



## OSCE 21

### Candidate Instructions

This is a **7 minute** station.

It is 0800 and you have taken handover from the night team in the short stay unit.

You are about to review your first patient for the day. The medical notes are as follows:

#### Medical Record – Night registrar G. Smith

19 year old male, 'Ben' brought in by police for assessment at 0030.

Found wandering the streets, agitated and disorientated. No identification on patient.

Breath alcohol 0.0.

No signs of trauma. Became aggressive in department and required sedation - droperidol 10 mg IV at 0100.

Plan:

Watch overnight

Psychiatry review in the morning

Medically clear

His current vital signs:

|                  |                  |
|------------------|------------------|
| HR               | 110 bpm          |
| BP               | 160/90 mmHg      |
| Temp             | 37.2 °C          |
| RR               | 20 /min          |
| SaO <sub>2</sub> | 98 % in room air |
| BSL              | 6 mmol/L         |

A copy of this case information is provided in the examination room.



Your tasks are to:

- Take a history from the patient and explain your management plan to them
- When prompted present the following to the examiner:
  - The findings of your assessment
  - Your differential diagnoses
  - Your ongoing investigation and management plan

You will NOT be required to examine the patient.

This OSCE will assess the following domains:

- Medical Expertise – 80%
  - Assessment and Diagnosis (50%)
  - Investigation and Management (30%)
- Prioritisation and Decision Making – 20%



## OSCE 21

### Examiner Instructions

This is a **7 minute** station.

The patient has presented with a drug induced psychosis (hyperactive delirium). The patient is still exhibiting elements of amphetamine toxicity, although other differential diagnoses are possible - including an underlying psychiatric condition.

The patient is too unwell to discharge, is not medically cleared and requires an organic screen.

The patient must be detained under a duty of care for further evaluation.

As a discriminator, the care overnight has been inadequate. The initial medical review has made no effort to exclude a medical cause for the psychosis / delirium and has declared the patient medically cleared – this is an error which may be addressed by high level candidates.

To enable an exploration of the candidate's findings and rationale they will present to the examiner **at 5 minutes**.

This OSCE will assess the following domains:

- Medical Expertise – 80%
  - Assessment and Diagnosis (50%)
  - Investigation and Management (30%)
- Prioritisation and Decision Making – 20%



## OSCE 21

### Lead Examiner Script Summary

Examiner at 5 minutes to ask:

***“What is your assessment of this patient?”***

The candidate should present:

- The results of their history taking and Mental State Examination

The examiner should then ask:

***“Please provide your differential diagnosis, investigation plan, and management plan for this patient.”***

The candidate should present:

- Their differential diagnoses
- Their investigation plan – organic screen, repeat observations and physical examination
- Their management plan – patient lacks capacity, need to detain under Duty of Care, further disposition options

*Note:*

*The assessment that a patient lacks decision-making capacity and the subsequent use of legislation to detain them (e.g. under a Mental health act, duty of care or Guardianship Act) differs in wording / function between jurisdictions.*

*In this scenario what is acceptable is an understanding that the patient has limited decision making capacity and requires an admission to further assess whether this is secondary to drug-induced psychosis, another organic cause or an underlying mental health diagnosis. The concept, not the mechanism or wording a candidate may use is the important factor.*

*Included for you is an MJA summary discussing the topic.*



## OSCE 21

### Role-player Instructions

- Gender: Male
- Age range: 18 - 30
- Role to be played by: SP

This is a **7 minute** station.

You have presented with a drug induced psychosis – there are still elements of amphetamine toxicity / delirium (hyperactive delirium). You may also have an underlying psychiatric condition (schizophrenia / bipolar). However, it is too early to tell.

At this point, despite your wishes, you are too unwell to be discharged and require a medical work up and appropriate investigations.

The candidate should decide that you must be detained under a duty of care for further evaluation. You could also be detained under the Mental Health Act once appropriate assessment and investigations have taken place.

An assessment of safety is whether you have “capacity”. At present, you do not have “capacity” and are therefore are not safe to make decisions for yourself.

One method of this assessment is to enquire about whether you believe that you should stay in hospital and if you do not believe you should, then to allow you the opportunity to explain what you think is wrong. This is known as belief / weighting and choice. In these present circumstances you lack insight into your problem and if asked are unable to say what is wrong or whether you understand the information you have been given.

