1

Patrick Woods is a 50 year old gentleman. He has recently been diagnosed with early-onset dementia. He is in hospital following a myocardial infarction 2 days ago. The Cardiologists want to perform an angiogram with a view to possible angioplasty and stenting. He is refusing to give his consent.

Task: Assess Mr Woods' capacity to refuse an angiogram with a view to help the Cardiologist's treatment plan.

Instructions to Actor

You are Patrick Woods, a 50 year old gentleman. You are in hospital following a heart attack 2 days ago. This is your second heart attack, the last one was in 1998. You are not really happy to be speaking to a psychiatrist as you feel "it's your body and you are perfectly capable of making your own decisions." You are annoyed to have to go over the information again and can be irritable with the candidate and use coarse language although you do the answer questions asked.

You are aware that you have had a heart attack. You know that the doctors want you to have some further tests which you are adamant that you don't want. You don't know the exact name of the test that they are proposing but you know it involves putting dye into your blood vessels to see if there are any blockages. You understand that the doctors would then stretch the blockage and put something in to keep the blood vessel open, you don't remember the exact terminology. You had the same done after your last heart attack and it didn't stop you from having another one so you don't see the point.

You are aware that you are likely to have another heart attack if you don't have the procedure and you have a high chance of dying as a result. Given the fact that you have been diagnosed with dementia then you feel that this would be preferable to living with dementia and ending up in a home, "not knowing what day it is or be able to wipe my own arse!"

You are aware that you have problems with your memory which seem to be worse some days than others. Your wife feels that you lose your temper more easily and you tend to swear more and insult people which embarrass her. Your mood can change quickly and you can go from laughing to crying in a few minutes. Your mood is not persistently low, has never been high, your appetite and sleep are fine. Your speech is slurred at times. You saw a psychiatrist a year ago, and had some brain scans and were diagnosed with dementia (the type that is to do with to do with strokes and blood pressure). This was the first time you saw a psychiatrist and you have never been admitted to any psychiatric hospital.

You have had a heart attack in the past; you have had a number of mini-strokes and have high blood pressure and diabetes. You are on a number of medications, you don't remember the names of them but you are on tablets for blood pressure, cholesterol, diabetes and a tablet to thin the blood.

You live with your wife. You stopped smoking after your first heart attack. You drink whiskey (2 measures), every night. You have been retired for the past 2 years; prior to this you were the deputy head teacher of a private school and taught Maths.

Instructions to Examiners

Candidates should assume that the patient has capacity unless it is proven otherwise.

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for him in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

It does not matter whether the impairment or disturbance is permanent or temporary.

In this scenario, Mr Woods has capacity to refuse treatment.

The candidate must use questioning to determine whether Mr Woods is able to:

- Understand the information relevant to the decision,
- Retain that information,
- Use or weigh that information as part of the process of making the decision, or
- Communicate their decision (whether by talking, using sign language or any other means).

2

You have been asked to assess Ms Erica Hart, a 40 year old divorced lady, in the Medical Assessment Unit. The referral states that Ms Hart has presented to A&E 3 times in the past year but the problem seems to go back several years with repeated admissions due to varying physical complaints. On this occasion, she presented with abdominal pain and diarrhoea. Investigations have been done and some were repeated - all results were within normal limits.

The medical team suspect an underlying psychological disorder and the physician refuses to do any further investigations or interventions. He has declined Ms Hart's request to be seen by another physician for a second opinion but has suggested she see you instead.

Task: Interview Ms Hart and assess her health beliefs.

Single Station 2
Simulated patient's instructions

You are Ms Erica Hart, a 40 year old divorced lady (you were married only for a year before your husband left you). You have been suffering from various aches and pains in different parts of the body for 6 years. These symptoms started about 12 months after your mother died from a brain tumour - do not mention this unless specifically asked whether there were any changes in your life prior to onset. Your mother was ill for some time before she passed away, and you lived with her as her main carer.

Your symptoms include a burning pain in the back of your neck which spreads along your arms to your hands, backache which spreads from through your upper thighs down your legs, dizziness when out in bright sunlight, abdominal bloating and frequent bouts of diarrhoea.

You believe that all your symptoms are due to physical illness but you are not particularly worried that it is something life-threatening like cancer - if the candidate asks you about this, answer "Well surely if it was cancer then I'd be dead by now!"

You've had more than 10 admissions to the medical ward for investigations over the last 6 years but the doctors have failed to find out what is wrong. You think that they rely too much on machines to investigate and these machines are not yet good enough to diagnose your problems. You've heard about 3-D full-body scanners in the United States which are supposed to be more sensitive - ask whether the doctor thinks that would be a good idea.

