE

EHPLE involves several key processes to ensure the quality and reliability of the examination.

2.1. Registration of candidates

EHPLE has a mandatory online registration system for both new and repeat candidates, which can be found at www.hple.moh.gov.et

Please note these important notes during registration.

New Test Takers:



- The list of eligible candidates from governmental and private Higher Education Institutions (HEIs) will be sent from Ministry of Education (MoE) to MoH and uploaded to the online registration system by MoH.
- Once the name of the candidate is uploaded to the system and registration has opened for the current exam round, the candidate must register at www.hple.moh.gov.et by uploading the necessary documents listed below.
 - ✓ a scanned original or temporary degree
 - ✓ a scanned government-issued ID, passport, driving license, or any other legal ID
 - ✓ a passport-size photo of the candidate
 - ✓ For international candidates:
 - Equivalence document from ETA
 - Completing an externship attachment according to assignment by the regulatory body
 - Externship attachment completion letter

Repeat Test Takers:



- Since the information about re-exam candidates already exists in the system, the candidate should register by directly going to www.hple.moh.gov.et. There is no need for re-exam candidates to upload their documents.

Both new and repeat candidates:



- After completing the registration, the candidate must download and print the admission paper by logging into his/her account using his/her email address and password
- The candidate can change the exam center by logging into his/her account only during the registration period
- Once an examinee has selected his/her exam center during the registration period, an application for center change will not be allowed

2.2. Task Analysis

The first step of exam development involves conducting a comprehensive task analysis study, which identifies the tasks, knowledge, skills, and abilities required from a junior undergraduate professional in the specific profession. The analysis is typically done through surveys, interviews, or observations of practitioners in the actual work environment, as well as through the Delphi method with subject matter experts.

2.3. Exam Blueprint

Based on the task analysis findings, a test blueprint is created that outlines the content areas to be covered in the examination and the weight or emphasis given to each area. This ensures that the exam reflects the key competencies and knowledge needed for competent practice in that specific profession. Blueprint or test specification is the matrix or chart that shows the number and type of test questions represented across the topics in the content area, consistent with the learning outcome and relative weight of the test given to each content area. The blueprint also identifies the percentage weighting of cognitive dimensions as the level of competence tested in each knowledge domain.

Key components of a blueprint are:

- Domain
- Sub-domain
- Content
- Task
- Process
- Learning outcome
- Assessment methods
- Assessment tools/instrument (test format)
- Relative emphasis (in percentage)

2.4. Item Development

The items are developed following specific guidelines to ensure clarity, relevance, and fairness. Subject matter experts with experience in the field are selected from HEIs to develop test questions (items) that align with the test blueprint. The exam questions will focus mainly on “knows how” according to the competency level of the Miller's pyramid. The items are produced in a secure location on designated computers that are free from internet connectivity. The items are scenario-based and constructed with stem, lead-in, and four options/alternatives. All items will have a single-best-answer type of Multiple Choice Question (MCQ) that addresses the learning outcome defined in each content area. Standard text books, updated guidelines, and standards are used as reference materials.

2.5. Item Review

Once developed, the items undergo a rigorous review process by item reviewers. The main purpose of the exam review process is to evaluate content relevance, technical accuracy, clarity, and sensitivity related to culture and religion. More experienced subject matter experts as well as psychometric experts will do the review to ensure the items meet psychometric standards. Subject matter experts shall review the items to confirm that they are accurate, clearly stated, and correctly

keyed using the checklist. Psychometric experts shall reviews the items to ensure that they are not technically flawed. They also work on editorial review to check grammar, punctuation, and spelling errors. This helps ensure the reliability and validity of the items.

2.6. Standard setting method

The standard setting or cut-off point of the EHPLE is determined using the Modified-Angoff method, which is one of the most widely used and legally defensible standard setting approaches to set a cut-off point for high-stake competency examinations.

The method involves a panel of subject matter experts who evaluate each test question and then estimate the probability that a minimally competent examinee would answer each test item correctly. The average of the experts' predictions for a test question becomes its predicted difficulty. The average of the predicted difficulty values across all items on a test is the recommended cut-off point. This point indicates the minimum level of knowledge and skill required to pass.