As a discriminator in the assessment of the candidates, the care overnight has been inadequate. The initial medical review has made no effort to exclude a medical cause for your psychosis / delirium and has declared you medically cleared – this is an error which is required to be addressed by the candidate. The candidate does not need to tell you of this error; however, should quickly establish the need for further assessment.

Your acting role is to provide the candidate with a patient who is displaying characteristics of an agitated hyperactive delirium / psychosis – anxious / dishevelled / disorientated / suspicious and apparently hearing voices or seeing things. Details relating to this are provided in the information below.

*Note:*

*At **5 minutes** the examiner will ask the candidate to present their findings directly to them. After this time you do not need to be in role and will not have any further interactions with the candidates.*



## **Patient Presentation**

You are a 19 year old male. Last night the police found you acting in an erratic manner outside a local pub. The police performed a breath alcohol test which came back as zero and suspected drugs or a psychiatric illness. You were brought to the emergency department (ED) for assessment. You were not carrying any identification. As you were being questioned in the ED you became frightened and escalated your behaviour. After trying to hit a staff member you were sedated. The only information the medical staff were able to obtain was your name which is Ben. Now you know your name is Ben Smith. You don't remember anything of last night and want to leave.

## **Physical Description**

Dress: unkempt, old ripped dirty clothes, unshaven

Hair: Messy

Posture: Agitated

## **Background Information**

You are in your second year of University studying English Literature. A relationship breakdown and some poor results led to drinking. Recently you have started smoking marijuana and in the last weeks taking methamphetamine (ice). Class attendances have dropped off and you have become estranged from your family (live in another state) and friends. You currently live alone in a bedsit.

Last night was the third night on ice. You remember nothing and want to be discharged this morning. You are however, still showing physical signs of amphetamine toxicity and the possibility of a psychiatric illness cannot be excluded.

During the interview you should act in accordance with details provided in the Mental State Exam information and the Patient behaviour / demeanour information.

You are able to provide the information below, if specifically asked:

### Systems review

- General health: Always have a cough, poor appetite, you have lost weight recently (don't know how much)
- Past medical history – Nil. No sexually transmitted diseases (only revealed if asked directly)
- Medications and allergies – No regular medications and no allergies
- Psychiatric history – Nil

### Social History / Drug History / Forensic History

- Student – second year English literature
- Only child
- Mother and father live in another state. You have stopped talking to them believing they want to hand you into the police – your reasoning is unclear
- 6 month relationship broke down a month ago – you took it very badly:
  - Reason was your drinking and THC use
  - You went to see the GP once for advice – have not attended any counselling



- Drinking – 2 or 3 beers per day. THC daily. Methamphetamine use over last 3 weeks (smoking, not IV)
- Financially – broke – receiving student allowance. No other employment
- No forensic history
- No family history of psychiatric illness you are aware

### Mental State Exam

This is part of a psychiatric assessment. Candidates will be observing these components and ask questions relating to them. Your answers / behaviour should be in accordance with details below.

Orientation: You are now orientated to being in hospital. You don't know the day or the date or year. You can't remember where you live. You know you are 19 years old (25/4/99)

Attire: Dishevelled. Old ripped dirty clothes and shoes. Hair messy. Unshaven

Eye contact: Poor. Appear distracted

Facial expression: Agitated

Motor activity: Appearing to react to voices or unseen objects. Hyperactive/Hypervigilant and twitchy. Pacing the room.

Affect (expression of your inner feelings): Labile – laughing / sniggering.

Hallucination: Possibly auditory and visual. (If asked you can't describe)

Thought content: Delusion – persecution:

***“Sometimes I think people are chasing me.”***

You are not suicidal or homicidal.

Speech: Guarded. Short answers. Able to use the above introductory information in terms of answers to potential candidate questions.

Insight: You are not aware you have a problem and want to leave.

### Patient Behaviour / Demeanour

If the candidate uses medical jargon: State that you don't understand

Poor listening skills of candidate: No escalation. Do not impede the interview until wanting to leave.

Response to questions:

- If candidate asks closed questions, e.g. “What is your name?” – Answers are short and guarded. Only provide answers when asked
- If candidate asks open ended questions, e.g. “Tell me how about how you are feeling at the moment” – Behaviour and responsiveness remains the same

Escalation: If the candidate tells you that you will need to stay, say:

***“You can't keep me, I want to go home.”***

De-escalation: Don't complicate the scenario after initially wishing to leave, if asked to stay sit down and cooperate.



