



MSSBU OSCE PRACTICE

CASE 3_04_03

Station Vignette

You are a third-year student on your GP rotation.

The GP has asked you to take a brief history from Daniel Kramer, a 22-year-old man who was brought into the practice by his concerned mother. A surgical history has already been taken.

TASK

You have a total of **7 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Medical history
- Social history
- Family history
- Systems review

You do **NOT** need to take a surgical history.

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

PATIENT INSTRUCTIONS

SP instructions – speak quietly, act paranoid and suspicious. Occasionally divert your gaze away from the person taking the history. Occasionally repeat the questions out loud.

Presenting complaint	‘Are you one of them? You’re working for the police, aren’t you?’
History of presenting complaint	<p>Police spying on me for the past 7 months This started after the police were called to a party after a noise complaint. They’ve been targeting me ever since then.</p> <p>What have they done?</p> <ul style="list-style-type: none"> • They’ve bugged my phone so they can listen in on my phone calls and track my messages • They have implanted cameras into spiders so they can watch me • I killed a spider yesterday, but they knew I was going to kill it so that one didn’t have a camera on it • When hear the radio I know they’re talking about me <ul style="list-style-type: none"> ○ <i>How do you know that? – I just know, you wouldn’t understand. I can just feel it.</i> • A policeman knocked on my door a few weeks ago <ul style="list-style-type: none"> ○ He asked if I had seen any suspicious activity going on ○ He was trying to look inside my house and plant a radio transmitter inside ○ I searched my entire house from top to bottom to make sure he didn’t hide anything inside – I didn’t find anything ○ I set up a trap at the front door for when they come next time – a tub filled with bleach will fall on them the next time they come <p>Mental Health specific questions</p> <ul style="list-style-type: none"> • Mood is anxious (worrying about police) • No depression/anhedonia • No mania (energetic, not sleeping, pressured speech) • No psychiatric conditions • No suicidal thoughts • Has not had previous suicide attempts or psychiatric hospitalisations • Has not harmed himself • Has friends but no longer keeps in contact with them <ul style="list-style-type: none"> ○ He wants to protect them from being found by the police • No thoughts of harming others or property • Hears ‘radio transmissions’ warning him of when the police are coming

	Concerns: "I don't want to be here. They could be invading my room and planting bugs right now!"
Constitutional history	<ul style="list-style-type: none"> • Energy has been lower due to hypervigilance at night when watching out for police activity • Trouble falling asleep due to worries about police activity • Only consumes home-cooked meals made by his parents • Appetite is normal • No weight loss
Medical history	<ul style="list-style-type: none"> • N/A
Social history	<ul style="list-style-type: none"> • Non-smoker • Does not consume alcohol • Smokes weed (3-4 cones a day) • Lives with his parents but rarely leaves his room • Does not work • Didn't have many friends growing up
Medication history	<ul style="list-style-type: none"> • N/A
Family history	<ul style="list-style-type: none"> • Mother mentioned something about her grandfather being locked up in an asylum because he was hearing voices
Systems review	<ul style="list-style-type: none"> • No focal neurological symptoms • No seizures • No LOC • No recent head trauma • No additional symptoms

EXAMINER QUESTIONS

1. Perform a **Mental State Examination**.

Extra question

2. What are the most common symptoms you would expect to see in patients with schizophrenia?

MARKING CRITERIA – Case 3_04_03

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Introduces name and role <input type="checkbox"/> Explains role and gains consent 1/3, 2/3 = 1 mark, 3/3 = 2 marks	/2
Presenting complaint	<input type="checkbox"/> Leads with open question	/1
History of presenting complaint	<input type="checkbox"/> Determine onset and progression of symptoms <input type="checkbox"/> Explores extent of delusion <input type="checkbox"/> Asks about hallucinations <input type="checkbox"/> Asks about mood <input type="checkbox"/> Asks about substance use <input type="checkbox"/> Assesses psychomotor agitation or retardation	/6
Psychiatric Screen	<input type="checkbox"/> Asks about thoughts/attempts at self-harm <input type="checkbox"/> Asks about thoughts/attempts at suicide <input type="checkbox"/> Asks about thoughts of harm to others <input type="checkbox"/> Assesses insight (does patient feel something is wrong?) <input type="checkbox"/> Asks for the patients' ideas/concerns/expectations <input type="checkbox"/> Asks about childhood upbringing (ASD screening)	/5
Past medical history	<input type="checkbox"/> Medical history/hospital admissions <input type="checkbox"/> Asks specifically about a history of psychiatric conditions	/2
Medication history	<input type="checkbox"/> Asks about medications	/1
Constitutional history	<input type="checkbox"/> Asks about sleep <input type="checkbox"/> Asks about energy levels <input type="checkbox"/> Asks about appetite and weight changes	/3
Social history	<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Recreational drug use <input type="checkbox"/> Home situation <input type="checkbox"/> Occupation	/5
Family history	<input type="checkbox"/> Asks about psychological illnesses in the family	/1
Systems review	<input type="checkbox"/> Screens for symptoms of hyperthyroidism <input type="checkbox"/> Screens for symptoms of an additional system	/2
Questions	<input type="checkbox"/> Appropriate comments on each of the following: <ul style="list-style-type: none"> • Appearance & behaviour • Speech (volume/tone/pace/rhythm) • Emotion (mood & affect) • Perception (hallucinations) • Thoughts (process/content/delusions) • Insight • Cognition (concentration/memory) 1 mark for 2 criteria 2 marks for 4 criteria 3 marks for 6 criteria <input type="checkbox"/> One point for each of the following: <ul style="list-style-type: none"> • Auditory hallucinations OR tactile hallucinations • Persecutory OR paranoid delusions • Passivity 	/6

	<ul style="list-style-type: none"> • Negative symptoms (flattened affect, apathy, anergia, social withdrawal, and anhedonia) • Disorganised thinking (tangentiality, loose associations, circumstantiality, distractible speech, word salad) <p>1 mark for 1 symptom 2 marks for 2 symptoms 1 mark for specifying one of the bolded symptoms (only stating 'hallucination' does not count)</p>	
Communication skills	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Reassures confidentiality of consult <input type="checkbox"/> Actively listens to patient, establishes good rapport <input type="checkbox"/> Systematic approach to history taking <input type="checkbox"/> Appropriate conclusion, thanks patient	/5
Global score	<p>Overall impression of candidate based on warmth, clarity and competence:</p> <p>1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent</p>	/5
	Total	/44