Year 4 Formative OSCE 2021

READING FOR STATION 3

You are a medical student working in the ED of a rural town.

Elliot/Ellie Smith is a 28 year old brought to ED by QAS after reports from their neighbours about some disturbing behaviour.

Below is an extract from the QAS report:

Patient: ***Elliot/Ellie Smith***
Age: 28 Year Old Male/Female (SP dependant)

- QAS reported to scene at 20:32
- Patient found only wearing underwear and kangaroo hopping along street at residence
- Patient visualised to be talking to self, with fixed attention to surrounding trees

Assessment Tasks

In a total of **eight (8)** minutes:

- Take a **focused neuropsychiatric history** of the patient, incorporating, where relevant, elements of the **Mental State Exam (MSE), and assessing safety to self & others**
- Provide 2 differential diagnoses and your reasoning, including relevant elements of the **MSE**
- List further **investigations** to help you in your diagnosis

You should imagine that you are alone in the room with the patient while taking the history. You should only interact with the examiner once you have completed interviewing the patient and have differential diagnoses to present.

The examiner will give you a prompt when there are two (2) minutes remaining.

There is **no** need to perform any physical examination on the patient

Simulated Patient Information

Thank you for supporting this GUMS formative OSCE. Your contribution is greatly appreciated!

Each candidate will be with you for eight (8) minutes with a 2-minute break in between.

Instructions for simulated patient

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For SP

You are a young adult with a first presentation of psychosis. Throughout the interview, remain paranoid of cameras in the corners of the ceiling and the messages they're sending into your mind.

Your behaviour is disorganised - you may sit on the floor, move around in the chair etc but not in a way that is threatening or distracts significantly from questioning

Your speech is confident but involves loose associations, tangents & flight of ideas. (so if asked a question feel free to answer it abstractly and start talking about other random things e.g. I have been hearing voices, you know who else heard voices? My Grandma she was horrible, but not as horrible as salt and vinegar chips, etc, etc)

However, answer direct questions when prompted due to time constraints.

HxPC	● Started hearing voices about a month ago ● Messages are received from the trees outside about the government ● Trees telling you how the government is watching everyone ● Government is trying to control your body ● Trees told you to blend in so the government couldn't see you, so you decided to act like a kangaroo ● You believe you only just became worthy of the trees talking to you but give no reason why ● Haven't been outside the house in a few weeks due to paranoia ● Haven't eaten well (can't remember last good meal) have been surviving off instant noodles

MSE	1) **Appearance** – Dishevelled, unkempt, clothes worn multiple times
	2) **Behaviour** – Intense eye contact, rapid talking, difficult rapport building (due to being very suspicious of the interviewer).
	3) **Speech** – Poverty of speech (say lots of random things but not a lot of important information), repetition of your own words, however articulate speech when asked direct questions
	4) **Mood** – Blunted (unable to express how you feel), if asked say you feel 'fine'
	5) **Affect** – Blunted, hostile, labile, congruent
	6) **Thought Content / Perceptions**
	    - Auditory: the trees are talking to you
	    - Tactile: nil
	    - Visual: nil (you can't see any monitoring equipment but you know it's there)
	● The trees are saying the Government is watching everyone
	    ○ No identifiable trigger
	    ○ Has never happened before

	● You believe you only just became worthy of the trees talking to you but give no reason why ● Have been more scared to leave the house - stopped working ● Passivity Phenomenon - Actions are being controlled by the government 7) **Cognition** – Not orientated (you say its 2012 and your in the Government's secret building), you have limited self-awareness, memory is intact however 8) **Insight and Judgment** – Little insight and ability to judge what is going on
Self harm & Safety	**Thoughts: "Have you been thinking about ending your life?"** **Frequency, severity, duration** - Yeah. I've been having dark thoughts - Getting worse **Plans/Intent:** - Not suicidal in this very moment - Trees have suggested you hanging yourself though **Availability:** - I don't have any weapons or guns. Just need a rope **Previous Suicidal Behaviour** - I've had previous suicidal thoughts but never acted on them **Loss of hope:** - Yeah I've got no hope - The government is gonna get you eventually **Supports available:** - My ex girlfriend was someone I could talk to, but she left me (left about 3 months ago) **Safety to others:** - No desires to hurt other people
Medical Hx	● Nil medical conditions ● Nil surgeries ● Nil medications or allergies ● Otherwise avoids seeing doctors ● Never had an STI screen
Social Hx	● Lives in Gympie in Department of housing ● Works as labourer, hasn't been for a few weeks due to paranoia ● Smoke pack a day for 10 years ● Nil EtOH ● Occasional cannabis ("pot") use, helps you relax ● Denies other recreational drugs
Family Hx	● Father had some really down days - if asked further state doctors called it depression

Examiner Instructions

Please verify that you are examining the correct student by checking the name on the student's ID card, as the student enters the room. Please write the student's name at the top of the marking scheme.

