



OSCE #4

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CANDIDATE INSTRUCTIONS

You are a junior doctor in the outpatient Psychiatry Clinic.

Jacob is a 32-year-old single male (He/Him) living with several flatmates in a rental house. He is employed part-time at a local grocery store.

Jacob has a history of severe chronic depression. Over the past few months, his symptoms have not been well controlled despite numerous changes to his treatment regimen. Currently, he is taking Sertraline, and attends regular sessions for Cognitive Behavioural Therapy (CBT). Jacob has a past history of suicidal ideation and has recently informed his Psychiatrist that he has been having intrusive suicidal thoughts despite being compliant to his treatment. Jacob has no other prior psychiatric or medical history. He is taking no other medications.

Jacob has a 10-year pack smoking history and has 2 standard glasses of wine every night. He has no known history of illicit drug use.

Upon assessing Jacob's mental state, it is determined that he may be suitable for electroconvulsive therapy (ECT). Jacob has come to the clinic today to obtain more information about this treatment.

Jacob does not identify as Aboriginal or Torres Strait Islander.

TASKS:

1. Obtain an informed consent from Jacob for ECT (6 minutes)
2. Answer any questions Jacob may have for you (2 minutes)

ROLE PLAYER INSTRUCTIONS

SUGGESTED RESPONSE & DIALOGUE

Opening statement:

“My Psychiatrist said I would need this thing called ECT for my depression diagnosis. I’m not really sure what it is, only seen it in movies”

Any initial replies should suggest a limited initial knowledge/understanding about ECT and an interest/being engaged in learning more

Once candidate has completed Task 1, the role player/ Jacob should ask 1-2 of the following questions with the time remaining:

1. “I’ve heard that ECT causes brain damage. Is this true?”
2. “How many times do I need to get ECT”
3. “How long will it take for my symptoms to improve?”
4. “What are some alternatives to ECT if it doesn’t work for me?”

MARKING GUIDE FOR EXAMINER

CRITERIA

	Poor	Adequate	Excellent
<p>Interaction with Role Player</p> <ul style="list-style-type: none"> Introduces self, confirms patient details and relationship to patient Sets context for interview including consent Gives information in structured and digestible chunks, sign posts and checks for understanding throughout Good rapport and bedside manner Avoids medical jargon 			
<p>Establishes patient's initial understanding</p> <p>For example:</p> <ul style="list-style-type: none"> What do you know about ECT? What would you like to know about ECT? Do you know why you need ECT? 			
<p>What is ECT + indications</p> <ul style="list-style-type: none"> What is it? Electroconvulsive therapy involves the controlled passage of an electric current through the brain, which affects the brain activity to help relieve the symptoms of severe depression What is it used for? Used to treat some mental health conditions, particularly severe depressive disorders, especially when other treatment options have failed Method of action: The exact mechanism is not fully understood. It is postulated that the electrical impulse resets the chemicals in the brain, and helps resolve the symptoms 			
<p>How is the procedure done?</p> <p><u>Before</u></p> <ul style="list-style-type: none"> Fast for at least 6-8 hours before the procedure Certain medications may be stopped prior to the procedure (e.g. antidepressants) Have you had any prior reaction to an anaesthetic? Do you have any allergies? Are you currently taking any medication? Have you had a recent stroke, heart attack (MI), or abnormal heart rhythm (arrhythmia)? <p><i>Continued on next page...</i></p>			

MARKING GUIDE FOR EXAMINER

CRITERIA

	Poor	Adequate	Excellent
<p>How is the procedure done?</p> <p><u>During</u></p> <ul style="list-style-type: none"> The procedure takes about 5 minutes Conducted by a trained psychiatrist and an anaesthetist in an operating theatre Will be given general anaesthetic (i.e., propofol), to keep sedated for a few minutes while the procedure is being performed Will also be given a muscle relaxant (i.e., suxamethonium) to help keep muscles relaxed during the procedure Two electrodes will be placed on one of both sides of the scalp, and a carefully controlled electrical signal will be administered to induce a brief seizure The seizure will last for several seconds up to a minute. This will temporarily alter the activity in the brain in hopes of improving your symptoms During this procedure, you will not feel any discomfort and usually patients wake up about 5-10 minutes after the procedure has been completed <p><u>After</u></p> <ul style="list-style-type: none"> Monitored in the recovery unit for about 30 minutes until general anaesthetic and muscle relaxant have worn off Staff will ensure that you are responding well after the procedure 			
<p>Benefits</p> <ul style="list-style-type: none"> Effective in 70-90% of patients Well-tolerated and very safe Mood usually improves within 1-2 weeks 			
<p>Adverse Effects</p> <p><u>Immediate Side Effects</u></p> <ul style="list-style-type: none"> Most commonly, patients feel disoriented and confused right after the procedure Disturbance in heart rhythm, low blood pressure, headache, nausea, sore jaw muscles <p><u>Common and Serious Side Effects</u></p> <ul style="list-style-type: none"> Main side effect is short-term memory loss, which can be temporary or permanent Possible long-term or permanent memory loss <p><u>Rare Side Effects</u></p> <ul style="list-style-type: none"> Very small risk of death 			

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
<p>Contraindications</p> <p><i>Confirms patient does not have these contraindications</i></p> <ul style="list-style-type: none"> • An ECT may not be safe or suitable if you have had a recent subarachnoid or subdural bleed, a recent stroke, recent heart attack (MI), and/or abnormal heart rhythm (arrhythmias) • Also, if you are not suitable for an anaesthetic (high anaesthetic risk), then we may either need to modify the procedure or look at alternatives. 			
<p>Alternatives</p> <ul style="list-style-type: none"> • Transcranial magnetic stimulation (TMS) • Transcranial direct current stimulation (tDCS) • Continue current treatment regimen • No treatment 			
<p>Conclusion</p> <ul style="list-style-type: none"> • Confirms understanding throughout the consent process • Confirms whether the patient understood the procedure, risks & benefits, as well as why it is being done • Asks whether the patient has any questions and/or wants any further clarifications • Provides resources or options to obtain further information (websites, pamphlet) • Confirmed whether patient is willing to undergo the procedure • Obtain a signed consent 			

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
<p>Responses to Patient Questions</p> <p><u>“How many times do I need to get ECT?”</u></p> <ul style="list-style-type: none"> ECTs are performed 2-3 times a week for up to 8-12 sessions for optimal results. However, the number of sessions depends on how well you respond after the session, and whether you want to continue receiving these sessions. After each treatment session, you will be re-assessed. If it is discovered that the treatment has minimal to no effect, then we may stop treating you with ECT and resort to other measures. Alternatively, you can also refuse to get an ECT at any point during the treatment process. <p><u>“How long will it take for my symptoms to improve?”</u></p> <ul style="list-style-type: none"> Generally, symptoms can start to improve after 2 ECT sessions <p><u>“I’ve heard that ECT causes brain damage. Is this true?”</u></p> <ul style="list-style-type: none"> There is no evidence to suggest that ECT causes brain damage. The electric current is very low that it is unlikely to cause any harm to the brain 			
<p>Additional comments:</p>			

REFERENCES:

ECT – HEALTH DIRECT

ECT – BEYOND BLUE

ECT – RANZCP

ECT – SANE AUSTRALIA