

STATION 5

PATIENT MENTAL HEALTH & RISK ASSESSMENT

1. STATION SUMMARY

Rachael is a 30 year-old woman with multiple recent presentations to ED. She is cleared of organic illness and is now being reviewed for mood issues. History reveals that she meets criteria for depression with several recent stressors. The candidate is expected to conduct a focused mental state exam, diagnose depression, and include a risk assessment. They must then make a succinct referral to the Psychiatry registrar including their recommendations for timing of review.

2. CANDIDATE INSTRUCTIONS

It is 0900h in the Emergency Department Observation (Short Stay) Unit.

Rachael is a 30 year-old mother of two young children. This is her third presentation to the ED within the last 10 days. She has experienced headaches over the last four weeks. She has been extensively worked up and it has been determined that **there is no organic cause for her headaches.**

Rachael's headache settled but she was noted to be very teary following an argument with her estranged husband. The overnight staff had concerns about her mental health. Therefore, she was admitted overnight for rest and for mental health review this morning.

The Psychiatry Registrar has left a message saying that they have several unwell patients to assess in the community and the hospital, and asks that you review Rachael to help them with prioritisation.

The Psychiatry Registrar will be phoning you in 5 minutes, and thus you have only **5 minutes** to assess Rachael.

Your tasks are to:

- Conduct a **focused** history and mental state examination
- Present your findings and recommendations to the Psychiatry Registrar who will telephone you after 5 minutes.

You are **not** required to further assess or manage her headaches.

This OSCE will assess the following domains:

- Medical Expertise
- Communication

3. ROLE-PLAYER INSTRUCTIONS

You initially presented with 4 weeks of ongoing headaches (bitemporal i.e. both temples). You have been extensively worked up over 3 visits to ED in the last 10 days including imaging of your head and blood tests. All investigations are normal. It transpires that you have features suggesting depression. (The headaches are likely a manifestation of your depression). You were admitted overnight for rest and consideration of mental health review this morning.

You have been teary and upset overnight, particularly after a phone argument with your ex-husband, and have slept fitfully (as usual). It's getting a bit too much to cope with (see detail below). You're not sure how much more of this you can take but you are determined to hold it together for the sake of your 4 year-old twin daughters.

You are cooperative in answering questions. You give accurate responses.

Help the candidate to maintain a good pace of extracting information from you. If needed, say, *'I really do need to get going. Can we move this along a little faster?'*

You have twin daughters aged 4 (Ruby and Ava). After their birth, you were diagnosed by your GP with mild post-natal depression. You remember being very tired and often feeling anxious and having a low mood – somewhat like you feel now but not as bad.

You took citalopram for about 4 months. You did not see a counsellor, psychologist or psychiatrist. It slowly resolved and you were getting back to being your normal self. You stopped the medication as your husband suggested that you should be able to deal with it yourself "without a crutch".

You had been managing reasonably well until your marriage difficulties escalated, and your husband left the family home six months ago.

4. EXAMINER INSTRUCTIONS

You are to observe the candidate conduct an assessment of the patient. The candidate will then present their findings to you as the Psychiatry Registrar to help you prioritise your workload.

History will reveal that Rachael has features consistent with depression. These have been worsening over the last month. Her stressors include: recent marriage breakdown, return to work, financial strain, impending divorce and custody proceedings.

She has no active suicidality, has good insight, and is able to be treated as a voluntary patient.

At approximately the 5-minute mark, Examiner One hands the candidate a phone and says 'The Psychiatry Registrar is on the phone asking for your assessment findings and recommendations'. At this point "Rachael" will leave the room and go into the examiner corridor. Expect a brief synopsis of the assessment findings as well as recommendations for management.

Examiner Two holds the other phone and uses the following prompts as required

- If the candidates do not recommend a management approach at approximately the 6-minute mark ask them '*So, how soon do you think she needs to be seen?*'
- If they suggest admission or express no clear plan ask '*Do I need to come and see her now, or later today, or could she be seen as an outpatient?*' They should outline that it is reasonable to see her later today either in ED, or in the community providing a management/follow-up plan is established and supports arranged.

