2021 PsySOM OSCE Night Station 2

*You have been provided with the following candidate instructions. You have **4 minutes** to read and prepare for your station. Please read the instructions carefully.*

CANDIDATE INSTRUCTIONS

You are a junior doctor working in the Emergency Department.

Jared Kimber is a 22-year-old university student, who has been living in a university dorm room with a roommate for the past 3 years.

Today Jared was brought in to hospital by ambulance after his roommate called 000. The roommate states that over the past few months, Jared has been displaying increasingly 'odd' behaviour. He has been voicing strange religious beliefs regarding being an "angel" and thinking that he is "special". The roommate has also noticed that Jared often looks "spaced out" and as though he is communicating to someone that is not there.

The roommate is not aware of any past history of similar behaviours and does not believe that Jared ingested any illicit substances recently.

Jared is not of Aboriginal or Torres Strait Island background.

In 8 minutes, your tasks are as follows:

1. Take an appropriate history from Jared. (5 minutes)
2. Outline a thorough management plan to the examiner. (3 minutes)

ROLE PLAYER INSTRUCTIONS

You are Jared Kimber, a 22-year-old university student who was brought into ED after your roommate called for an ambulance. In the interview, your mood appears to be elevated. Occasionally, you "space out" and look away at the corner of the room as though you are communicating with someone who is not there.

Unless stated, assume Jared does not know the answer to the question.	
Opening Statement	**"I am an angel."**
History of Presenting Complaint	
General	**Duration:** You don't know. Psychosis symptoms ● **Delusions:** You believe you are an angel sent by God and that you have special spiritual powers (e.g. you are immortal). These delusions are fixed in nature. ● **Auditory hallucinations:** You hear one voice and it is God's voice. Religious content. God tells you to leave home and go on a religious journey. You know the voice you hear is real. You have not experienced any visual, olfactory or tactile hallucinations. ● **Ideas of reference:** You see religious symbols on TV and you believe these are a sign from God. ● **Paranoia:** You feel safe and in control of your thoughts. ● **Negative symptoms:** You need more motivation than usual to do regular things [amotivation]. Nil else.
Physical symptoms	Answer no to any questions about physical symptoms.
Psychiatric Review	**Psychosis symptoms** Auditory hallucinations only: one voice, from God. Delusions present: believe you are an angel sent by God. *See above for more information* **Manic symptoms** Poor sleep present, grandiosity present. **Depressive symptoms** No low mood, no suicidality, no issues with concentration. **Anxiety symptoms** Nil anxiety-like symptoms: nil anxious mood, or feeling "keyed-up", muscle tension, etc
Risk Assessment	Nil thoughts of harm to self or others. You want to abscond from the hospital. You have not been in contact with your family.

Personal History	
Past Psych Hx	Saw psychologist for anxiety in high school Nil diagnosed psychiatric conditions or admissions
Social History	● Have been living away from home for the past 3 years ● Was raised in a religious household ● Prior to moving out, you were sociable and had many friends, but for the past year, you have been spending more time in your dorm room reading religious texts and have not been communicating with your friends. ● Have not been attending your university classes. ● Have not been eating well and you believe that God wants you to go on a "fast". ● Poor exercise ● Nil major stressors
Substance Use	No recent ingestion of alcohol or drugs. **Past Hx** Has smoked marijuana recreationally in the past Non-smoker, non-alcohol drinker No IVDU
Family Hx	Dad - depression

MARKING GUIDE († denotes pertinent points)

S2: FIRST EPISODE PSYCHOSIS	**Needs Improvement**	**Proficient**	**Excellent**
History of Presenting Complaint			
Introduces self and confirms patient details. Sets context for the interview including consent. Uses open and closed questions appropriately. Establishes good rapport.			
† Explores HOPC including duration and onset, evolution of Sx and events leading up to the presentation.			
† Conducts a psychosis screen: ≥ 3 positive Sx (delusions, hallucinations, ideas of reference, paranoia, thought insertion, withdrawal, blocking) and ≥ 1 negative Sx (withdrawal, isolation)			
† Excludes ≥ 4 of the following causes: organic Sx, manic Sx, depressive Sx, anxiety Sx, recent substance use and current suicidal intent/plan			
Assesses patient's past psychiatric and medical history (i.e. meds, allergies and FHx)			
Explores ≥ 3 of domains of patient's personal Hx: developmental Hx, current living situation/finances, social supports, exercise/diet, past substance use			

Acute Management Plan			
Considers ≥ 6 in the acute setting: 1) Contacting Psych Reg to r/v patient, 2) Conducting a MSE, 3) Initial work-up Ix, 4) Risk Ax, 5) Location of care, 6) Use of MHA, 7) De-escalation if required, 8) Calling family or NOK			
† Lists any 5 as initial Ix: FBE, UEC, TFT, Urine Drug Screen, Glucose levels, CT-Brain, Chest X-Ray			
† Biological: Mentions commencement of a low-dose antipsychotic and considers the role of suitable benzodiazepine if the pt is agitated.			
† Psychological: Recommends use of Psychoeducation and/or CBT when the pt is settled.			
† Social: Considers the need for a case manager in the community, psychiatrist or GP follow-up. Considers if pt requires any financial/housing services. Advises of any relevant support groups for pt.			
General feedback:			

KEY LEARNING POINTS FROM OSCE NIGHT

- Outside of asking the psychosis screen, it is also important to ask a good psychiatry "systems review" to try and look for any differentials. This includes asking about organic pathology, any mania-like Sx, any depressive/anxiety-related symptoms, any recent drug/alcohol use, etc.
- For most (if not all) OSCEs based on history-taking, you should conduct at least a brief risk assessment as this can often help inform the management plan (i.e. if someone is high risk of harm to self/others, then they will likely need inpatient care). If pressed for time, the most important ones to ask are harm to self and harm to others.
- Remember to always send off investigations to screen for organic causes when someone presents with a first episode of psychosis and it can be helpful to split these into bedside, bloods and imaging.
- Management plans should ideally be structured according to the biopsychosocial approach with consideration of both short-term and long-term management.
- With acute/short-term management, it is important to mention the medicolegal side of psychiatry by making direct reference to use of the Mental Health Act.