Station duration: 6 mins **Station Speciality: Psychiatry**



Student Instructions

Station 5

Year 4 BHSCT MOSCE

Background information to station:

You are a Foundation Doctor in Psychiatry.

You have been asked to assess a 25 year old woman who has recently taken an overdose of their antidepressant medication. She is currently in the "Short Stay Ward" at the Accident and Emergency Department.

You have been asked by the medical team whether she can be allowed to go home. There are no outstanding blood results.

Specific student instructions:

- **1.** Take a history from the patient to assess the patient's risk of further self-harm
- 2. The examiner will ask you 2 questions at the end of the station

There will be a bell when 1 minute is left in the station

Station duration: 6 mins **Station Speciality: Psychiatry**



SUICIDE RISK ASSESSMENT MARKING SHEET

DETAIL / question	MARK	WEIGHTING			
Overall introduction including identification of self and patient (name & role, purpose of encounter, confirms patient's agreement)	GAP	2	1	0	
2. Rapport & professional manner (shows interest, respect, concern, appropriate body language, closure)	GAP	2	1	0	
3. Attention to infection control throughout	GΡ		1	0	
4. Explains purpose of interview and obtains consent	GAP	2	1	0	
5. Establishes if patient is happy to speak to you alone or would want someone else present	G P		1	0	
6. Establishes the nature of the deliberate self-harm. G: type and quantity of tablets, access to medication, A: either 2, P: none	GAP	2	1	0	
7. Establish if patient was alone	GP		1	0	
8. Establish if patient was intoxicated	G P		1	0	
9. Establishes precipitant to self-harm	G P		1	0	
10. Establishes whether the patient intended to kill herself	G P		1	0	
11. Establish whether patient was found by chance or sough help themselves and after how long	GAP	2	1	0	
12. Establishes whether the patient planned this in advance	GP		1	0	
13. Establishes whether patient left a suicide note	G P		1	0	
14. Establishes whether patient took any actions to not be found	G P		1	0	
15. Establish if patient committed any last acts	G P		1	0	
16. Establish presence of protective factors	G P		1	0	
17. Past history of self-harm/suicide	G P		1	0	
18. Past psychiatric history, specific questions about depression and control	GAP	2	1	0	
19. Medication history and allergy status	GAP	2	1	0	
20. Family history	G P		1	0	
21. Social history including support, employment, finance, violence, criminal activities	GAP	2	1	0	
22. Establish Alcohol, smoking and illicit drug use	GAP	2	1	0	
23. Assess for presence of psychosis – hallucinations, delusions	G P		1	0	
24. Enquires about sleep and eating habits	GAP	2	1	0	
25. Explores patient's ideas, concerns and expectations	GAP	2	1	0	
26. Summarises back to patient	GAP	2	1	0	

Station duration: 6 mins **Station Speciality: Psychiatry**



23. How would you rate this patient's suicide risk? G: states high risk of re-attempting suicide P: none	GP			1		0
24. How will you manage this patient? G: Admit patient, offer contact for crisis management team, seek senior help and refer to CBT A:						
either 2, P: no answer	GAP	2	2	1		0
SP Rating: SA: Strongly agree; A: Agree; JA: Just Agree; N: Neutral; D: Disagree	SA A JA N D	4	3	2	1	0
Global mark: E: Excellent; V: Very good; P: Pass; B: Borderline; F: Fail	EVPBF	5	4	3	2	1

Total score 50 (including Global Mark)

Station duration: 6 mins **Station Speciality: Psychiatry**



Examiner Instructions Station 5

Year 4 BHSCT MOSCE

Station author: Pappitha Raja (adapted from Trickcyclists)

Background information:

The students will be carrying out a suicide risk assessment of a patient with pre-existing mental health condition.

The OSCE station tests the candidate's ability to quickly assess important risk factors in a patient following an overdose. Essential skills to be tested include:

- 1. Ability to establish rapport with a distressed patient
- 2. Sensitivity when asking about details of the suicidal behaviours
- 3. Knowledge of predictors of risk following an overdose
- 4. Ability to ask important questions relating to further risk

Questions to be asked:

1. How would you rate this patient's suicide risk?

G: states high risk of re-attempting suicide P: none

2. How will you manage this patient?

G: Admit patient, offer contact for crisis management team, seek senior help and refer to CBT A: either 2, P: no answer

Station duration: 6 mins **Station Speciality: Psychiatry**



Simulated Patient Instructions Station 5

Year 4 BHSCT MOSCE

This station tests the candidate's ability to take a history from a patient, and make a risk assessment after an overdose.

You are Susan Ross, a 25-year-old woman.

Key Attributes

You are obviously depressed, and upset about being in hospital. You appear a little embarrassed and withdrawn.

History of overdose

- You have been thinking about suicide on and off for the last couple of weeks and you decide to take an overdose two days previously
- You did some research on the internet to find the lethal dose of Imipramine
- You renewed your prescription a week early so that you would have enough
- Before taking the overdose, you took all the tablets from the blister pack. You wrote a note to your mother and your boyfriend. You told your boyfriend that you were going to visit your mother and vice versa.
- You wrote out a quick will. You had thought that the tablets you took would stop your heart. This was your intention when you took the tablets
- You were found by your boyfriend when he came back unexpectedly to het his bank card. You regret being found and wish you had succeeded.

Recent depressive symptoms

Station duration: 6 mins **Station Speciality: Psychiatry**



Your mood has been low for months. You are tearful and irritable.

- Your sleep is poor and you have lost weight
- Your concentration is poor
- You have no energy or motivation. You cannot get any pleasure from friends or family.
- Your self- esteem is rock bottom, and you feel worthless and negative.

Past psychiatric history

- You have been seeing a psychiatrist for the last eight months because
 of depression. Your antidepressant was changed to Imipramine from
 Sertraline about a month ago, but since the Sertraline was stopped you
 have been feeling increasingly low, anxious and agitated
- You have not taken an overdose before, but you had thought about it in the weeks before you first saw a psychiatrist
- This is your first episode of depression. You are currently prescribed Imipramine 125mg twice a day. You have no more tablets at home.

Mental State

- You still have some thoughts about killing yourself, but since you ended up in hospital and everyone is rallying around, you have some ambivalence about whether you have to do it again.
- You have no active intention, but couldn't say that you would never do
 it again

Personal history

- You live with your boyfriend who is supportive
- You have worked in a clothing store since you left school, and are now assistant manager. You have been off work for the last two weeks.
- You have been drinking a little more recently but you don't drink in the mornings, you don't have any cravings for alcohol and it doesn't dominate your life or interfere with your life.
- There is no history of illicit drug misuse. You smoke 10-15 cigarettes a day.

Station duration: 6 mins **Station Speciality: Psychiatry**



Site-Coordinator Instructions Station 5

Year 4 BHSCT MOSCE

Equipment check list:

- Simulated patient female in 20s
- 3 chairs
- Table for equipment
- Cleaning wipes
- Hand gel/wash