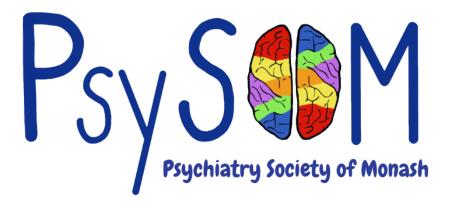
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OSCE #2

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REFERENCE: <u>RANZCP CPG FOR MANAGEMENT OF</u> <u>SCHIZOPHRENIA AND RELATED DISORDERS</u>

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)



ROLE PLAYER INSTRUCTIONS

Unless stated, Paul does not know the answer to the question **SUGGESTED RESPONSE & DIALOG**UE

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

Ge	neral	No problems with Beau before tonight; Recently promoted to a senior position Working at a local bank
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
ntial	Depressive	Denies low mood and/or lack of energy
Differential	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
Ris As:	k sessment	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



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: Blood pressure 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)			



MARKING GUIDE FOR EXAMINER

Provisional Diagnosis Clarifies likely primary diagnosis and considers other possible diagnoses • First episode psychosis • Substance-induced psychosis • Infection Accute Management Plan • Contact On-Call Psychiatry registrar to review patient • Considers conducting a mental state examination (MSE) • Adresses risk: CHASSM • Cognition • Harm • Absconding • Substance • Sexuality • Medical & Mental Health		
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 Cognition Harm Absconding Substance Sexuality		
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 Harm Absconding Substance Sexuality 		
 Absconding Substance Sexuality 		
 Substance Sexuality 		
• S exuality		
• Medical & Mental Health	1	
• 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:		