2.7. Exam Administration

The EHPLE is administered following established protocols and guidelines. Proper test administration procedures, appropriate security measures, and appropriate consideration for test-takers who need special support will be applied during exam administration at exam centers. The exam is administered in selected HEIs nationally, where candidates can choose based on their convenience at the time of registration. The exam schedule will be posted ahead of time on the MOH website and official Facebook page. Examinees who have a valid admission paper are eligible to sit for the exam. The mode of exam administration is computer-based testing.

CAUTIONS

➤ Candidates are allowed



- Attend the orientation session in order to sit for the exam
- Arrive at the exam center on time
- Bring a legal ID and admission paper
- Complete the exam within the allotted time frame

➤ Candidates are **NOT** allowed



- To bring reference materials, blank paper, or notes into the exam center
- To smoke, eat, or drink in the exam room
- To bring mobile phones, tablets, smart watches, camera devices, eyeglasses, calculators or any type of electronic device into the exam center
- To bring their personal belongings to the exam center
- To bring weapons and sharp materials into the exam center
- To give or receive assistance to or from other candidates during the examination

2.8. Scoring and post exam analysis

Once the exam is completed, the scoring process begins. The exam scoring process involves computerized scoring using software.

Post-exam analysis is the process of analyzing examinees' responses to individual test items in order to assess the quality of the items and the exam as a whole. This phase helps to identify any poorly performing items that may need revision or removal from the exam. The item difficulty index, discrimination index, and reliability coefficient are elements of exam analysis.

2.9. Result notification and appeal management

After scoring and analysis, individual score reports are generated and provided to examinees through the website www.hple.moh.gov.et. After result notification, examinees can submit their appeal through phone or email within 10 working days after result notification.

2.10. Licensing

The list of examinees who passed the exam will be sent to regional and city administration regulatory bodies. A license is obtained from the regional/zonal health bodies where he/she permanently lives.

Requirements for professional licensing are:



- Passing the EHPLE
- Original or temporary degree
- Educational documents (10th and 12th certificates)
- Medical certificate
- Government issued ID
- Additional prerequisites based on the requirements of regional regulatory bodies

3. Exam Framework

The key broader professional roles, also known as domains or main knowledge areas serve as a building framework for the licensing examination content for Psychiatry nurses. The domains are further divided into discrete professional attributes that constitute sub-units (also referred to as sub-domains) defining the professional identity for Psychiatry nurses, specifying the performance level of each sub-domain serve as the final characteristic of the professional duties on which the licensing exam focuses.

The contents of the licensing examination are presented below, structured into key roles (domains), sub-units (sub-domains), and tasks. The examination emphasis for each domain and sub-domain, out of the total 100% questions, is indicated in brackets.

Key professional roles/ domains

- Patient Care (80.0%)
- Scholar (5.5%)
- Professionalism (5.0%)
- Leadership and management (5.0%)
- Health promotion and disease prevention (4.5%)

Key role/ domain 1: Patient care (80.0%)

Description: This domain encompasses the professional roles of Psychiatry nurses in the provision of high-quality, safe, and patient-centered holistic nursing care within their scope of practice. The provision of up-to-date, ethical, and resource-efficient nursing care requires the application of integrated knowledge of biomedical, fundamental nursing, clinical, behavioral, and social sciences. As patient care providers, nurses shall implement the Psychiatry nursing care process by collecting and interpreting information, making clinical decisions, carrying out diagnostic and therapeutic nursing interventions, providing nursing care, and evaluating interventions. To demonstrate competence in this domain, candidates shall apply such integrated knowledge in the following sub-areas:

- Child and adolescent psychiatry (6.0%)
- Schizophrenia spectrum and other psychotic disorders (15.0%)
- Mood disorders (15.0%)
- Anxiety disorders (14.0%)
- Substance related and addictive disorders (8.0%)
- Emergency psychiatry (5.0%)
- Psychiatric disorders (4.0%)
- Special populations in psychiatry (4.0%)
- Personality disorders (4.0%)
- Minor psychiatry (5.0%)

Key role/ domain 2: Scholar (5.5%)

Description: This domain encompasses the professional roles of Psychiatry nurses in generating and utilizing scientific data to improve the health and well-being of the community and broaden their scientific knowledge within the healthcare system and community setting. Providing this service requires the application of integrated knowledge in research methods, measurements of health and disease, biostatistics, epidemiology, clinical audit, evidence-based practice, and research ethics. To demonstrate competence in this domain, candidates must possess applied knowledge in planning, problem identification, data collection, analysis, interpretation, report write-up, and dissemination of research outputs.