You also have a history of using alcohol excessively from time to time.

Behaviour
Appear slightly anxious and angry throughout the interview - you are frustrated with doctors and fed up at having to see different ones every time. You are adamant that there is something physically wrong with you - otherwise why would you have these pains? "Normal people don't have symptoms, sick people do."

If the doctor suggests a psychological cause for your symptoms, brush off the idea and say "that's the easy but wrong answer" and something like "if you had to deal with the pains that I get every day of my life, you wouldn't want to see a shrink now would you?!"

Press the doctor to write a letter to the Consultant, saying that it is alright to continue with more investigations. If the doctor refuses, say "I'll sue the lot of you for negligence... how can you be so arrogant? Wait until the GMC hear how you are treating me!"

Single Station 2

Notes to examiner:
Objectives:

- ☐ Demonstrate awareness of diagnostic criteria to distinguish somatisation disorder from hypochondriasis
- ☐ Highlight underlying psychological factors
- ☐ Controls the interview and remains calm in the face of hostile comments

The candidate can be expected to take a history and carry out an examination of mental state that is focused, fluent and demonstrates empathy with the patient's experience. They should display an appropriate mix of open and closed questioning and display advanced listening skills. A 'checklist' approach to history taking should not be rewarded.

Knowledge points:
Somatisation disorder:

- at least 2 years of multiple and variable somatic complaints that cannot be explained by any detectable physical disorders.
- preoccupation with the symptoms causes distress.
- repeated consultations / investigations or self-medication.

3

John Samuel is a 42 year old man who has been brought to A and E after he was found to be exposing himself to his next door female neighbour in the rear garden. You are the on-call psychiatrist. The neighbour informs you that she does not wish to press charges as long as Mr. Samuel is seen by you.

Task: Assess Mr Samuel and take a history, focussing on aetiological factors. You are expected to do a brief risk assessment.

Actor's instruction single station 3

You are guarded and suspicious of the candidate's intentions.

Be vague and about the specific details. Ask the doctor why he / she wants to know details about you.

You downplay the incident and minimise responsibility - you claim that the neighbour was asking for it as she often came over to talk to you and has often batted her eyelashes at you.

You say that you were exposing yourself as "someone had to take the first step." You acknowledge that you were hoping for the action to be reciprocated.

Deny any previous incidents of sexual offending. However you later say that your wife has made certain accusations of how you behaved with your granddaughter. Say that this was of no consequence as it happened years ago. If pushed by the candidate, explain that you have exposed yourself to your granddaughter (who was then 6) on a few occasions in the past. But you were just "trying to teach her about life." You consider it part of the necessary sex education and that is why you once masturbated in front of her as it would give her a "head-start" compared to her peers when it came to knowledge about sex.

Confess that you have always preferred younger women and then say all men feel the same - asking the candidate if he / she did not feel the same way.

You have often masturbated to the thought of sleeping with "younger women" but you know that it is illegal and you would never actually do it, unless the other person wanted it. If asked by the candidate, clarify that "younger women" are "women under 18."

If asked by the candidate, you acknowledge that all acts of exposure have been in the background of alcohol use - you explain that drinking makes you more sexually turned on and that in any case you perform better sexually when you've had a few drinks. You deny any drug misuse since college.

You deny any other sexual fantasies or perversions.

You were first involved in a sexual act at the age of 12, with an aunt who came to visit. You deny any form of abuse from your parents. You maintain that you are straight and get angry saying that being gay "goes against God's wishes."

Explain that your wife has been giving you grief as she is jealous because your wife is no longer young and you have refused to have sex with her for years.

You used to work as a roofer but are now retired - you have since been doing voluntary work in the local school. You deny any unsavoury intentions for picking the school.

You do not have any psychiatric history.

Show anger and annoyance if the candidate does not ask questions tactfully. Say that you never forced anyone and ask why the candidate is questioning you as if you are a rapist.

Towards the end of the interview ask the candidate if he / she has any children.

Also tell the candidate that you have doctor-patient confidentiality and that he / she cannot divulge any of what you have told her to his wife or the police.

4

You are a CT3 on-call for the local Accident and Emergency Department. You have asked to see Ms Simone Bernhard who has been brought in by the police. Ms Bernhard is 21 year old psychology student. She has been arrested for allegedly setting fire to the bin in the hostel she lives. She has a history of self-harm about 2 years back. Prior to setting fire, her roommates had observed her to drink two bottles of wine. It is also noted she was smoking 2 joints of cannabis earlier in the day.

