



2022 Year 4C Psychiatry OSCE Night

STATION 3: Max's Mood

CANDIDATE INSTRUCTIONS

*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.*

You are a psychiatry resident working with the CL psych team in a metropolitan hospital. You have been asked to review Max Power, a 33-year-old roof plumber admitted under the Gen Med ward for treatment of community acquired pneumonia. The gen med team has referred Max to you because he has been quite teary and worried about his progress in hospital whilst recovering on the ward. Max has told the CL psych team that he's been struggling with worries for some time but is feeling particularly anxious in hospital. Max has no known medical history and takes no medications.

In 8 minutes, your tasks are as follows:

1. Please take a focused psychiatric history from Max. (5 minutes)
2. Please provide a provisional diagnosis and formulation for Max (describing predisposing, precipitating, perpetuating and protective factors for the provisional diagnosis). (3 minutes)

SIMULATED PATIENT INSTRUCTIONS

You are **Max Power**, a **33-year-old roof plumber** being treated in hospital for pneumonia. You are **very anxious** during his hospital stay. You have struggled with feelings of anxiety **since his early 20s** but puts it down to being a 'worry wart'. You are **apprehensive about speaking to the psychiatry team** as you are concerned about being seen as 'weak'.

<i>Unless stated, assume Max does not know the answer to the question.</i>	
Opening statement	<i>"Hi, my doctors asked me to talk to you because I've been a bit upset while I'm in here but I'm fine. I'm not crazy or anything."</i>
When asked to elaborate	I don't know. I have always been a bit of a worry wart, but I am just really worried about dying in hospital. I know it is silly but this pneumonia... I don't know. I just know it will be the end of me.
HOPC	<ul style="list-style-type: none"> • DURATION: ongoing anxiety and nervousness since my early 20's. • FLUCTUATION: that anxious feeling isn't always here. It seems to come and go in severity. • AGGREGATORS: I have been worrying about a lot of things. The safety of my partner, making mistakes at work, being late, getting hit by a car, my health.. just everything. • HELP SEEKING: Partner Wendy (extremely supportive) has suggested speaking to his GP about my 'worries' but I apprehensive because 'blokes usually just get on with stuff'. And 'I'm not sick so what is the doctor going to do?'.
Anxiety screen	<ul style="list-style-type: none"> • Restlessness – yes • Fatigue – yes • Difficulty concentrating – yes • Irritability – no • Difficulty sleeping – yes, I have trouble falling asleep, and wake up early with difficulty to fall back asleep. I am getting less than 5 hours of sleep a night. • Muscle tension – possibly, could just be sore muscles from work <p>All the above have been present since Max's early 20's and have been worsening in severity over time.</p>
Organic symptoms screen	<ul style="list-style-type: none"> • CARDIAC: Nil palpitations, sweating, dizziness, chest pain, shortness of breath • ENDOCRINE: No intolerance to hot/ cold, no changes in hair distribution or vision, nil headaches. • MALIGNANCY: nil weight loss or night sweats • GIT: Some diarrhoea when feeling very anxious, but not regularly
Psychiatric symptom screen	<ul style="list-style-type: none"> • Psychotic symptoms: NIL • MOOD: nil manic symptoms, some teariness whilst in hospital
Psychiatric and medical history	<ul style="list-style-type: none"> • No past psychiatric history • Appendectomy age 13
Family history	<ul style="list-style-type: none"> • Mother has panic disorder • Sister has specific phobia to frogs
Drug and alcohol use	<ul style="list-style-type: none"> • Nil recreational drug use • Consumes an average of 5 standard drinks most nights, more on weekends. Uses alcohol to "calm my nerves". CAGE questionnaire negative.
Social history	<ul style="list-style-type: none"> • I enjoys my job working independently as a roof plumber, and I have stable work. • I live with my partner Wendy who is very supportive and understanding of my 'worries'. • Plays social footy on weekends.

EXAMINER MARKING GUIDE

Criteria	Poor	Adequate	Excellent
Introduction <ul style="list-style-type: none"> Introduces self and confirms patient details Sets context for the interview including consent Uses open and closed questions appropriately Establishes good rapport 			
HISTORY TAKING: Task #1			
HOPC <ul style="list-style-type: none"> Explores duration, onset and evolution of symptoms Explores the events leading up to this presentation 			
SCREEN FOR ANXIETY <ul style="list-style-type: none"> Asks about excessive worry most days about a range of things for at least 6 months Asks at least 4 of the following 6 symptoms: <ul style="list-style-type: none"> Restlessness or feeling keyed up or on edge. Being easily fatigued. Difficulty concentrating or mind going blank. Irritability. Muscle tension. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep). 			
SCREENS FOR POTENTIAL DIFFERENTIALS <ul style="list-style-type: none"> Excludes of ≥ 4 causes: <ul style="list-style-type: none"> organic Symptoms (<i>thyroid, cardiac, GIT, anaemia</i>) Manic Symptoms (<i>Elevated mood, poor sleep, grandiosity</i>) Psychotic symptoms (<i>Delusions, hallucinations, cognitive impairment, negative symptoms...</i>) Depressive Symptoms (<i>Low mood, anhedonia, guilt</i>) 			
ASSESSES PATIENT PAST: <ul style="list-style-type: none"> Psychiatry history Medical history Family history Social history 			
PROVIDE A PROVISIONAL DIAGNOSIS FOR THE PATIENT- Task #2a			
Correctly diagnosis the patient with generalised anxiety disorder			
PROVIDE A FORMULATION INCLUDING PREDISPOSING, PRECIPITATING, PERPETUATING AND PROTECTIVE FACTORS FOR THE PROVISIONAL DIAGNOSIS- Task #2b			
Predisposing <ul style="list-style-type: none"> Family history of anxiety disorders (mother and sister) 			
Precipitating <ul style="list-style-type: none"> Recent illness and hospitalisation 			
Perpetuating <ul style="list-style-type: none"> Excessive alcohol consumption Mental illness stigma preventing help seeking 			
Protective <ul style="list-style-type: none"> Stable employment Supportive partner Social sport 			
General feedback:			

USEFUL RESOURCES



[Generalised Anxiety disorder](#)

<https://psysom.mumus.org/wp-content/uploads/2021/09/3.-Generalised-Anxiety-Disorder.pdf>



[Anxiety disorders](#)

<https://psysom.mumus.org/wp-content/uploads/2021/09/Summary-Package-5.pdf>



[Psychiatry history taking](#)

<https://psysom.mumus.org/wp-content/uploads/2022/08/Summary-Package-1.pdf>
