

OSCE #1

VIDEO COURTESY OF UNIVERSITY OF NOTTINGHAM'S YOUTUBE CHANNEL

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CANDIDATE INSTRUCTIONS

Ms Julie Thomas is a 48 year old woman who is seeing her GP due to her anxiety symptoms. She is married and currently off sick from her job as a bank clerk.

Julie Thomas is currently being interviewed by the GP for the first time. You have been provided a link to the interview. Watch the first 6 minutes of the video linked. The video starts by the GP introducing herself to Julie.

Link to Video: https://youtu.be/li2FHbtVJzc

TASKS:

- 1. Please watch the video of the GP interviewing Julie (6 min)
- 2. Please present a Mental State Examination of Julie based on the information in the video (2 min)



02 MARKING GUIDE FOR EXAMINER

CRITERIA **Poor Adequate Excellent** Appearance, behaviour, patient rapport · Comments appropriately on appearance, dress, grooming and hygiene · Comments on noteworthy patient attitudes or abnormal behaviour · Notes patient's ease or difficulty in establishing rapport with interviewer Speech, mood and affect · Comments on quality, volume and tone of speech Correctly assesses the patient's mood, affect, range and reactivity Thought stream, form and content · Comments on thought stream · Comments on thought form and identifies if formal thought disorder is · Reports key themes, delusions, suicidality or other key content **Perception** · Reports disorders of perception **Cognition and intelligence** · Comments on cognition of patient Judgement and insight · Assesses the patient's awareness of their situation or health condition Assesses patient's ability to understand, retain and weigh information **Overall presentation of MSE** Structure Fluency Logical Order Confidence Completeness **Additional comments:**



03 SAMPLE ANSWER

Julie is a 48 year old Caucasian lady. She has brown shoulder length hair and dressed in a black top with a white cardigan and patterned trousers. She is engaging well with the interviewer, with good eye contact, however at times gazes away towards her hands. She is teary at times. There is no psychomotor retardation or agitation present. Gait has not been formally assessed.

Julie's speech is normal. She has clear articulation with no stutters or dysarthria present. Her production of speech is normal with no poverty of speech or pressured speech. Her responses to the interviewer's questions are spontaneous. Julie speaks with a normal tone and good volume.

In Julie's words, her mood is "anxious". Objectively, Julie appears to have an anxious affect, normal range of emotions which are mood congruent.

Julie did not self-report any hallucinations or illusions. She does not appear to be responding to any internal or external stimuli.

Julie has a normal stream of thoughts with no abnormalities detected in tempo or continuity of thinking. No formal thought disorder is present. Julie is preoccupied with physical symptoms (palpitations/racing heart, shortness of breath and chest pain) she experiences with her panic attacks. She has been avoiding activities that induce her physical symptoms such as engaging in sexual activity with her partner, which has significantly affected their relationship. Thoughts of suicidal and homicidal ideation were not formally assessed. Furthermore, Julie has not expressed any delusional beliefs during the interview.

Cognition has not been formally assessed. However, Julie has been alert and oriented to time, place and person during the interview.

Julie has fair insight. Julie is aware of her physical symptoms but has been unable to relate her symptoms to panic attacks/anxiety. This is on the background of no risk factors for cardiovascular disease and cardiac tests conducted by GP have had no abnormalities detected. Julie's judgement making capacity was not formally assessed. However, she is accepting of the interviewer's explanation for her cause of symptoms, and is willing to seek treatment to relieve her symptoms.