This OSCE will assess the following domains:

- Medical Expertise
- Communication

Medical Expertise

- **Diagnose depression:** depressed mood/dysthymia, sleep disturbance (insomnia/hypersomnia), change of appetite and weight, inability to hold attention or concentrate, anhedonia, lack of energy/fatigue, excessive feelings of guilt, loss of confidence/self-esteem (5/8 to pass)
- Conduct an adequate Mental State Examination
- **Conduct an adequate risk assessment: especially any intention of self-harm or suicide,** plan, future-orientation, protective factors
- **Recognise need for referral for assessment and follow up with appropriate timing and plan:** MH review/establishment of plan/DC with management plan/close follow-up/supports; recommendation regarding inpatient vs outpatient management and the rationale for this
- Recognise she can be treated as a voluntary patient at this stage
- Explore care and safety of children (age, who is providing care currently, is she coping, family violence)
- Recognise social factors and stressors – offer/arrange social work or other support
- Patient advocacy: encourage patient to stay for further assessment; recommend early review by Mental Health service prior to discharge.

Communication

- **Empathetic, non-judgmental approach**
- **Active listening** (allows patient to tell her story)
- Clear questions
- Makes a succinct referral to Psychiatry Registrar, including the need for their urgent review prior to potential discharge
- If says could be seen in the community then needs to have ensured safety and supports

Examiner Mark Sheet

CONFIDENTIAL Examiner Rating: OSCE 5

CANDIDATE barcode



EXAMINER 1
barcode

EXAMINER 2
barcode

COMPONENT ASSESSMENT

For each Domain below, select the **ONE** option that best represents the candidate's level of performance. The option **"Minimum level of competency displayed"** represents the level of safe independent practice as a **Junior FACEM** in Australasia.

Very poor level of competency displayed	Well below minimum level of competency displayed	Below minimum level of competency displayed	Minimum level of competency displayed	Above minimum level of competency displayed	High level of competency displayed	Very high level of competency displayed
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Please rate **ALL** the following domains:

Medical Expertise	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above

Medical Expertise	Diagnose depression: depressed mood/dysthymia, sleep disturbance (insomnia/ hypersomnia), change of appetite and weight, inability to hold attention or concentrate, anhedonia. Lack of energy/fatigue, excessive feelings of guilt, loss of confidence/self-esteem (5/8 to pass). - Further Mental State Examination in particular determines no delusions or hallucinations. Insight, judgement. - Elicits past psychiatric Hx: PND, citalopram. Conduct adequate risk assessment: Especially if any intention of self-harm or suicide, plan, future-orientation, protective factors. Asks about any previous suicide attempts. Asks about alcohol/drug use. Recognise need for referral for assessment and follow up with appropriate timing & plan: MH review/ establishment of plan/ DC with management plan/close follow-up/ supports; recommendation regarding inpatient vs outpatient management and the rationale for this. Recognise that a thorough mental health assessment takes more than 5 minutes. - Recognise she can be treated as a voluntary patient at this stage. - Explore care and safety of children and herself (re: husband) (age, who is providing care currently, is she coping? family violence). - Recognise social factors and stressors – offer/arrange social work or other support. - Patient advocacy: encourage patient to stay for further assessment; recommend early review by Mental Health service prior to discharge. - If says could be seen in community then needs to have ensured safety & supports.
Communication	Empathetic, non-judgmental approach. Active listening (allows patient to tell her story). - Clear questions. - Succinct summary to Psychiatry Registrar most likely including the need for their urgent review prior to potential discharge. - Higher scoring candidates refer to appearance, speech, mood, affect, thought form, insight (with patient out of the room) when communicating with Psychiatry Reg. Candidate makes reasonable recommendations about the timing of full assessment.

Page 1 of 2 (please turn over)

Examiner Mark Sheet (cont')

CONFIDENTIAL Examiner Rating: OSCE 5



INFORMATION

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EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence this candidate's exam outcome e.g. protocol breach, candidate illness etc.

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum or average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

	Well Below Standard	Below Standard	Just at Standard	Above Standard	Well Above Standard
In terms of a safely practising junior emergency physician , select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:



OSCE 1