Key role/ domain 3: Professionalism (5.0%)

Description: This domain encompasses the professional commitment of Psychiatry nurses to promoting the health and well-being of individuals and society through adhering to ethical standards, maintaining personal integrity, and upholding high standards of competence in all areas of practice. To exhibit competence in this domain, candidates must possess applied knowledge of ethical principles, medicolegal practices, effective communication, accountability to the profession and society, maintenance of professional excellence and personal health, and professional values such as compassion, respect, integrity, honesty, altruism, and humility.

Key role/ domain 4: Leadership and management (5.0%)

Description: This domain encompasses the professional roles of Psychiatry nurses in envisioning a high-quality healthcare system through self-awareness, active participation in healthcare teams, leading teams, and managing health systems. Providing this service requires the application of integrated knowledge in continuous quality improvement, effective health system leadership, management, and healthcare ethics. To demonstrate competence in this domain candidate shall possess applied knowledge to plan, organize, staff, lead, execute, monitor, and control healthcare resources and activities.

Key role/ domain 5: Health promotion and disease prevention (4.5%)

Description: This domain encompasses the professional roles of Psychiatry nurses in enhancing the health and well-being of patients, communities, and the larger populations they serve through health advocacy, disease prevention, health promotion and the promotion of health equity. Providing this service takes an integrated understanding of determinants of health, health informatics, epidemiology, communicable disease control, health education.

Table 1: Exam Content For Psychiatric Nursing Profession

Domain 1:- Patient care	
Subdomain 1.1 Child and adolescent psychiatry	
Content	Tasks
Autism spectrum disorder, ADHD, intellectual disability, elimination disorders, conduct disorder, separation anxiety disorder	Assess and diagnosis children and adolescents with mental health problems
	Provide nursing care for children and adolescent with mental health problems (including physical care, patient and family counseling, social skill training and link cases to the next level of care etc.)
	Manage children and adolescents with common mental health problems
	Monitor patients progress for patients with mental health problems
Subdomain 1.2 Schizophrenia spectrum and other psychotic disorders	
Content	Tasks
	Assess and diagnosis patients with schizophrenia spectrum and other psychotic disorders
	Provide nursing care for patients with schizophrenia spectrum and other psychotic disorders.
	Manage patients with schizophrenia spectrum and other psychotic disorders
	Monitor patients progress and manage medication side effects for patients with schizophrenia spectrum and other psychotic disorders
Subdomain 1.3 Mood disorders	
Content	Tasks
Depressive disorders, Bipolar and related disorders	Assess and diagnosis for patients with Mood disorders
	Provide nursing care for patients with Mood disorders
	Manage patients with mood disorder
	Monitor patients progress and manage medication side effects for patients with Mood disorders
Subdomain 1.4 Anxiety disorders, Obsessive compulsive and related disorders and Trauma and stress related disorders	
Content	Tasks
	Assess and diagnose patients with Anxiety disorders, Obsessive compulsive and related disorders, and Trauma and stress related disorders
	Provide nursing care for patients with Anxiety disorders, Obsessive compulsive and related disorders, and trauma and stress related disorders
	Manage patients with Anxiety disorders, Obsessive compulsive and related disorders, and Trauma and stress related disorders
	Monitor patients progress and manage medication side effects for patients with Anxiety disorders, Obsessive compulsive and related disorders, and Trauma and stress related disorders
Subdomain 1.5 Substance related and addictive disorders	
Content	Tasks
Alcohol, Nicotine, Cannabis, Khat, Opioids, benzodiazepines	Assess and diagnose for patients with substance related and addictive disorders
	Provide nursing care for patients with substance related and addictive disorders
	Manage patients with substance related and addictive disorders
	Monitor patients progress and manage medication side effects for patients with substance related and addictive disorders
Subdomain 1.6 Emergency psychiatry	
Content	Tasks
Suicide, homicide, parasuicide, aggressive behavior, catatonia,	Assess and diagnose for patients with emergency psychiatry cases
	Provide nursing care for patients with emergency psychiatry cases
	Manage patients with emergency psychiatry cases

