

Station Vignette

You are a third-year student on your hospital placement.

Your supervising doctor has asked you to take a brief history from Elise Nguyen, a 74-year-old woman who was brought into the hospital after being found lost and wandering the streets.

After taking a history and performing a physical exam, the supervising doctor has asked you to perform a **mental state exam (MSE)** and a **mini-mental state exam (MMSE)**.

TASK

You have a total of **6 minutes** to complete a mini-mental state exam and handover a mental state exam.

You do **NOT** need to take a history of presenting complaint.

At the end of the allotted time, you will have **2 minutes** to answer the examiner's questions.

PATIENT INSTRUCTIONS

SP instructions – speak slowly and quietly, act confused and sometimes agitated. Slow body movements. You can suddenly call out or make groaning noises. For the MMSE, don't get everything correct.

MSE	 Mood: 'out of it' No current hallucinations, but she heard her sister calling to her before the ambulance took her to hospital No delusions
Constitutional history	 Walks twice a week Sleeping normally - 8 hours of sleep a night. Diet is healthy and balanced Appetite is reduced – usually eats a piece of toast and a cup of tea for breakfast Unsure of weight loss/gain Now retired chef
Medical history	Polycystic ovarian syndromeMenarche at age 52, no HRT
Social history	 Non-smoker No alcohol No recreational drugs Lives with her husband in an apartment at Palm Beach No children
Medication history	• N/A
Family history	Father had Alzheimer's disease, died at 86 in hospitalSister had breast cancer

EXAMINER QUESTIONS

1.	How do	vou differentiate	between dementia	and delirium?

2.	What is the purpose of the mini-mental state exam and what would a low score
	suggest?

MARKING CRITERIA - Case 3_04_05

Item	Criteria			Mark
Introduction	☐ Hand hygiene			/2
	☐ Introduces name and role			
	☐ Explains role and gains consent			
	1/3, 2/3 = 1 mark, 3/3 = 2 marks			
MSE handover	Appropriate comments		ollowina:	/12
	☐ Appearance (e.g clothing, body habitus)			
	□ Behaviour	3 , ,	,	
	☐ Speech (volume/tone/pace/rhythm)			
	☐ Emotion (mood & affect)			
	· · · · · · · · · · · · · · · · · · ·			
	☐ Perception (hallucinations)			
	☐ Thoughts (process/content/delusions) ☐ Insight			
	_	ation/momory)		
	☐ Cognition (concentra			
	☐ Asks relevant questi		- h - f h l	
	☐ Introduces patient w	_		er
	☐ Provides differential	_		
Overtions	☐ Clear and concise ha		s)	/0
Questions	Differentiates between	Delirium	Dementia	/8
	Onset	Acute	Months-	
	Oliset	Acute	years	
	Course	Fluctuating	Progressive	
	Duration	Days-	Months-	
		weeks	years	
	Consciousness	Altered	Normal	
	Attention/	Lowered	Normal	
	Concentration			
	Memory	Immediate	Immediate	
		recall	recall	
	Psychomotor	impaired Hyper/	normal Not propert	
	Psycholilotol	Hypoactive	Not present	
	Sleep-wake cycle	Reversed	Normal	
	1 mark for each catego			
	Thank for each category (max o marks)			
	Response mentions the	e following:		
	 Measurement 	of cognitive im	pairment	
	Assess mental status			
	 Problems with thinking, communication, 			
		յ, short-term/lo	ng-term memor	y or
	orientation	, a abanasa a , , a	4:	
	Record cognitive changes over time			
	 Low score is suggestive of cognitive impairment/decline 			
	(max 3 marks)	Cillie		
Communication	☐ Appropriate question	ning style		/3
skills	☐ Actively listens to patient, establishes good rapport			
	•		•	
01.1.1	□ Appropriate conclusion, thanks patientOverall impression of candidate based on warmth, clarity and			
Global score				ty and /5

1 = fail 2 = borderline 3 = pass/expected 4 = good	
5 = excellent	
Total	/30