## OSCE 21

### Role-player Script

#### **Part 1 (0 – 4 mins)**

Candidate enters the room and introduces them self.

If asked your name:

***"I'm Ben Smith."***

Your response to the candidate introduction:

***"I want to go home now" "I'm going now" "There is nothing wrong with me..."***

Make to leave. When asked to stay, sit down without becoming agitated or aggressive.

Allow the candidate to ask questions and establish history within the framework described in the role player instructions.

You may answer questions as they relate to your background information and in the manner outlined in the role player instructions for mental state exam and patient behaviour / demeanour:

- You are open with the fact that you have been taking methamphetamine
- You don't remember anything of last night
- If asked, you admit you have not been feeling well and the drugs have become a problem

After your initial attempt to leave, you do not escalate your behaviour.

If asked if you think you have a problem:

***"I don't think that there is anything wrong."***

If asked if you understand what you have been told or repeat what you have been told:

***"I don't understand, I just want to leave."***

***"I want to leave. I don't want to tell you why."***

If the candidate should start to perform a mini mental test which will involve memorising phrases and drawing do not engage.

***"I don't want to do that"***

The candidates have been asked to avoid this test.



## **Part 2 (4 – 5 mins)**

You can repeat your wish to leave if the scenario is not progressing.

***“You can’t keep me, I want to go home.”***

If there is no explanation as to why you must stay you can say:

***“Tell me why I have to stay”***

## **Part 3 (5 – 7 mins)**

Examiner indicates the candidate should present their findings.

The candidate will be instructed to present directly to the examiner.

After this time you do NOT need to be in role and will have no further interactions with them.



## **OSCE 21**

### **Props List**

- Copy of Case Information (inside room)

Medical record – Night registrar G. Smith

19 year old male, “Ben” brought in by police for assessment at 0030.

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## CONFIDENTIAL Examiner Rating: OSCE 21

CANDIDATE  
barcode

EXAMINER  
barcode

| Domain                                                          | Criteria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Marking rules to be 'at a minimum level of competence'/other comment                                                                                                                                                                                                                                                                                                                                                        | Criteria met / not met |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Medical Expertise – Assessment &amp; Diagnosis (50%)</b>     | <ul style="list-style-type: none"><li>Elicits a focused, relevant history – including:<ul style="list-style-type: none"><li>Exploring reason/circumstances for presentation to ED</li><li>Screening for systemic complaints – e.g. fever, pain, infections</li><li>Past medical history</li><li>Previous psychiatric history</li><li>Mental State Examination – asks about hallucinations, delusions, suicidality, homicidality</li><li>Assessment of orientation</li><li>Drug history – asks type, route, amount, frequency</li><li>Sexual history and risk factors for STIs</li><li>Social history</li><li>Forensic history</li></ul></li><li>Identifies important historical details (red flags) diagnostic of an important condition and formulates provisional diagnosis to match the immediate issues:<ul style="list-style-type: none"><li>Deterioration over a short period, fluctuating mental state, disorientation, abnormal vital signs</li><li>Consistent with drug use: drug delirium/intoxication or drug induced psychosis however cannot yet rule out other potential diagnoses yet</li></ul></li><li>Generates a differential diagnosis<ul style="list-style-type: none"><li>Establishes there is a wide differential diagnosis</li><li>Toxidrome (most likely) – amphetamine/sympathomimetic, serotonergic, anticholinergic or other</li><li>Sepsis/infection – e.g. encephalitis</li><li>Endocrine – hyperthyroid</li><li>Psychiatric e.g. bipolar, schizophrenia</li></ul></li></ul> | <p>History:</p> <ul style="list-style-type: none"><li>Performs Mental state examination</li><li>Assesses orientation</li><li>Identifies short timeline/fluctuating mental state and abn vitals</li><li>Covers drug history</li></ul> <p>Differential diagnosis – includes:</p> <ul style="list-style-type: none"><li>Amphetamine toxicity</li><li>Potentially psychiatric</li><li>1 other of endocrine, infection</li></ul> |                        |
| <b>Medical Expertise – Investigation &amp; Management (30%)</b> | <ul style="list-style-type: none"><li>Creates a focused investigation plan that confirms or excludes time critical diagnoses<ul style="list-style-type: none"><li>Establishes the need for repeat vital signs</li><li>Appropriate investigation to exclude organic illness (with justification)</li></ul></li><li>a. FBC, Urea and electrolytes, LFTs, CK, ECG</li><li>b. If patient develops a fever: Blood Cultures, CXR, Urine MCS plus consideration of LP<br/>Consideration of CT Brain (even if LP not considered)<br/>Bladder scan for potential urinary retention (risk of anticholinergic syndrome)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"><li>Investigation plan focuses on time critical diagnoses<br/>Investigations – include Electrolytes and ECG</li></ul>                                                                                                                                                                                                                                                                     |                        |