Steven Johnson Syndrome, refuse to eat, etc.	Monitor patients progress and manage medication side effects for patients with for emergency Psychiatry cases
Subdomain 1.7 Psychiatric disorders (depression and psychosis) secondary to neurocognitive problems (delirium, dementia and amnesic disorders)	
Content	Tasks
	Assess and diagnose for patients with psychiatric disorders secondary to neurocognitive problems
	Manage patients with psychiatric disorders secondary to neurocognitive problems
	Monitor patients progress and manage medication side effects for patients with psychiatric disorders secondary to neurocognitive problems
Subdomain 1.8 Special populations in psychiatry	
Content	Tasks
Old age psychiatry (late onset schizophrenia, delusional disorder, depression, substance and addictive related disorders (Alcohol), anxiety disorders (GAD) and insomnia) and Psychiatric aspects of pregnancy [Postpartum psychosis, postpartum depression]	Assess and diagnosis for special populations in psychiatry (old age Psychiatry and Psychiatric aspects of pregnancy)
	Provide nursing care for special populations in psychiatry
	Manage psychiatric disorders in special populations (old age Psychiatry and Psychiatric aspects of pregnancy)
	Monitor patients progress and manage medication side effects for special populations in psychiatry
Subdomain 1.9 Personality disorders	
Content	Tasks
	Assess and diagnosis for clients with personality disorders
	Manage the associated features of personality disorders, manage mental disorders comorbid with personality disorders, psycho-education for patient and family and link cases to the next level of care
	Monitor patients progress (Comorbid mental disorders and associated features) and manage medication side effects for comorbid mental disorders
Subdomain 1.10 Minor psychiatry	
Content	Tasks
Human sexuality and sexual disorders, Sleep disorders, Somatic symptom and related disorders, Dissociative disorders, Feeding and eating disorders, gender dysphoria	Assess and diagnosis patients with minor psychiatry disorders
	Manage patients with minor psychiatry disorders
	Monitor patients progress and manage medication side effects for patient with minor psychiatry disorders

Domain 2: Leadership and management
Tasks
Manage health care system (planning, organizing, staffing, directing, and controlling)
Create a safe and comfortable environment for clients and staff
Lead health service team
Domain 3: Scholar
Tasks
Develop research proposal
Collect research data
Analyze, interpret data and report research findings

Apply effective teaching methods, curriculum development and assessment principles for psychiatric education
Domain 4: Health promotion and diseases prevention
Tasks
Assess and diagnose community mental health and psycho-social problems
Intervene community (home based, prison, school, refuge and other) mental health and psycho-social problems
Monitor and evaluate community mental health and psycho-social support interventions
Domain 5: Professionalism
Tasks
Apply ethical and legal professional principles
Record, maintain documentations and report incidents appropriately
Advocate for psychiatric nursing profession, patient and mental health service
Practice effective therapeutic relationship, communication and collaborate with other health professionals



Sample questions

1. A 35-year-old-male patient came to a psychiatry hospital with a complaint of a long history of checking rituals that made him lose several jobs and incapacitated in his occupational and social areas. He reported that he spends too much time checking whether the door is locked or not before leaving home. It was difficult for him to leave home until he checked. He was treated with different appropriate drugs and behavioral therapy and a combination of drugs for six months. However, he could not show any improvement.

What is the most appropriate treatment option for this patient?

- | | |
|------------------------------------|-------------------------------|
| (A) Insight-oriented psychotherapy | (C) Electroconvulsive therapy |
| (B) Interpersonal psychotherapy | (D) Behavior therapy |

Answer Key: The answer is **C**

Explanation: In this scenario, the patient was treated with different appropriate drugs and behavioral therapy for adequate time but he could not show any improvement. This indicates that he is treatment resistant and as a sequel, his life was debilitated. For extreme OCD case that is treatment resistant and chronically debilitating; electroconvulsive therapy (ECT) and psychosurgery are considered. ECT should be tried before surgery.

2. A 35-year-old male patient, with a long history of excessive alcohol use, came for a psychiatric evaluation. During assessment, the psychiatry nurse could not find any psychopathology that would demand psychiatric intervention; but the nurse suggested that the patient's physical illness. is most likely secondary to chronic alcoholism.

What is the most likely co-morbid physical condition that this person has?