The candidate has the following scenario and task:

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Interaction with the candidate
- You are an observer examiner. Please do not speak to the candidate, after you have checked their 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

Time prompt
- Please start your timer as the candidate enters the room
- At six (6) minutes, please interrupt the candidate with a time prompt, saying

"You have two (2) minutes remaining"

- If the candidate has not already commenced presenting their differential diagnoses and reasoning at this point, please say

"Please present your differentials and their reasoning then provide your further investigations to me"

- The candidate has only eight (8) minutes to complete the station. When the 8-minute bell/buzzer rings, they should be asked to finish and leave immediately
- If a candidate finishes early, please ask them to remain in the room, and do not converse with them. They are able to continue the assessment task up until the eight (8) minute buzzer/bell

Completion of marking scheme
- Please record your observations on the marking scheme as you make them
- Please mark **as you go,** and hand the marking scheme to the candidate as they exit the station
- Please add narrative feedback to the marking scheme, especially if the candidate did not perform well. These comments will assist the candidate's learning

'Reset' the examination environment
- After each candidate leaves, please discard any notes the candidate may have made and 're-set' the station to ensure that it is the same for each candidate

OSCE Score Sheet

Station –

Student Name/Number……………………………………………………………………………

Examiners Name: ………………………………………… SP:

……………………………………………

ID Check
(Please tick)

No.	Assessment Item (details)	Mark
1	**Introduction and Hygiene** Appropriate introduction Hand hygiene before Hand hygiene after	___/3
2	**Open question** Begins with open question	___/1
3	**Exploration of psychotic episode / MSE** - onset of symptoms - triggers of symptoms - progression of symptoms - content of thought - visual hallucinations - auditory hallucinations (1), explores hallucination in greater detail (how many voices, what were they saying, coming from inside or outside the head) (1) - tactile hallucinations - effects of thoughts on functioning - Enquires about thought broadcast, withdrawal or insertion - precipitating factors	___/11
4	**Exploration of safety to self & others** - frequency/severity/duration - plans/intent - availability - previous suicidality - loss of hope - support available, safety at home - homicidal ideation	___/7
5	**Exploration of patient background** - past medical conditions - past surgical history - medications (1) and allergies (1) - social situation - family history - smoking, alcohol and recreational drug use (2 for all three, 1 for two)	___/8
6	**2 x Differential diagnosis & appropriate reasoning (1 mark acceptable diagnosis, max 2 marks acceptable reasoning)** - Psychosis/ Schizophrenia/ Schizoaffective - Schizophreniform disorder - Drug-Induced psychosis - Delusional disorder - Cannabis Use Disorder - Paretic neurosyphilis	___/5

	- Provides rationale - Provides MSE during rationale(Appearance, Behaviour, Speech, Mood, Affect,Thought content and form, Perception, Cognition, Judgement) - 2 points for all topics covered, 1 for 2-3 missing Note: For diagnosis of Schizophrenia, longitudinal observation would be required due to symptoms being present for one month.	
7	**Investigations (maximum 5 marks)** - Urine Drug Screen - FBC, eLFTs - Glucose - B12/ Folate - TFTS, LFTS Cortisol - Autoimmune screen (Anti NMDA, Anti-Glutamic acid, Anti-Decarboxylase) - MR Brain / CT - Head - EEG - LP if febrile	__/5
8	**CLARITY** (Confidence, organisation, structure) 1= very disorganised, very unstructured, lacking in confidence 2 = expected level 3= outstanding	___/3
9	**WARMTH** (Engagement, compassion, care for patient) 1= cold, uncaring, brusque 2 = expected level 3= outstanding	___/3
	TOTAL	___/

Bonus Question (for self-study)

Acute Behavioural Management?

- ○ No-pharmacological
  - ■ Verbal de-escalation
  - ■ Consider need for PICU on admission
- ○ Pharmacological
  - ■ Benzodiazepine – Lorazepam or other appropriate benzo
  - ■ Antipsychotics – Olanzapine, quetiapine or other appropriate antipsychotic
- Regular antipsychotics
- Admit for ongoing assessment
- Collateral
- Any points about being placed under the MHA (RA / TA)
- Engaging around substance use – AODS / brief intervention / motivational interview