

Appendix 5.

**Expert Patient
Programme
Toolkit**

Appendix 5. Student Handout for Masterclass

Clinical Skills – Masterclass Week 1

History Taking, Mental State Examination & Safety Assessment

Student A

	A	B	C
Vignette one (Sam)	Role player	Observer	Doctor
Vignette two (Joe)	Observer	Doctor	Role player
Vignette three (Tony)	Doctor	Role player	Observer

The class today is in 3 stages of 35 minutes each, following an introduction with the class facilitator. There are 3 role plays and 3 roles: role player, observer and doctor. Each 35 minutes is divided into 10 minutes preparation; 20 minutes for the task and 5 minutes for feedback from the observer. Your group (A) will start by role playing Sam, then observe Joe/ Jo and finally be the doctor with patient Toni/ Tony in the last vignette. It is suggested that you deal with each vignette one at a time in turn.

For the role play if the doctor asks you anything that is not in the script make something up that is ordinary, matches with the vignette and does not affect the psychopathology. For example, if asked (as you should be) about forensic history do not make up additional information about having been involved in organised crime!).

Please complete the associated 'Refresh and learn it' (History, MSE and risk assessment) eLearning packages on Moodle for this week before class.





Vignette 1: Sam - Patient script.



Sam has a mild to moderate depression. When giving the story you are softly spoken with slightly slow speech and have a downcast gaze. You look sad and near to tears. You feel guilty, it's all your fault and nothing you do is good enough.

You are a 35 year old hotel receptionist. You have a daughter, Amy, aged 6. You are divorced, your spouse having left you 3 years ago. They pay a little towards Amy's keep. You live in your own house and just about manage to pay the mortgage. You do not smoke or use illicit drugs, but you do like a glass of wine on most nights. You do not go out much, being a single parent, but you have a close circle of friends and a sister who you see every week. Your mum lives nearby and is supportive.

Four months ago, you attended a disciplinary hearing over some missing money at work. Your name was cleared, but the whole experience was upsetting. Since then, you have not felt yourself. You feel miserable most of the time and have lost your confidence. Your

sleep is disturbed, and you wake early. You do not feel like cooking or eating but force yourself to at least cook for Amy. You have lost your energy and feel that you are neglecting the housework and Amy. Indeed, you are beginning to feel that you must be a bad parent because of this.

You have sometimes felt so fed up with feeling like this that you have thought of taking an overdose. You know you have a full pack of paracetamol in the drawer, which would kill you. You worry about what would happen to Amy if you were gone, and this has stopped you so far.

Your sister has noticed that you are not yourself and wanted you to see the doctor. She thinks pills would help. You are not keen to meet the doctor and feel it will not be useful. You think this is just the aftermath of the problems at work and will settle with time.

You had a reasonably happy childhood, were average at school, had a wide range of friends. You married aged 25. Your father died of an MI aged 65. Mum is still alive and well. She had depression after you were born. You are medically well and do not take any medications.

Vignette 2: Jo/Joe For this role play you are the observer



Use the preparatory 10 minutes to think about how you would like to both give and receive feedback. We have given you key points for you to observe both in terms of interview skills and the information gathered. You are required to give 5 minutes of feedback to the doctor after their 20 minute task. Use these sheets as a check list and guide to your feedback.

The following are general communication skills that can be applied to any doctor-patient interview. Please observe the following role play and write in next to each section examples of these skills being used.

Beginning the interview

- Introduce yourself
- Check the patient's name and date of birth
- Explain the purpose of the interview
- Put the patient at ease

Information Gathering and Communication

- Use appropriate body language
- Ask open questions
- Avoid jargon
- Clarify terms that you do not understand, are vague or ambiguous
- Express empathy
- Facilitate communication
- Acknowledge the patient's feelings
- Use pauses appropriately

Finishing the interview

- Summarise
- Ask if there are any questions
- Signpost to further information if appropriate
- Thank the patient

Assessing a patient who has lost touch with reality can be difficult and daunting at first. It is useful to have some screening questions for common psychotic symptoms to use, particularly when a patient may be guarded or have altered insight.

Did your doctor ascertain whether Joe had any of the following?



Screening questions for psychotic symptoms

General

Have you been having any strange or unusual experiences recently?

Auditory hallucinations

Do you ever seem to hear noises or voices even when there is nobody about?

Have you been hearing voices? What are they like?

Visual hallucinations

Do you ever seem to see things that others cannot?

Have you had any visions or seen things that other people could not see?

Thought insertion

Do you ever have the feeling that thoughts are being put into your head/mind that don't seem to be your own?

Thought withdrawal

Do you ever feel that your thoughts are being taken out of your head/mind?

Thought broadcast

Do you ever feel that your thoughts are not private to yourself as though they are being broadcast so others can know what you are thinking?

Thought echo

Does a thought in your mind ever seem to be repeated over again, like an echo?

Do you ever hear your thoughts echoed out aloud?

Passivity phenomena

Sometimes when people are unwell, they feel that they are no longer in control of their actions; it is as though they are being made to do things by someone or something else or an external force. Have you ever had this feeling?

Have you ever felt that your emotions/feelings are being controlled by an external force?

Delusions of persecution

Do you feel that your life is in danger or somebody is after you/wants to kill or hurt you?

Does anyone seem to be trying to harm you?

How sure are you about this?

Does there seem to be a plot or conspiracy behind this?

Mental state framework

Did your doctor cover these areas?

- Appearance and behaviour
- Speech
- Mood (subjective and objective) and affect
- Thought form and content
- Perceptual abnormalities
- Cognitive examination
- Insight



Vignette 3: Toni/Tony - Doctor's task



For the third scenario we would like you to think about the questions you will be asking Toni/Tony using the information provided. This scenario is about interviewing someone who may be anxious.

You are a junior doctor working in a 4 month psychiatry placement. You have been asked to see Toni/ Tony in the outpatient department. They have come to see you because they are worried about their health, and that they have a heart problem.

Spend the next 10 thinking of good questions to ask to work out if this is the case or not. Consider how you might explore this with someone who is using a physical health framework to explain their symptoms.

You will have 20 minutes to attempt to take a history, a mental state examination and safety assessment (See Moodle). You may not fully complete the task. You will then receive then 5 minutes of feedback from the observer.

History headings

- Demographics - age, sex, marital status etc.
- Reason for referral
- Presenting complaint
- History of present illness
- Family history
- Medical history
- Medication history
- Substance misuse and alcohol history
- Personal history
- Forensic history
- Pre-morbid personality
- Social history

Mental state headings

- Appearance and behaviour
- Speech
- Mood (subjective and objective) and affect
- Thought form and content
- Perceptual abnormalities
- Cognitive examination
- Insight