- | | |
|-----------------------|--------------------|
| (A) Diabetes mellitus | (C) Liver diseases |
| (B) Renal diseases | (D) Anemia |

Answer Key: The answer is **C**

Explanation: In this scenario, even though alcohol can cause anemia and renal disease; the liver and the pancreas are more vulnerable to alcohol use especially when used frequently and heavily. Chronic alcohol use can result in the accumulation of fats and proteins in the cells (Swelling) which is reversible. Inflammation of liver cells accompanied by increases in liver function tests is called *alcoholic hepatitis*, can lead to deposition of excessive amounts of hyalin and collagen near blood vessels in the liver, an early stage of *cirrhosis*, with the latter seen in approximately 15 percent of patients with Alcohol use disorder. Hence, the most likely co-morbid physical condition among chronic alcohol user is Liver diseases.

3. A 30-year-old male patient came to a psychiatry unit with the complaints of low self-esteem, depressed mood, fatigue, insomnia, and hopelessness. During mental state examination, the clinician suspected that the patient is suffering from psychiatric emergency condition.

What is the most relevant information needed to detect emergency condition?

- (A) Suicidal ideation
(B) Sleep disturbance
(C) Substance use
(D) Stressors

Answer Key: The answer is **A**

Explanation: In psychiatry, suicide ideation is the primary emergency condition, with homicide and failure to diagnose an underlying potentially fatal illness representing other, less common psychiatric emergencies. The most important concept regarding suicide is that it is usually the result of mental illness, usually depression, and is amenable to psychological and pharmacological treatment.

4. An 80-year-old male patient was admitted to a medical emergency OPD. During mental status examination, the patient looks apathy, shows aggressive behavior, has depressed mood and persecutory delusions.

What mental status examination finding most likely indicates the possibility of having dementia?

- (A) Depression
(B) Aggression
(C) Delusion
(D) Apathy

Answer Key: The answer is **D**

Explanation: The diagnosis of dementia is based on the clinical examination, including a mental status examination. Among signs that are common for patient with dementia is excessive orderliness, social withdrawal, sudden outbursts of anger or sarcasm, emotional lability, sloppy grooming, uninhibited remarks, silly jokes and apathetic or vacuous facial expression. Depression, aggression and delusion can be indicated as disorder/symptoms among patient with dementia but they are not a key signs that can commonly be observed during mental state examination.

5. A 67-year-old man came to a psychiatry clinic with complaints of sleeplessness and easily fatigue for five years. He has a desire to stay asleep during the day because he spends about one third of the night on bed without sleep and has a history of occasional substance use. During Assessment, the clinician observed that he is tidy but old looking; his hands shake slowly; low volume of speech and blunted facial expression. He was diagnosed with insomnia disorder.

What is the most likely contributing risk factor for this case?

- (A) Age
(B) Substance use history
(C) Presence of medical condition
(D) Presence of depressive disorder

Answer Key: The answer is A

Explanation: in this scenario, the patient is suffering from Insomnia disorder (Terminal type) and among the risk factors for this disorder advanced age is one. Advanced age is associated with increased vulnerability to insomnia. Anxiety or worry-prone personality or cognitive styles, increased arousal predisposition and tendency, Genetics and feminine gender are also contributing risk factors for insomnia disorder

6. A five-year-old female child was evaluated for possible neuro-developmental disorders. During the assessment, the clinician observed that the child has big toes with widely spaced, low-set and rounded ear, flattened nose and short neck, big tongue with drooling, short stature and short limbs.

What is the interpretation of the examination finding of this child?

- (A) Congenital hypothyroidism (C) Fragile X-syndrome
(B) Fetal alcohol syndrome (D) Down syndrome

Answer key: The answer is D

Explanation: Down syndrome, also known as trisomy 21, is a chromosomal disorder caused by an additional copy of genetic material on chromosome 21, which affects the development of the body and brain. The common clinical Signs/features/ of this syndrome are: flat back of head, special skin ridge patterns, unilateral/bilateral absence of one rib, umbilical hernia, diminished muscle tone, widely spaced, low-set and rounded ear, flattened nose and short neck, big tongue with drooling, short stature and short limbs. Therefore, signs observed during the examination in this scenario can be interpreted that; this child has Down syndrome.