Task: Talk to her with a view to carry out a relevant risk assessment.

Single Station 4
INSTRUCTIONS TO ACTOR

You are a 21 year old student Ms Simone Bernhard. You have discontinued psychology studies over the last 6 months and are considering discontinuing it.

You have been arrested and taken to the Accident and Emergency Department as you had allegedly set fire to the trash bin at your hostel. You were drunk at the time of the offence - you had consumed 2 bottles white wine.

You were watching the telly in the lounge along with fellow residents. But you soon became upset as the programme dealt with childhood sexual abuse by stepfathers. You became angry and broke a footstool in the corridor. You became agitated and disturbed and ended up drinking 2 bottles of wine that you bought from a nearby "Bargain Booze". Soon, you started hearing the voice of your mother and stepfather saying "you are useles." You are somewhat unclear about the voices. But you remember becoming more empty and hostile. You then set fire to the trash bin nearby. You felt good "as you were destroying something beautiful." You "felt in control." You did it on an impulse.

You were then arrested by the police when you had allegedly shouted "I am better off dead." You agreed to see a doctor and remained co-operative throughout, even subdued. You have been brought to the local A and E.

You were studying psychology but have discontinued your studies due to stresses. You are considering dropping out, but not sure about it.

You were born in a middle-class family. You did not display any developmental problems. Your dad was a navy pilot and your mum a primary school teacher. You have a younger sister who is presently doing her A-Levels. You had a somewhat ambiguous relationship with your father as he was absent during your early years, being stationed away. He returned later for about 3 years before getting divorced from your mother. You were 6 at the time of the divorce. You then had a stepfather at 7 who allegedly sexually abused you for 8 months. You haven't spoken about it to anyone as you fear no one might believe you. Your stepfather and your mother divorced when you were 13.

Your schooling was somewhat of turmoil as you had to witness arguments between your parents. You were an average student and thought you could have done better. You have history of truancy at the time of sexual abuse. You had at that time set fire to your old photographs out of an impulse. You are somewhat envious of your sister as you believe she didn't have to go through the same pain and has ended up being a better person. You somewhat detest your mother and stay in touch with her over the phone once a month.

At times, you think if you are insecure especially when you are empty. You try to harm yourself especially when you feel low and lonely. You have cut yourself about 6 times over

the last 5 years, all mostly superficial. You required medical attention only twice. You have taken an overdose once about 16 Paracetamol tablets on impulse when you were 15 following an argument with a friend. You were seen by the psychiatric team after that who advised counselling, but you didn't attend. You hear voices of your mother and stepfather saying you are useless especially when you are low. You are unclear about these experiences.

You moved out of your house 3 years back. You have held local jobs for funding your studies.

You started drinking at the age of 13 and now drink occasionally at weekends - you prefer rum and coke, but also vodka if you are happy. You smoke but not regularly - about 1 pack in a fortnight. You experimented with illicit drugs briefly when 16, especially cannabis and ecstasy. You are not addicted to any drug now, though occasionally might enjoy a joint.

You have been in 6 relationships over the last two years. You broke up with your boyfriend Matt 2 months ago following an argument. You remember he had implied you were insecure and impulsive.

You have never harmed anyone although at times you feel like "hitting." You haven't hurt a pet anytime in your life. This is the first time you have been arrested.

It is 7-minute station so do not be overtly resistant, yet some degree of poor co- operation is to be displayed the first 2 or 3 minutes. If the candidate is on the track of asking the questions in a conversational manner without making you feel like interrogated help him or her with prompts to complete the station. Try to take a moment of two during discussion about sexual abuse. Act offended if the question has been abrupt or indiscreet.

Single Station 4

NOTES TO THE EXAMINER:

The main task of the station is to undertake a focused risk assessment in a somewhat atypical presentation for a CT2 level. However, no risk assessment could be carried out without taking relevant history. The candidate is therefore required to focus on risks relevant to the case. He is also required to demonstrate skills of navigation and engaging a somewhat hesitant / resistant patient in a professional manner.

