

SURVIVING VIVA/OSCE: What You Need To Know!

A: What you need to know:

Know the **key features of each condition in each diagnostic group**. The student should also know how to **manage** all of the following the conditions using the biopsychosocial model.

Diagnostic Groups (Mnemonic: PMASC PMS)

Psychotic disorders

Schizophrenia

Schizoaffective d/o

Schizophreniform

Delusional d/o

Brief Psychotic Disorder

Mood disorders

Adjustment d/o

Major Depressive d/o (know subtypes- postpartum, depression with psychosis, atypical)

Bipolar d/o (2 phases)

Dysthymia

Anxiety d/o

GAD, Social phobia, OCD

PTSD, Panic d/o

Somatization d/o

Somatoform

Hypochondriasis

Pain d/o

Conversion d/o

Body Dysmorphic d/o

Cognitive Disorders

Delirium

Dementia

Personality Disorders

Clusters A,B,C

Must know borderline PD and antisocial PD well

Medical Condition causing psychiatric presentation

Know the different medical conditions that can cause psychiatric symptoms.
Examples include: thyroid d/o, Cushings, pheochromocytoma; CNS infections, tumours, ischemic conditions; connective tissue conditions

Substance Abuse and Substance Dependence

B: Tips on surviving OSCE (What you should do)

- 1 View practice OSCE videos/ CDroms.
- 2 Arrange practice interviews with your respective consultant/registrar or even classmates (at least twice).
- 3 Know how to diagnose and manage the following mental disorders
 - a major depression and bipolar disorder (depressed or manic)
 - b schizophrenia and schizoaffective disorder
 - c anxiety disorders GAD, panic, social phobia, OCD, PTSD
 - d somatoform disorders

e cognitive disorders - dementia and delirium

f substance abuse/dependence

g personality disorders

Interns in the past are generally good in diagnosing depression and schizophrenia but are marginal or poor with the rest.

Remember that co-morbidity is quite common. A depressed patient can have anxiety symptoms or a psychotic patient may be self medicating with alcohol.

- 4 Know the mental status examination by heart and be able to report it systematically and confidently (BOTTAMIS/ BOATPIS).
- 5 Have a watch so you can monitor the time (15 minutes). Make sure that by the 10th - 12th minute, you have reviewed PASSS (see below) particularly safety.
- 6 Force yourself to use open ended questions the first few minutes of the interview. You will gain more information from open ended questions the first few minutes rather than asking a litany of checklist questions
- 7 DO NOT FORGET to check for current suicidal/homicidal ideation, plan and intent; screen for these items in a non-intrusive manner; screen for self care issues. Examples of self care issues include the following: for eating disorder patients- eating, drinking fluids; for dementia or manic patients- management of finances, wandering onto traffic/ bush; for dementia patients- leaving stove on, forgetting to take life saving medications like insulin; for manic patients- sexual indiscretions.
- 8 **Mnemonic PASSS (as in PASSs your OSCE)** can be helpful. These are the minimum items you should elicit in an interview
 - P - psychotic symptoms
 - A - affective symptoms; depression and manic
 - S - safety risks to self/others
 - S - substances and alcohol
 - S - stressors
- 9 When you are presenting the case to the examiners - talk to them as if you are discussing a case to a colleague. Report the salient features of the case and MSE with confidence. Look at them in the eye (but don't stare!) and pretend as if you are just discussing your own patient to another doctor. If they do not

- interrupt your reporting - discuss your case from summary - mental state findings - diagnosis - management seamlessly.
- 10 While discussing your diagnosis and differentials - justify why you considered them and what goes against them.
 - 11 While discussing your management - discuss the rationale why you are doing so. Discuss safety issues/risk management first to get it out of the way. Forgetting to discuss safety risks can mean failing the whole OSCE. Remember that if you have safety concerns regarding your patient, if appropriate, you can always invoke the Mental Health Act. Management of unsafe patients range from hospitalisation, admission to respite, utilising respite nurses, crisis team visits, involvement of family/support or more frequent community visits. Know what the appropriate interventions are for the different clinical situations.
 - 12 Report to the examiners other information you want to obtain to completely manage your patient. This often includes historical information from family members/ supports, medical records, laboratory investigations, physical and neurological examinations. Be specific and know why you want the information.
 - 13 For medications - try to be specific with a drug you are familiar with, discuss the dose and the expected side effects.
 - 14 Be familiar with the different psychological interventions - their definitions and uses. Be able to explain these interventions using layman's terms. Use social interventions if necessary (ie housing assistance, income support, increasing family involvement).
 - 15 Recommended references include: Management of Mental Disorders by Gavin Andrew and Mark Oakley Brown and Mark Zimmerman's- Interview Guide for Evaluating DSM IV Psychiatric Disorders and the Mental Status Examination
 - 16 Make sure you practice with the teaching software that we specifically developed for Auckland medical students. This is the Psychiatry Assessment Teaching Software or PATS. You can access this from Grafton Information Commons. CD's are also available from the department. In the future, this will be available at Philson as well.

C: OSCE Marking (What you're marked on):

Psychiatric Interviewing skills 40%

Rapport

Eye contact

Use of open ended questions

Follow up on patient statements

Specific items for given scenario

Exploration of social and family background

Actor/Patient evaluation of interview 10%

Ability to be at ease with candidate

Appropriateness of questions

Mental State Examination 10%

BOTTAMMIS/ BOATPIS

Make sure safety risks are elicited

Viva with examiners 40%

Reporting of summary of case

Diagnostic formulation (5 axes plus differentials)

Management Plan

Safety management

Gathering more information

Collateral information from other sources

Pertinent diagnostic work ups

Biological interventions

Psychological Interventions

Social Interventions

Total Marks:

80+ A (superior); 70-79 B+ (excellent); 60-69 B (good)