7. A 22-year-old male patient was presented to a psychiatry unit with the complaints of laughing alone, shouting, and hearing of derogatory voices. The patient's father reported that the patient urges to go out naked and this abnormal behavior has begun incidentally. The total duration of the disturbance goes back to seven months and started following disagreement with his girlfriend. He has no history of substance use and laboratory investigation was within normal range.

What is the most appropriate initial management for this patient?

- (A) Fluoxetine (C) Clozapine
(B) Diazepam (D) Risperidone

Answer key: The answer is D

Explanation: The patient in this scenario is suffering from schizophrenia, which is among psychotic disorders. Antipsychotics diminish psychotic symptom expression and reduce relapse rates in psychotic disorders. Approximately 70 percent of patients treated with any antipsychotic achieve remission. Two of the options /alternatives/ are antipsychotics (Clozapine and

risperidone). Clozapine should be reserved for drug resistant schizophrenia. Fluoxetine is not antipsychotic rather it is antidepressant. Diazepam can be used as adjunctive treatment with Antipsychotics if the patient is suffering from insomnia disorder as well. Therefore, risperidone is most appropriate initial treatment for above case.

8. A 25-year-old patient was brought to a psychiatry emergency unit by a police officer. The patient believes that he is a prophet of God and seems hearing a voice that he responds to it by saying "Shut up". During the assessment, the psychiatrist identified that he is highly agitated and verbally aggressive.

What is the most appropriate intervention plan for this patient?

- (A) Admit and chain him with rope
- (B) Administer Clozapine and Lorazepam IM
- (C) Administer Haloperidol IM with Lorazepam IM
- (D) Administering both Chlorpromazine and Lorazepam IM

Answer key: The answer is **B**

Explanation: In this scenario, the patient had experienced severe agitation, which is a typical symptom during acute phase of schizophrenia. Even-though there are several options for managing agitation that results from psychosis; Antipsychotics and benzodiazepines can result in a relatively rapid calming of patients. Lorazepam has the advantage of reliable absorption when administering it either orally or intramuscularly. The use of benzodiazepines may also reduce the amount of antipsychotic that is needed to control psychotic patients. However, Low-potency antipsychotics like chlorpromazine are often associated with sedation and postural hypotension, mainly when administering them intramuscularly while Clozapine is considered the most effective antipsychotics, particularly in patients who have been unresponsive to other treatments.

9. A 32-year-old known psychiatric male patient, who had been diagnosed with a major depressive disorder, came for routine follow up. On history, he complains excessive night sweat and cough with blood tingled sputum, which lasted for three weeks. The psychiatry nurse has suspected pulmonary tuberculosis.

What is the most relevant information required to diagnosis PBT?

- (A) Duration of the cough
- (B) Change in weight
- (C) Past history of TB
- (D) Appetite status

Answer key: The answer is **A**

Explanation: In this scenario, currently a Cough for ≥ 2 weeks duration is very important information for clinician to suspect pulmonary tuberculosis. Although decrease in weight and poor

appetite are Clinical features pulmonary tuberculosis, doing further investigation (physical examination, laboratory and x-ray) are important for pulmonary tuberculosis diagnosis.

10. A 35-year-old male patient came to psychiatry OPD with complaints of insomnia and depressed mood of two months duration. During mental state examination, the psychiatrist identified that he had psychomotor retardation, mutism, poor concentration and attention, and suicidal ideation without suicidal plan. The psychiatrist decided to admit him and ordered Anti-depressant.

What is the most likely initial nursing intervention for this patient?

- (A) Spend time with client and develop trust
 (B) Administer diazepam for insomnia
 (C) Create Safe environment
 (D) Administer antidepressant

Answer key: The answer is **C**

Explanation: Physical safety of the client is a priority/initial nursing intervention/ in patient with suicidal behavior. The nurse should be aware of the client's activities at all times when there is a potential for suicide or self-injury. However, risk for suicide increases as the client's energy level is increased by medication, when the client's time is unstructured, and when observation of the client decreases. These changes may indicate that the client has come to a decision to commit suicide.

11. A 42-year-old man was admitted to psychiatry ward due to confusion, anxiety, agitation, and depression syndrome. The patient also reported that he excessively worries about unknown event and used to have sleep disturbance for the last one year. Laboratory investigation result revealed that; Free T4 = 150 pmol/L, free T3 = 26 pmol/L, TSH = 0.3 μ IU/ml and T3 uptake = 0.8 nmol/L (The normal Range: free T4=9.0-16 pmol/L, free T3=3.7-6.5 pmol/L and TSH=0.34-4.25 μ IU/ml).