The candidate is expected to cover:

1. Details of fire setting
   Circumstances, antecedent, consequence, past history, risks - intentional, planned or impulsive etc. Was the attempt to harm someone in particular or set fire to the building? Was there any implicit command hallucinations or abnormal beliefs? Other associated history - cruelty to animals, bedwetting etc.
2. Details of past self-harm
   Circumstances, antecedent, consequence, past history of suicidal attempts or self harm
3. Risk to others
4. Risks related to drinking (there is no need to take a comprehensive alcohol assessment)
5. Risks at the time of assessment: How does she feel looking back at it? Was she in her mind? Would she do it again?
6. Use of any other illicit substances

Marks are given for:

Fluent history taking without being abrupt or unempathic.
Comprehensive assessment of risks in a professional way.
Conversational non-checklist approach.

A diagnosis is not required.

5

Mr Kevin Williams is the father of Dave, a 10 year old boy who has just been diagnosed with ADHD. Dave has problems with his attention and impulsive behaviour.

Task: You have arranged this meeting to discuss the diagnosis and management.

Single Station 5 - Instructions to actor

You are Mr Kevin Williams, the father of Dave who is 10 years old. There had been numerous complaints from school about his behaviour and he is a handful at home. He has problems with his attention and does things impulsively. His G.P referred him to a psychiatrist and you are aware that he has been diagnosed with ADHD.

You have no knowledge or information about ADHD. You are anxious and worried about today's appointment but keen to get more information.

You start by asking "Is he mad?" Once the doctor has reassured you, you open your book, and tell the doctor that you have very specific questions that need to be answered. If the doctor does not comply with your request, you get annoyed.

When the doctor answers your questions, you pretend to write the answers in your book.

Questions you need answered

What is ADHD?
Are you sure he has ADHD? In the newspapers there have been reports that ADHD is now over-diagnosed!
Am I to be blamed?
You have heard that medications have nasty side effects, especially that they stunt growth.
What is the treatment? Can ADHD be cured?
Will my child have ADHD for life?
Do food additives and colourings cause ADHD?
How long will my child need treatment for ADHD?

6

You are visiting a residential home to assess Ms Sarah Barnes, a 40 year old lady with chronic schizophrenia. This is part of an annual medical review and her CPN has been concerned about changes in her behaviour.

She has a 20-year history of schizophrenia and presents with auditory hallucinations and paranoid delusions. She has been treated with Haloperidol depot 100 mg every 4 weeks which controls her symptoms.

Task: Assess Ms Barnes with a view to formulate a management plan.

Single Station 6
Simulated patient's instructions

Background
You are Sarah Barnes, aged 40 years, and you have been living in this Mental Health Residential Home since you were in your mid-30s. You have suffered with schizophrenia for many years. Psychotic symptoms, such as hearing voices, are controlled with medication.

You need prompting from carers to get out of bed in the morning, to wash yourself and to tidy your room. If you were left alone, you would neglect yourself. You find it difficult to complete simple tasks and need constant encouragement in order for you to achieve anything constructive. You tend to sit alone in the smoking room most of the day. You don't like to engage in organised activities, and even when your family visit you tend to sit in a chair and say hardly anything.

Recently a nurse found a razor blade hidden under your bed. You've been thinking about cutting your wrists to end your life. The drugs that you are on have side effects which distress you. You find nothing enjoyable in life and think you would be better off dead. You feel you are a burden on your family, particularly your elderly parents. You describe your mood as “depressed”, you often have suicidal thoughts and have written a suicide note to your family.

Behaviour
Speak slowly, keeping your answers brief and vague. You may show periods of silence (up to 10 seconds before answering questions) but bear in mind that the doctor is under strict time limits.

Your face lacks emotional expression, even when talking about suicide. Eye contact is poor - gaze blankly towards the floor or into the distance. You should sit impassively, with little spontaneous movement.

Single Station 6

Notes to examiner:

Objectives:

- ☐ Assess the negative symptoms of schizophrenia
- ☐ Recognise presence of depressive symptoms
- ☐ Carry out an assessment for risk of suicide

The candidate can be expected to take a history and carry out an examination of mental state that is focused, fluent and demonstrates empathy with the patient's experience. They should display an appropriate mix of open and closed questioning and display advanced listening skills. A 'checklist' approach to history taking should not be rewarded.

Knowledge points:

Negative symptoms of schizophrenia can be:

- Affective - blunted or incongruous affect, gestures may appear mechanical, facial expressions absent, monotonous voice, anhedonia and apathy.
- Communicative - poverty of speech (alogia) or speech is vague and overgeneralised, delays before speech or in mid-sentence.
- Conational - lack of drive (avolition), poor self-care, limited physical activity and lack of initiative.
- Relational - loss of interest in social activities and relationships, neglect of enjoyable activities and increasing isolation.