

Appendix 6.

**Expert Patient
Programme
Toolkit**

Appendix 6. Actor's script for Masterclass

Introductory teaching History Taking & Mental State –

Role Player Pack

	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 (C) will start by being the doctor for Sam, then will role play Joe/ Jo, and finally be the observer for Toni/ Tony in the last vignette.

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 – Patient script.



You will role play Joe/Jo who has a first episode of psychosis. You have 10 minutes to familiarise yourself with this script. For the role, if the doctor asks you anything that is not in the script make something up that is ordinary, fits with the vignette given 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!).

You are confused as to why your brother has brought you to see a psychiatrist as you are not mentally ill. However, you are helpful and cooperative initially. You feel perplexed and upset, as anyone would in your circumstances. "It's not right what the university is doing to me". Occasionally you look round the room as if you can hear something. If asked about this, say "I could have sworn I heard Alexi just then" and look bewildered.

You are a 22 year old student in your second year of an art history degree. Over the last 2 months you have had the strange feeling that something odd is going on. You have noticed people looking at you differently and have, at times, been convinced that they were talking about you. As a result, you have not been sleeping well and have lost your appetite.

You met with your tutor yesterday because she was concerned that your standard of work has deteriorated. She commented on how thin you looked and wondered whether you were taking drugs. During this meeting you became convinced that she was plotting to have you killed, although you were not sure why. You became very frightened and went to see your brother who has brought you to see the doctor today.

You have also been hearing your ex-partner Alexi, talking to her/his friends about you. This happens in your bedroom. You can hear them outside your bedroom door talking to each other about your actions in a derogatory way. On several occasions you have flung open the bedroom door, but not one has been there. However, you have not told anyone about this and would not do so unless you trusted them not to think that you were "mad". During the interview you become very frustrated that nobody seems to be taking you seriously.

You live in a shared house with other students. Your parents live in Sheffield and you have a good relationship with them. You have 2 brothers. Your childhood was "fine", you did well at school. A cousin had a mental breakdown "schiz... something".

You are generally fit and play in a football team. You take cannabis every month or so - you feel it relaxes you. You have never been ill before. You were once arrested for being drunk and disorderly on a student night out, but never charged.

Vignette 3: Toni/Tony – Patient script



The facilitator will brief you about how to play this role.

For the role play, if the doctor asks you anything that is not in the script make something up that is ordinary, fits 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!).

Toni/Tony has generalised anxiety disorder with panic attacks. You are not convinced that a psychiatric outpatient clinic is the right place for you. You are worried your doctor has missed something and that you have undiagnosed heart problems. You are overwhelmed with worries and as soon as you lay one to rest, another pops into your head. The panic attack was the worst experience of your life "it can't just be nerves can it?".

You are a 41 year old who works as a physics teacher in an inner city secondary school. You are currently off sick having collapsed at work with chest pain and shortness of breath. All the medical tests (ECG, bloods, examination etcetera) have been negative. However, you are still worried that you might have heart disease and your father died suddenly, aged 70, of a heart attack.

You are married with 3 children - 2 boys (Daniel age 14 and George age 3) and a girl (Hannah aged 12). They are all doing well. You are happily married though you are reluctant to have sex as you think this might put undue strain on your heart.

Since the attack 3 months ago you have been increasingly anxious all the time. You spend long periods of time worrying about how your family would cope without you and dwelling on how upset you felt when your father died. When you think of going back to work your anxiety increases and you cannot see yourself coping with a difficult class despite having been very successful at this before.

You feel apprehensive all the time and cannot relax. When you are thinking about work you become short of breath, your heart races and you feel tingling in your fingers. On one occasion you had to dash to the loo because of diarrhoea and this also worries you - what if it happened while you were teaching a class? You are still interested in things and have the energy to do all the activities you want to. You have a little initial insomnia but a glass of whiskey usually sends you off to sleep. You drink about half a bottle of wine most nights plus the whiskey as a night cap. You smoked a joint in university once 20 years ago. No significant medical history and prior to this episode you had not seen a doctor for over 20 years.

You did well at school and university. You have always been someone who sees the worst outcome in every situation, which your spouse previously teased you about saying your middle name must be 'Worry'. You get on well with your children but worry about them a lot, particularly your daughter as she has a boyfriend!