What is the most likely interpretation for these laboratory findings?

- (A) Hypothyroidism
 (B) Hyperthyroidism
 (C) Hypoparathyroidism
 (D) Hyperparathyroidism

Answer key: The answer is **B**

Explanation: in this scenario, the patient was admitted to psychiatry ward with confusion; anxiety; agitation, and depression syndrome. His laboratory result revealed that TSH level is suppressed, and total and unbound thyroid hormone levels are increased. In 2–5% of patients (and more in areas of borderline iodine intake), only T3 is increased (T3 toxicosis). The converse state of T4 toxicosis, with elevated total and unbound T4 and normal T3 levels, is occasionally seen when hyperthyroidism is induced by excess iodine, providing surplus substrate for thyroid hormone synthesis. Likewise, Thyroid stimulating hormone (TSH) 0.5–5.7 μ U/L, Thyroxine (T4) 70–140

nmol/L, Thyroxine (free) 9–22 pmol/L , Tri-iodothyronine (T3) 1.2–3.0 nmol/L. Therefore, the laboratory findings revealed that the patient is suffering hyperthyroidism caused by Graves' disease.

12. While giving community mental health service, a psychiatry nurse noticed that a high number of girls aged 10 to 13-year-old were forced to get married to strengthen family ties in a rural village. Then, the nurse investigated that the majority of them faced an obstructed labor and fistula.

What is the most likely mental health problem experienced by the girls in the above case?

- (A) Fistula formation (C) Somatic problems
(B) Hemorrhage (D) Obstructed labor

Answer key: The answer is C

Explanation: In this scenario, the girls were exposed to early marriage, which can result in harmful effects leading to Psychological problems that leads to different somatic problems. The rest alternatives (distracters) can be problems related to early marriage but they are not mental health problem by themselves.

13. According to World Health Organization report, more than 40 percent of the countries have no mental health policy; over 30 percent have no mental health programs; and over 90 percent have no mental health policy that includes children and adolescents.

What is the most likely barrier for mental health advocacy in this case?

- (A) Absence of programs for the promotion of mental health
(B) Lack of parity between mental health and physical health
(C) Insufficient implementation of mental health policies and plans
(D) Poor quality of care in mental health hospitals and psychiatric facilities

Answer key: The answer is C

Explanation: For proper implementation of mental health advocacy, there should be requirements needed to be available first. These includes: properly designed program, budgeting, and human resource allocation. All these prerequisites shall be supported by policy. Without proper policy support, programs start and end somewhere without getting adequate attention, political recognition, and budgeting from local authority. Thus, the absence of policy and insufficient implementation of available policy contribute for the low coverage of mental health advocacy. Concerns about health care quality challenge, health worker collaboration, and program issue will be solved once properly designed mental health advocacy is available.

14. The head of a district health office planned to introduce adolescent reproductive health services to all health facilities of the catchment area; to address the reproductive health needs of adolescents and youths. Then, he assessed for the feasibility of services to be used by all and to secure funding and made projections of the estimated financial and social return from the start-up of the program.

What most appropriate type of planning used in this case scenario?

- (A) Business planning (C) Operational planning
(B) Contingency planning (D) Annual work planning

Answer key: The answer is **A**

Explanations: Business planning is short-to mid-term planning. It is used to secure funding and make projections of the estimated financial and social return from the start-up of an organization, formation of a new business unit, or development and introduction of a new product or service offered by an established entity. A good business plan enables an organization to assess the viability of all its products and services and the resources required to launch new products and services. Whereas operational plan has a shorter time spans usually one year and it aligned with the strategic plan. In addition, it defines activities and objectives to be achieved in line with strategic and tactile plans and it has less emphasis for financial and social return.

15. Investigators want to explore post-traumatic stress disorder among a group of individuals who were exposed to a dreadful situation in a community. During data collection, research participants were asked additional questions in order to gain more information. Participants were also unrestricted while responding to the questions.

What is the most appropriate method of data collection in this scenario?

