



Year 3 Formative OSCE 2018

Reading for Station 1

Candidate Instructions

Clinical Scenario

You are an intern in the GCUH ED. Elliot is a 26-year-old man who was diagnosed with schizophrenia 5 years earlier and has presented to the emergency department complaining of hearing voices.

Task

In a total of eight (8) minutes:

- Take a **focussed history** regarding Elliot's presentation to the ED
- Provide a risk assessment and immediate management plan to the registrar

The examiner will assume the role of the registrar in the scenario. You will be interrupted after 7 minutes to provide the risk assessment and immediate management plan.

Simulated Patient Information

The candidate has the following scenario and task

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Instructions for simulated patient

You are Elliot, a 26-year-old who was diagnosed with schizophrenia 5 years ago. You were hospitalised at this time. Your condition was discovered after you had been fired by your employer, following failure to attend work. Your failed attendance was a result of fearing your life was under threat from bikies who had been stalking your home. Since this point you have been managing successfully in the community with a combination of medication and regular outpatient appointments with a psychologist. Your medication has not changed at all since your diagnosis.

As of a week ago voices have started talking to you. They appear to come from the outside, like they are being broadcasted into your head via what you believe is a microchip in your brain. Since they began, they have been mentioning the bikies, which hadn't crossed your mind for years, but are now causing you constant distress. You hear only a male; whose voice is unfamiliar to you. This voice has become increasingly aggressive and, in the last two days, has been saying you should take your own life to avoid being captured by the bikies. They haven't told you to hurt anyone else, and you feel no compulsion to do so. You feel in control of your actions, and have thought about how you would end your life but haven't got access to the necessary equipment yet. You have no history of suicide attempts, however your father, who also had schizophrenia, hung himself when you were five.

You have felt afraid to leave your own home over the preceding week due to concern about the bikies. This has caused you to use almost all your sick days at the university you work at as a laboratory assistant, as well as preventing you from grocery shopping. You rent the home you currently live in and are concerned your landlord won't let you board up your windows.

Until three weeks ago you lived with your partner, Mark, who you had been with for 18 months, before he broke off the relationship to pursue a career overseas. He had been essential in helping remind you to collect your medication from the chemist and to take 2 mg of risperidone twice daily. Since he left you haven't been feeling up to doing much, and

along with showering and cooking you have also been forgetting to take your medication. You have a 29 year old brother, Scott, who lives down in Melbourne, and your Mum lives in Perth where you are originally from. Your father had schizophrenia and hung himself when you were 5.

You have been a pack-a-day smoker for seven years, but have thrown out all the cigarettes in your home as you are concerned they have been poisoned. You have also been experiencing headaches, but hold the same concerns for the Panadol you previously took without concern. You don't drink alcohol or use illicit drugs, and your health is otherwise good, as confirmed by a regular physical with your GP a month prior.

Throughout the interview you should act as if the voices catch your attention at times, and if the candidate asks, explain they are saying something consistent with the history presented to you. You should look dishevelled and have a restricted affect consistent with the theme of paranoid schizophrenia. You have normal thought form and nil somatic delusions.

If the candidate asks if you would be okay with admission to hospital, you should deny and say that you are suspicious of some of the people you saw in the corridors before the interview and that they may be in cahoots with the bikies.

Examiner Instructions

- Please verify that you are examining the correct student by checking the name on the student's ID card against the name on the score sheet, as the student enters the room.

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The examiner will assume the role of the registrar in the scenario. You will be interrupted after 7 minutes to provide the risk assessment and immediate management plan.

- For the first 7 minutes of the station, please do not speak to the candidate, after you have checked ID. Please do not provide prompts on the station content.
- Stay out of the line of sight between the candidate and the patient. Do not provide any positive or negative feedback to the candidate.
- Please record your observations on the scoresheet **as you go**, as discussed in the briefing.
- **At 7 minutes** please assume the role of the registrar and interrupt the candidate for their risk assessment and immediate management suggestion.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

Props and Sundries

- Simulated patient
- 3 chairs (examiner, patient/SP and student)
- Hand wash

Author – Kingsley Smith. Revised by Rhys Harris.

OSCE Score Sheet

Station 1 - Psychiatric History & Risk Assessment

Student Name/Number.....

ID Check
(please tick)

Examiners Name:

SP:

No.	Assessment Item (details)	PLEASE MAKE ONE TICK IN EVERY ROW						
1	Introduces self & Infection Control Introduces self appropriately, hand hygiene before, hand hygiene after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		0	1	2	3			
2	Positive Psychotic Symptoms (maximum 6 marks) Investigates nature of voices, delusional thinking, thought broadcasting, thought insertion, passivity delusion, any other relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5	6
3	Negative Psychotic Symptoms Anhedonia, amotivation, apathy, affect blunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0	1	2	3	4		
4	Precipitating Factors Recent stressors, non-compliance with medication, substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		0	1	2	3			
5	Psychiatric History Previous mental illness, previous suicide attempts, family history of mental illness, previous hospitalisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0	1	2	3	4		
6	Medical History Current medication, previous medication, medical conditions, family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0	1	2	3	4		
7	Risk Screening (asks patient) Commanding hallucinations about suicide/homicide, current suicide contemplation, previous suicidal thoughts, previous suicide attempts, social situation/supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5	
8	Risk Assessment (discusses with registrar) Appropriately provides risk assessment to registrar, commanding hallucinations about suicide/homicide, current suicide contemplation, previous suicidal thoughts, previous suicide attempts, social situation/supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5	6
9	Immediate Management Admit patient under mental health act due to risk of personal harm, begin an atypical antipsychotic, brain imaging (MRI), ECG (antipsychotic drugs may be cautioned in cardiac illness) Maximum 2 marks from: urine drug screen, full blood count, liver function tests, urea and electrolytes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5	6
10	CLARITY Organisation, appropriate confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5	6	7
		Confused, disorganised, unclear		Below expected		Above expected		Outstanding
11	WARMTH Engagement, compassion, care for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5	6	7
		Cold, uncaring, brusque		Below expected		Above expected		Outstanding

