APRIL 2021

PsySOM
Psychiatry Society of Monash

OSCE #2

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RANZCP CPG FOR MANAGEMENT OF SCHIZOPHRENIA AND RELATED DISORDERS

All contributions have been written by post-Year 4C Monash medical students who are members of PsySOM. We hope our contributions serve as a study tool in preparation for your rotation and exams.

CANDIDATE INSTRUCTIONS

You are an intern working another night shift in a busy metropolitan Emergency Department (ED).

A man has been brought to the ED by the local police officers.

Beau O'Brien, a 28-year-old male, is an expatriate from Germany who arrived in Melbourne 2 years ago. He is currently employed as a financial advisor with a local bank and lives alone in a studio apartment.

Beau was recently promoted to a senior position and decided to celebrate at a bar with his colleagues, who are avid party goers. Beau decided to skip dinner to get an early start to the bar. As the night progressed, his colleagues noticed that Beau was behaving erratically and having verbal altercations with his colleagues and with bar staff members. This further escalated and resulted in police officers being called on Beau.

Currently, Beau looks agitated with bloodshot eyes and refuses to lay still. He occasionally shouts "The devil is here!" and does not answer anyone's questions. Beau has no prior psychiatric or medical history and has no known history of substance abuse.

Beau does not identify as being of Aboriginal or Torres Strait Islander origin. Beau's preferred pronouns are he/him.

TASKS:

1. Take a collateral history from Beau's colleague, Paul (3 min)
2. To the examiner, provide a list of provisional diagnoses (1 min)
3. To the examiner, provide a list of initial investigations you would order (1 min)
4. To the examiner, outline the acute and long-term management for Beau (3 min)

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ROLE PLAYER INSTRUCTIONS

Unless stated, Paul does not know the answer to the question

SUGGESTED RESPONSE & DIALOGUE

Role player: Paul Walker
Closest friend & colleague of Beau O' Brien

Opening statement:

"We were just having a celebration at the bar for Beau since he got promoted, and he started behaving all strange as the night progressed."

If prompted to elaborate:

"Initially he was calm when he came to the bar, then he became quite verbally abusive to his colleagues and the staff which was just unusual for him. At one point he went to the bathroom, and after some time we heard a huge commotion! He was fighting and shouting with the staff. And all this happened in just less than an hour!"

HISTORY OF PRESENTING COMPLAINT

General		No problems with Beau before tonight; Recently promoted to a senior position Working at a local bank
Differential Diagnosis	**Psychotic**	Beau kept whispering to me that the bartenders and waitresses were part of a cult. He has also been refusing to eat or drink tonight. He kept mumbling something like "the devil will go down my through if I swallow anything."
	Manic	Denies any euphoric mood, abnormal expenditure or promiscuity
	Depressive	Denies low mood and/or lack of energy
	Anxiety	Denies changes in weight Denies presence of ongoing worries/concerns
	Organic	Denies any organic symptoms (fever, recent illness, weight loss, etc.) No history of diabetes or thyroid dysfunction
Risk Assessment		No suicidal thoughts Has harmed others physically and verbally in recent hours Maintains own hygiene No cognitive impairment Unsure about personal and family medical history

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ROLE PLAYER INSTRUCTIONS

Unless stated, Paul does not know the answer to the question

PERSONAL HISTORY

Social History:

Smoker- daily, unsure for how long

Alcohol- every weekend with his colleagues, not a binge drinking
mainly drinks beer with occasional whiskey

Lives alone in a studio apartment

Migrated to Melbourne from Germany

No family in Melbourne

No known social or work stressors

Substance use:

Marijuana- first introduced by his colleagues 6 months ago, increasing use since. Paul is unsure if Beau used marijuana tonight, but highly it is probable. Beau has never acted this way with marijuana use before.

MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
Interaction with Role Player • Introduces self, confirms patient details and relationship to patient • Sets context for interview including consent • Uses open-ended and closed questions appropriately • Establishes good rapport			

History of Presenting Complaint
• Elicits relevant context and background
• Explores likely duration and evolution of symptoms
• Elicits symptomatology appropriately;
  ◦ Psychotic symptoms
  ◦ Manic symptoms
  ◦ Depressive symptoms
  ◦ Anxiety symptoms
  ◦ Suicidal ideation and risks
  ◦ Organic symptoms			

Initial Investigations for Presentation
Considers appropriate investigations:
• Physical examination, including neurological examination
• Bloods- FBE, ESR, UEC, CMP, LFT, TFT
• Urine drug screening
• Blood Alcohol Levels (BAL)
• ECG
• Metabolic screen:
  ◦ BMI + waist circumference
  ◦ Blood pressure
  ◦ Lipid profile (cholesterol, triglycerides)
  ◦ Fasting BSL + HbA1c
• EEG (if indicated)
• CT brain
• Psychometric testing (e.g. Mini-Mental State Examination (MMSE))
• Infective screen- hepatitis +/- other blood-borne disease (if indicated)
• Autoimmune screen- Anti-NMDA receptor, Anti-VGKC, Anti-GAD antibodies (if indicated)			

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MARKING GUIDE FOR EXAMINER

CRITERIA	Poor	Adequate	Excellent
Provisional Diagnosis Clarifies likely primary diagnosis and considers other possible diagnoses • First episode psychosis • Substance-induced psychosis • Infection			

Acute Management Plan
• Contact On-Call Psychiatry registrar to review patient
• Considers conducting a mental state examination (MSE)
• Adresses risk: **CHASSM**
  ◦ **C**ognition
  ◦ **H**arm
  ◦ **A**bsconding
  ◦ **S**ubstance
  ◦ **S**exuality
  ◦ **M**edical & Mental Health
• Justifies location or care and admission status (voluntary/ involuntary, inpatient/ community)
• Considers role of Mental Health Act (MHA)
  ◦ Consider if patient needs an assessment order under MHA 2014
• Considers prescribing appropriate medications for acute sedation
  ◦ Benzodiazepines (lorazepam)
  ◦ Antipsychotic (olanzapine)
• Contact next-of-kin/ take further collateral history			

Long-Term Management Plan ***Biological*** Considers appropriate psychological treatment • Atypical antipsychotic for at least 2 years (risperidone, quetiapine, aripiprazole) Considers long term management and prognosis (including relapse prevention) • Continue antipsychotic medication for 5 years in case of relapse • Monitor any side effects of antipsychotic ***Psychological*** Considers other non-pharmaceutical treatments • Provides psychoeducation to patient, family, and/or friends ***Social*** • Involvement of others (referrals, supports, practice help) • Focuses on rehabilitation or return to normal daily function • Promotes healthy lifestyle			

Additional comments:

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