- (A) In-depth interview (C) Focused group discussion
(B) Participant observation (D) Self-administered questionnaire

Answer key: The answer is **A**

Explanation: In-depth interview is an intensive one-to-one interviewing in qualitative research. Probing questions are posed based on the interviewee's response to obtain further information. It may take informal conversation with little or no sequencing of questions and participants are unrestricted to answer. In the above scenario, the investigator indicated that the data collector asks the participants additional question to gain more information and participants are unrestricted while responding. Hence, in-depth interview is the best approach for the scenario. But, choice B is simple observation of participants, choice C needs a group of participants at once, and choice D the participants themselves need to read and answers questions.

Sample References

- Sadock, B. J., & Sadock, V. A. (2017). Kaplan and Sadock's Comprehensive Textbook of Psychiatry (10th ed.). Philadelphia. Lippincott Williams & Wilkins.
- Sadock, B. J., & Sadock, V. A. (2015). Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (11th ed.). Philadelphia. Wolters Kluwer
- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA. American Psychiatric Association
- Rey, J. M. (Ed.). (2012). Textbook of Child and Adolescent Mental Health. IACAPAP.
- Sadock, B. J., & Sadock, V. A. (2018). Kaplan and Sadock's Synopsis of Psychiatry (12th ed.). Philadelphia. Wolters Kluwer.
- Kasper, D. L., Fauci, A. S., Hauser, S. L., Longo, D. L., Jameson, J. L., & Loscalzo, J.. (2018). Harrison's Principles of Internal Medicine (Vol. 1 and 2) (20th ed.). New York. McGraw-Hill Education
- Townsend, M. C., & Morgan, K. I. (2019). Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice (8th ed.). Philadelphia. Wolters Kluwer.
- Worku, F., & Gebresilassie, S. (2008). Reproductive Health for Health Science Students: Lecture Note. University of Gondar.
- World Health Organization; Regional Office for the Eastern Mediterranean. (2004). A Practical Guide for Health Researchers: Cairo.

List of contributors

Mr. Endalkachew Tsedal	MoH/ HHRIPR LEO
Dr. Meron Yakob	MoH/ HHRIPR Exam Development and Administration Desk Lead
Ermias G/Yohannes	MoH/ HHRIPR
Bethelhem Buzuayehu	MoH/ HHRIPR
Dr. Wudasie Teshome	MoH/ HHRIPR
Dr. Melese Achamo	MoH/ HHRIPR
Tsedale Tafesse	MoH/ HHRIPR
Mekonnen Desie	MoH/ HHRIPR
Abera Bezabih	MoH/ HHRIPR
Fikadie Dagnaw	MoH/ HHRIPR
Lemeneh Wondimu	MoH/ HHRIPR
Melkamu Gereme	MoH/ HHRIPR
Tadele Asefa	MoH/ HHRIPR
Nibretie Chalachew	MoH/ HHRIPR
Demeke Getu	MoH/ HHRIPR
Mebrat Tadesse	MoH/ HHRIPR
Neway H/Michael	MoH/ HHRIPR
Mebrahtu Tarekegn	MoH/ HHRIPR
Milkoman Ayele	MoH/ HHRIPR
Bethelhem Shikabew	MoH/ HHRIPR
Amanuel Tesfay	MoH/ HHRIPR
Dr. Alemseged Agmassie	Jhpiego/HWIP
Dr. Yohannes Molla	Jhpiego/HWIP
Bekalu Assamnew	AMREF HWIP project

Dr. Equinet Misganaw	AMREF HWIP project
Dr Belay Hagos	AAU- IER
Dr Birhanu Abera	AAU- IER
Dr Girma Lema	AAU- IER
Dr Daneal Desta	AAU- IER
Dr Firdisa jebessa	AAU- IER
Dr Wessenu Yimam	AAU- IER
Dr. Abdnasir Ahmed	AAU- IER
Tamirat Tekilu	Ethiopian Health Students Association
Adamu Birhanu	Ambo University
Wassie Negash	Debre Birhan University
Sisay Shunie	Debre Birhan University
Agezegn Asegeid	Wachemo University

Contact Us

Ministry of Health – Ethiopia

Street Address: - **1234 Sudan Street, Addis Ababa – Ethiopia**

Telephone: **+251-118275936**

Hotline service: - **952**

Website: **<https://www.moh.gov.et>**

EHPLE Information Booklet 2024