|                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                   | <ul style="list-style-type: none"> <li>• Create an appropriate ongoing reassessment and management plan <ul style="list-style-type: none"> <li>- Establishes the need to detain the patient under a duty of care until organic illness (amphetamine toxidrome) has resolved or organic illness excluded.</li> <li>- Use of supportive care <ul style="list-style-type: none"> <li>a. IV rehydration</li> <li>b. Diazepam (5-20mg tds) or another benzodiazepine (e.g. lorazepam 1-2mg tds) with safe doses</li> <li>c. May need antipsychotic – olanzapine (e.g. 10 mg bd) or similar with safe doses</li> </ul> </li> <li>- Needs full physical examination including neurological assessment</li> <li>- Need further collateral history e.g. next of kin, chart, GP</li> <li>- Appropriate medical management if further pathology becomes evident</li> <li>- Requires medical admission until sensorium clear, vital signs settle and mental state can be properly assessed</li> <li>- Need for patient and staff safety - 1:1 nursing management</li> <li>- Psychiatric review when patient assessed as able.</li> </ul> </li> <li>• Mention of feedback to night team re management and incomplete medical clearance plus identify other issues may need to be addressed e.g. further medical and nursing education, ED guideline for medical clearance of patients</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Create an appropriate ongoing reassessment and management plan – candidate must: <ul style="list-style-type: none"> <li>- Establish patient needs to be detained under duty of care for treatment and investigation</li> <li>- Mention use of benzodiazepines and possible need for antipsychotics – with appropriate doses</li> <li>- Mention needs physical examination</li> <li>- Mention psychiatric review when patient able</li> </ul> </li> </ul> |  |
| <b>Prioritisation &amp; Decision Making (20%)</b> | <ul style="list-style-type: none"> <li>• Prioritises a differential diagnosis list to determine the most likely diagnoses in a patient <ul style="list-style-type: none"> <li>- Emphasises most likely diagnosis is drug related with possible primary psychosis underlying (specific medical details assessed in Medical Expertise domain)</li> <li>- Recognises other important differentials less likely but must be investigated/excluded</li> </ul> </li> <li>• Summarises and prioritises the key issues that must be addressed during and following the emergency encounter <ul style="list-style-type: none"> <li>- Provides succinct summary of issues – likely diagnosis, patient unable to go home and must be detained involuntarily to investigate and manage</li> </ul> </li> <li>• Provides a rationale to explain and justify decisions about ongoing assessment. <ul style="list-style-type: none"> <li>- Recognises patient lacks capacity at this stage: evidence of likely toxicological delirium/drug induced psychosis – based on recent history of drug use, no prior mental health or medical history</li> <li>- Establishes there is a Duty of care to further assess patient</li> </ul> </li> <li>• Provides a rationale to explain and justify decisions about ongoing treatment. <ul style="list-style-type: none"> <li>- Patient requires admission and active management for delirium and to exclude other organic illness.</li> <li>- Establishes patient can be kept under Duty of Care vs need to use Mental Health Act to detain</li> </ul> </li> <li>• Provides a rationale to explain and justify decisions about disposition <ul style="list-style-type: none"> <li>- Requires admission to the appropriate area within the hospital or Emergency department - monitored and 1:1 nurse special to observe</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Provides a rationale to explain and justify decisions about ongoing assessment/treatment/disposition – must recognise: <ul style="list-style-type: none"> <li>- Patient lacks capacity</li> <li>- Must be kept for further assessment, investigation and treatment</li> <li>- Can be detained under Duty of Care</li> </ul> </li> </ul>                                                                                                                  |  |