

2021 PsySOM OSCE Night Station 3

*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 Year 4C medical student, currently on your Psychiatry rotation at Latrobe Regional hospital, when the emergency department phones to say they have a patient in need of a consult named Mr Carl Smith.

Carl, a 25-year-old accountant, has been brought into the emergency department by his concerned girlfriend. She reports that over the past week Carl has become increasingly erratic and impulsive and she is concerned about his change in mood. In the referral the Emergency Physicians tell you that Carl reports his mood is “fantastic” and that he has not had any recent episodes of depressed mood. Carl additionally has no comorbidities, does not smoke or use recreational drugs, and currently lives with his girlfriend.

You have been provided a link to the interview between Carl and your team’s psychiatry registrar, Dr Coxall. The video starts with Dr Coxall introducing herself to Carl and gaining consent for the interview.

Link to video:

<https://drive.google.com/file/d/1QLRb0KWYLu58vg4jEsuLO2WVHzCjS6Ty/view?usp=sharing>

In 8 minutes, your tasks are as follows:

1. Watch the **video of the psychiatrist interviewing Carl (4 minutes)**.
2. Present the Mental State Examination findings to the examiner (4 minutes).



MARKING GUIDE († denotes pertinent points)

S3: MENTAL STATE EXAMINATION	Needs Improvement	Proficient	Excellent
Identification, appearance, behaviour, and patient rapport			
† Utilises 3 identifiers to introduce pt: name, age, occupation			
† Correctly comments appropriately on physical appearance based on weight, height, clothes, grooming			
† Correctly comments on ≥ 1 pt attitudes or abnormal behaviour (psychomotor agitation, gestures, disorganised behaviour)			
Notes pt's ease in establishing rapport with interviewer (over-familiarity)			
Speech, mood and affect			
† Correctly comments on ≥ 4 speech domains: increased spontaneity, rate & volume; normal volume; interruptible; overly informal			
† Correctly assesses the pt's mood (fantastic) and affect (excited/elated/elevated) AND ≥ 2 other factors: range (normal), mood congruency (congruent), reactivity (normal)			
Thought stream, form and content			
† Correctly comments on increased thought stream			
† Correctly comments on thought form by identifying no formal thought disorder is present			

† Correctly reports ≥ 2 key contents: preoccupation with plans for business, delusions of grandiosity, denied thoughts of harm to self/others			
Perception			
Correctly reports lack of perceptual disturbance in pt			
Cognition and intelligence			
Comments on cognition and estimates intelligence/psychosocial functioning of pt			
Judgement and insight			
† Correctly assesses pt's lack of insight/awareness of their situation or health condition and justifies			
† Correctly assesses pt's impaired judgement and justifies (overspending, speeding, quitting job)			
Overall Presentation <ul style="list-style-type: none"> ● Structure ● Fluency ● Logical Order ● Confidence ● Completeness 			
General Feedback:			

Sample Answer: Mental State Examination

Mr Carl Smith is a 25 year old Accountant brought into Latrobe Regional Hospital ED by his partner. Carl is tall, and his BMI appears to be within the healthy range. He has light brown dishevelled hair and wears a black polo shirt with white stripes and dark blue jeans. Carl demonstrates significant psychomotor agitation and disorganised behaviour. He is unable to remain seated for the duration of the interview, standing at times to pace. He puts his foot on the chair and later sits on the back of the chair, rocking the chair in a precarious position. He gesticulates dramatically throughout. His jacket is lying on the ground next to his chair. He is overly familiar with the doctor including invading her personal space and asking to meet with her for coffee.

Carl has increased spontaneity of speech which is increased in rate and volume but of normal tone. It is able to be interrupted by the doctor. His language is overly informal given the setting eg. 'You dig me'. Carl's mood was reported by the Emergency Department as "fantastic". His affect was excited/elated/elevated. It was mood congruent, well-communicated and reactive (eg. more excited when feeling like the doctor understands his business idea).

Carl appears to have an increased stream of thought but there was no formal thought disorder. Carl's thought content is preoccupied with plans for his new business, almost verging on delusions of grandiosity about its importance and likelihood of success. However he denied feeling that he was special or had particular powers. He denied thoughts of harm to self or others.

Carl denied perceptual disturbances. He did look around the room at times but it wasn't explored whether this was in response to internal stimuli. Carl was quite distractible during the interview, with difficulty maintaining his attention on the doctor's questions at times.

Carl does not appear to be aware of his current ill health, stating 'I'm not crazy'. He believes that even though his girlfriend is sceptical about his business that she'll change her mind in time. He was demonstrating impaired judgment with recent overspending and speeding bringing himself to the attention of police. He'd also impulsively quit his job.

Supplementary Question & Answer (Not Assessed During OSCE Night)

Question:

Please present a brief risk assessment based on the information provided in the video and state Carl's level of risk.

Sample Answer:

Risk to self

- Low risk of suicide and deliberate self-harm.
- Moderate risk of inadvertent/accidental harm to self due to impaired judgment with risk taking behaviour such as speeding while driving.
- Moderate risk of self-neglect if preoccupied with business rather than attending to ADLs.
- Moderate risk of non-compliance with treatment including absconding. In keeping with this a risk of further deterioration of his mental health.
- Moderate financial risk due to overspending and access to his credit card, along with having quit his job and a risk to reputation.
- Moderate risk to relationship as he is now relying on his girlfriend for an income and states she doesn't agree with his new business plans.
- Low risk of substance misuse as nil history of same.

Risk to others

- Low risk of intentional harm to others
- Moderate risk of inadvertent/accidental harm to others due to impaired judgment with risk taking behaviour such as speeding while driving.
- Risk to others may increase to moderate risk of aggression/violence if detained for treatment given his lack of insight, if he feels his business plans are being thwarted.
- Nil risk to dependents as he doesn't seem to have any.



KEY LEARNING POINTS FROM OSCE NIGHT

- Be structured and signpost the components of the MSE (Tip: Write down the ASEPTIC mnemonic on your blank piece of paper in your reading time to make sure you don't forget!).
- Spend time to describe appearance and behaviour - a psychiatrist shared that you should "describe the person so that I can picture exactly what they look like and are doing from your description".
- Don't forget to also comment on congruence, range and reactivity when describing mood/affect. Mood is in the patient's own words e.g. "I feel hippity happiness!" whereas affect is your objective assessment of their mood e.g. "the patient had an elevated affect".
- It is easy for most students to identify each component, but the way to stand out is in how you present yourself, your fluency, and the phenomenology/sophistication of language you use (e.g. using the term "psychomotor agitation" instead of "increased movement"). This will come with practice :)