



# **2022 Year 4C Psychiatry OSCE Night**

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*STATION 6: Andy's Acting Odd*

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## CANDIDATE INSTRUCTIONS

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*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 Year 4C medical student, currently on your Psychiatry rotation.

Andy Roberts is a 21-year-old university student who has been referred to the Psychiatrist in a metro hospital due to ongoing distressing episodes at home with his housemates. His GP reports that his episodes display features of psychosis that require further assessment and management.

Andy is a final year engineering student and currently lives in a shared house with his friends. He is otherwise well with no known medical or psychiatric history.

You have been provided a link to the interview between Andy and the on-call Psychiatrist, Dr Taylor. Please watch the first 5 minutes of the video linked. The video starts by Dr Taylor introducing herself to Andy.

Link to Video: <https://www.youtube.com/watch?v=ZB28gfSmz1Y>

**In 8 minutes, your tasks are as follows:**

1. Please watch the video of the psychiatrist interviewing Andy. (5 minutes)
2. Please present the Mental State Examination findings of Andy based on the information in the video. (3 minutes)

## EXAMINER MARKING GUIDE

Criteria	Poor	Adequate	Excellent
<b>Identifies patient</b>			
<b>Appearance, behaviour, and patient rapport</b>			
<ul style="list-style-type: none"> <li>Correctly comments appropriately on <u>appearance, age, dress, grooming and hygiene</u></li> <li>Correctly comments on noteworthy <u>patient attitudes</u> or abnormal <u>behaviour</u></li> <li>Notes patient's ease or difficulty in establishing <u>rapport</u></li> </ul>			
<b>Speech, mood and affect</b>			
<ul style="list-style-type: none"> <li>Correctly comments on <u>speech quality, volume, tone &amp; rate</u></li> <li>Correctly assesses the patient's <u>mood, affect, range and reactivity</u></li> </ul>			
<b>Thought stream, form and content</b>			
<ul style="list-style-type: none"> <li>Correctly comments on <u>thought stream (normal, increased or decreased)</u></li> <li>Correctly comments on <u>thought form</u> and identifies if formal thought disorder is present (e.g., circumstantiality, tangentiality, derailment, etc.)</li> <li>Correctly <u>reports key themes</u> about delusions, suicidality, passivity (thought insertion, withdrawal, broadcasting)</li> </ul>			
<b>Perception</b>			
<ul style="list-style-type: none"> <li>Correctly reports disorders of <u>perception</u> (e.g., hallucinations, illusions, misidentification, depersonalization, derealization)</li> </ul>			
<b>Cognition and intelligence</b>			
<ul style="list-style-type: none"> <li>Correctly comments on <u>cognition</u> of patient</li> <li>Estimates <u>intelligence and psychosocial functioning</u></li> </ul>			
<b>Judgement and insight</b>			
<ul style="list-style-type: none"> <li>Correctly assesses patient's insight/awareness of situation or health condition</li> <li>Correctly assesses patient's judgment or ability to understand, retain and weigh information</li> </ul>			
<b>Overall Presentation</b>			
<ul style="list-style-type: none"> <li>Structure</li> <li>Fluency</li> <li>Logical Order</li> <li>Confidence</li> <li>Completeness</li> </ul>			
<b>General Feedback:</b>			

## SAMPLE ANSWER

**APPEARANCE + BEHAVIOUR:** *Andy is a 21-year-old University student. He has unkempt golden-brown hair and is dressed in a blue sweater over a brown top and blue denim jeans. Andy has decreased eye-contact and is fidgety, demonstrating mild psychomotor agitation. He develops a reasonable rapport with the doctor, and is not guarded with the history he provides.*

**SPEECH:** *Andy's speech is of low volume and tone but normal rate. It is clearly articulated. There is some decrease in quantity and spontaneity of speech, with responses only in response to questions asked by the doctor.*

**MOOD AND AFFECT:** *Andy describes his mood as distressed. His affect is mood congruent. His affect is perplexed with some irritability/distress – particularly at times when talking about MI5. His affect is restricted in range and well communicated.*

**THOUGHT:** *Andy has a normal stream of thought. He has thought insertion which he attributes to MI5 but nil thought broadcasting or blocking. Andy is pre-occupied with thoughts about MI5. He has persecutory delusions about his house mates, MI5 and MI5 having planted a chip in his brain. He has referential delusions that the TV being moved meant that they were after him. Suicidal/homicidal ideation was not assessed.*

**PERCEPTION:** *Andy describes Running commentary hallucinations of his housemates talking what he's doing eg. 'he left the house'. He also describes 3<sup>rd</sup> person auditory hallucinations of his house mates talking about him eg. That they'll "sort him out". He denies any command hallucinations. Andy is responding to internal stimuli during the interview, as evidenced by him looking several times to the corner of the room. On clarification he admits to hearing the voices during the interview. He describes somatic hallucinations of feeling the chip moving inside his head.*

**COGNITION:** *Cognition has not been formally assessed. However, he is alert seems oriented to time, place, and person during the interview. He has some distractability of attention at times when responding to internal stimuli and looking to the corner of the room. There were nil issues with memory or language. As a university student, he appears intelligent and unlikely to have intellectual impairment.*

**INSIGHT AND JUDGEMENT:** *Andy is aware that his experiences would be considered odd by the interviewer but otherwise demonstrates minimal insight. His judgement is impaired. He didn't self-present; with the appointment with his GP being arranged by his mother and his GP arranging psychiatric review. He did however come in voluntarily. Although not assessed in detail he believes that he needs the chip removed rather than needing treatment for mental illness.*

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## USEFUL RESOURCES

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[Mental State Examination \(MSE\) Guide](https://psysom.mumus.org/wp-content/uploads/2021/08/Mental-State-Examination.pdf) <https://psysom.mumus.org/wp-content/uploads/2021/08/Mental-State-Examination.pdf>

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[MSE Terminology](https://psysom.mumus.org/wp-content/uploads/2021/08/MSE-Terminology.pdf) <https://psysom.mumus.org/wp-content/uploads/2021/08/MSE-Terminology.pdf>

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[Schizophrenia](https://psysom.mumus.org/wp-content/uploads/2021/09/3.-Schizophrenia.pdf) <https://psysom.mumus.org/wp-content/uploads/2021/09/3.-Schizophrenia.pdf>

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[Summary of Psychotic Disorders](https://psysom.mumus.org/wp-content/uploads/2021/08/1.-Summary-of-Psychotic-Disorder-3.pdf) <https://psysom.mumus.org/wp-content/uploads/2021/08/1.-Summary-of-Psychotic-Disorder-3.pdf>