



## Year 2 Formative OSCE 2017

# Reading for Station 1

## Candidate Instructions

### Clinical scenario

Gerald Harman, a 78-year-old gentleman has come into his GP in Southport for a renewal of his prescriptions. You are a medical student at the clinic on placement. However, the GP is concerned about a recent personality change in Mr Harman and would like you to take a further history.

### Task

In a total of five (5) minutes:

Take a **focussed neuropsychological** history of Mr Harman, incorporating **relevant** elements of the **Mental State Exam (MSE)**.

# Simulated Patient Information

Thank you for supporting this important School of Medicine final exam, your contribution is greatly appreciated. Each candidate will be with you for 5 minutes with a 2 minute break in between. Your comfort is important to us. If you have any needs during the exam please tell the examiner in your room and attention will be sought. There will be scheduled breaks of 7 minutes during each run of the exam for brief refreshment or bathroom stops.

*The candidate has the following scenario and task*

## **Clinical scenario**

Gerald Harman, a 78 year old gentleman has come into his GP in Southport for a renewal of his prescriptions. You are a medical student at the clinic on placement. However, the GP is concerned about a recent personality change in Mr Harman and would like you to take a further history.

## Task

In a total of five (5) minutes:

Take a **focussed neuropsychological** history of Mr Harman, incorporating **relevant** elements of the **Mental State Exam (MSE)**.

## **Instructions for simulated patient**

You are Gerald Harman 78. You live alone at your own home. Your 2 sons take turns visiting you once a week but they are quite busy and can usually only stay for a few hours. Your wife Julie passed 4 years ago from heart complications. You are a retired mechanic and finished working 13 years ago.

You have diverticulitis and hypertension. You take a diuretic for your blood pressure. You had an appendectomy as a kid. Your grandfather suffered from 'memory' issues. Your mother died in a car accident in her 50's and your father from a heart attack in his 70's.

You have never smoked. You only drank socially for most of your life and don't anymore. You eat healthily and go for a half an hour walk a day.

You have Alzheimer's Dementia – but DO NOT disclose this to the student. Therefore, when having the interview with the student seem a bit distance and confused, try not to answer questions efficiently – you may wish to misunderstand a question or answer the question in a tangential manner.

All of the following changes have been occurring to you slowly and progressively over time. You are unaware of your deteriorating condition but if asked about any of the following please respond as outlined:

- Memory Loss
  - Yeah I guess, I keep going to the shops and forgetting what I need
  - Sometimes I go into the kitchen and forget why I came there

- Personality Change
  - I find myself getting a bit more frustrated at things lately. I've been a bit snappy with my sons when they visit and they worry about me
- Hallucinations or Perceptual disturbance
  - You keep thinking you can see your wife around the house. It is very upsetting for you.
  - Has been going on for 3 months
- Mood/feelings
  - Feeling a bit lonely and down, but that has been since you lost your wife
- Recent Changes
  - Stopped gardening, which you used to enjoy.
  - You have just lost interest in it, lost the motivation for it.

The student has also been asked to perform an MSE, therefore when asked to do certain tasks please respond as follows:

- When asked to remember 3 items and repeat them back, recall 1 item but have difficulty and do not recall the other 2
- When asked anything relating to short term memory have difficulty
- When asked where you are get the suburb incorrect – anything but southport
- Know your name when asked but quote the year as 2006
- When asked to perform the serial 7's or 3's, only count back once and then struggle. If asked to spell a word backwards have difficulty.
- When asked a 'judgement question' such as posting a stamped envelope or leaving a smoking building do not respond appropriately, seem confused about the question.

If asked about any other associated symptoms answer no to other questions. Examples may include incontinence, difficulty walking, tremor, shuffling and cardiovascular risk factors.

## 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.

### The candidate has the following scenario and task

#### Clinical scenario

Gerald Harman, a 78 year old gentleman has come into his GP for a renewal of his prescriptions. You are a medical student at the clinic on placement. The GP has to step out to the treatment room for a moment. However the GP is concerned about a recent personality change in Mr Harman and would like you to take a history while he is gone.

#### Task

In a total of five minutes:

Take a **focussed neuropsychological** history of Mr Harman, incorporating **relevant** elements of the **Mental State Exam** (MSE).

[You should imagine that you are alone in the consulting room with the patient. The examiner and any other individuals in the room are not part of the scenario and should be ignored once your ID has been checked.]

- You are an observer examiner. 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.
- The candidate has only 5 minutes to complete the station. When the PA instructs, they should be asked to finish and leave immediately.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

# OSCE Score Sheet

## Station 1

Student Name/Number

.....

Examiners Name: .....

Simulated patients name:.....

ID Check  
(please tick)

**PLEASE MAKE ONE TICK IN  
EVERY ROW**

**No. Assessment Item (details)**

<b>1</b>	<b>Introduces self &amp; Infection Control</b> (appropriately, uses gel before and after)	0	1	2	3			
<b>2</b>	<b>Open Question</b> (begins with and phrases questions like this where possible throughout)	0	1					
<b>3</b>	<b>Exploration of Symptoms &amp; Orientation</b> (determines their current symptoms, explores timeline and character appropriately, attempts to find precipitating factor/cause)	0	1	2	3			
<b>4</b>	<b>Mood and Affect</b> (explores patients mood and recent changes, timeline of this change)	0	1	2				
<b>5</b>	<b>Perceptual Disturbance</b> (questions about delusions and hallucinations in an appropriate manner – points for, ideas of reference, thought insertion, thought blocking, thought broadcasting, paranoia/persecution, grandiosity, insight)	0	1	2	3			
<b>6</b>	<b>Cognition &amp; Orientation</b> (performs 3 object memory task, does serial 7's or other equivalent, assess orientation in place, person and time, assess judgement)	0	1	2	3			
<b>7</b>	<b>Risk Assessment</b> (Adequately explore risk to themselves, plan, execution or risk to others – have they ever felt the need to protect themselves, or has the solution to a problem been violence etc)	0	1	2	3			
<b>8</b>	<b>Previous episodes and Medical History</b> (Asks about previous episodes, asks about other medical conditions, asks about previous mental health diagnosis)	0	1	2	3			
<b>9</b>	<b>Asks about patient understanding and concerns</b>	0	1	2				
<b>10</b>	<b>CLARITY</b> (communication, organisation,)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
		Confused, disorganised, unclear	Below expected	Above expected			Outstanding	
<b>11</b>	<b>WARMTH</b> (engagement, compassion, care for patient)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
		Cold, uncaring, brusque	Below expected	Above expected			Outstanding	

## **Props and Sundries**

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

## **Learning outcomes assessed**

- Demonstrate comfort and competence in engaging with patients and approaching the discussion of their emotional life and psychological status.
- [REVISION]
- Demonstrate competence in exploring a patient's experience of psychotic symptoms [REVISION], including: the cardinal characteristics of the symptoms and their time course; relevant associated symptoms; and the patient's understanding of, and concerns about, what they are experiencing.
- Discuss the principles of mental state examination: integration with history, active listening, genuine listening, mindfulness - here and now, paraphrasing, summation, encouragers, open body language.
- Demonstrate application of the techniques of mental state examination: facilitation, exploration, positive reinforcement, clarification, interpretation, summation, use of open questions.
- Discuss the techniques to avoid in mental state examination: excessively direct questioning, trapping the patient in their own words, trapping the patient in your words - being overly suggestive, false reassurance, treating the interview like a questionnaire - the 'tick box' approach, premature advice or opinions.
- Demonstrate competence in the six elements of mental state examination, then discuss the significance of any abnormal findings: Appearance and Behaviour; Speech and Language; Mood and Affect; Thought Form and Content; Perception; Cognition.
- Recognise common neurological and psychiatric conditions on the basis of the findings on mental state examination.

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