

Station Number

AFFIX CANDIDATE  
LABEL HERE

CANDIDATE No:.....

### Instructions for Candidates

#### Scenario

Dr Richard Kay, a local General Practitioner, has telephoned you to discuss a referral to the service. One of his patients, David Hillier, has a schizophrenic illness and hasn't been taking his medication in the last week. He has been becoming increasingly agitated over the last week.

It is 11.30pm. You are on call. There are no beds available for admission in any of the hospitals within your service area/ hospital Trust. The nearest acute admission bed is 40 miles away.

#### Instructions

Discuss the referral with the GP. You are being marked on the information you ask for, as well as your personal 'style'.

**PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE  
EXAMINER**

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Communication Skills: GP referral

CANDIDATE No:.....

### Instructions for Simulated GP

**Answer questions based on the following scenario.**

**Do not volunteer information unless asked.**

This station tests the candidate's skills in discussing a referral with a fellow professional.

You are Richard Kay, a local GP. You will have the following information to hand when you discuss the referral with the candidate. You should only give out the information below when asked by the candidate.

#### Key Attributes

You are tired, and have not had a break since lunch time. You still have three more house calls to do. As far as you are concerned, Mr Hillier is acutely unwell, a risk to himself and others, and should be admitted to hospital tonight.

If you are asked to section him, you should reply that you don't have the forms and you don't have the time.

#### Key Dialogue

You should open with the following statement:

*"Hi, it's Dr Kay, a local GP. I have a 32-year-old schizophrenic who hasn't been taking his meds. I think he's psychotic and needs to come into hospital. I'm at his parent's house but he's refusing to come into hospital. Can you come out and section him? I've got to see another patient, but his parents are here."*

David Hillier is a 32-year-old man with a 10-year history of schizophrenia. His history is as follows:

#### *History of presenting problem*

- He has been withdrawn and irritable over the last two weeks. He lives with his parents, both of whom are elderly.

- In the last couple of days, he has been aggressive towards his parents. His mother says that he is paranoid, and has been making threatening phone calls to the social work department.
- His mood is up and down. He is sometimes tearful and has said to his mother that he wished he was dead.

#### *Past psychiatric history*

- First diagnosed 10 years ago. About six admissions to hospital. Last admission was last year.
- Currently under the care of one of the local psychiatrists, Dr Hay.
- He also has a CPN (you don't know the name)
- His next appointment is at the end of the week, when he should be getting his depot.

#### *Current medication*

- Flupentixol Decanoate 40mg every two weeks, given by his CPN
- Nitrazepam 10mg nocte
- Procyclidine 5mg t.d.s.

#### *Personal history*

- Lives with his parents; not working; receiving benefits
- Possibly drinking more heavily in the last week
- No illicit drug misuse (as far as you know)

#### *Mental State*

- Difficult, as he refuses to talk to you
- Dishevelled; beard growth
- Irritable; voluble in conversation; swearing repeatedly
- Threatening you with violence; says he knows "what to do"
- Won't answer the question about suicidal thinking, but his mother is worried about him. Apparently, he took an overdose three years ago which was quite serious.

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Communication Skills: GP referral

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CANDIDATE No:.....

### Instructions for Examiners

***REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND  
AFFIX IT TO THE TOP OF THE MARK SHEET.***

This station tests the candidate's ability to:

1. Discuss a patient with a fellow professional
2. Gather appropriate information about a potential referral in a short period of time
3. Ask relevant questions about risk
4. Handle conflicting demands with courtesy and professionalism
5. Resolve difficulties regarding medicolegal aspects of a patient's care

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Examiner's Name:

.....

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Communication Skills: GP referral

### Marking Sheet

*Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.*

Criterion	Performed competently	Performed, but not fully competent	Not performed
<b>'Professionalism':</b>			
• Establishes rapport	1	½	0
• Demonstrates courtesy and empathy with GP	1	½	0
<b>Presenting Problem:</b>			
• History of symptoms and their duration	1	½	0
<b>Personal History:</b>			
• Current social circumstances	1	½	0
• Relationships with/ support of people close to him	1	½	0
• Alcohol and drug misuse	1	½	0
<b>Past psychiatric History:</b>			
• Diagnosis	1	½	0
• Previous admissions/ detentions under the Mental Health Act & previous episodes of self-harm	1	½	0
• Current psychiatric care	1	½	0
<b>Current medication:</b>			
• Prescribed medications	1	½	0
• Allergies			
<b>Asks about risk:</b>			
• To self	1	½	0
• To others	1	½	0
<b>Mental state examination:</b>			
• Presence of psychotic symptoms	1	½	0
• Mood symptoms	1	½	0
<b>Medicolegal:</b>			
• Discusses detention under the mental health act	1	½	0
• Explains that the GP can 'section' the patient, and an MHO is not necessary if the situation is one of urgency			
<b>Closure:</b>			
• Reaches satisfactory plan with GP	1	½	0
<b>Overall Approach to Task</b>	4	3	2
	1	0	
Score (Max 20)			
Overall Grading of station	<b>Clear Pass</b>	<b>Borderline</b>	<b>Clear Fail</b>

Station Number

Communication Skills: GP referral

**Requirements for this station**

*The following should be made available for this station:*

1. Pens
2. Pad of paper
3. Telephone, connected to actor playing GP (it would also be possible to 'frame' this OSCE within an A&E department where there is also an out-of-hours GP centre, so that the candidate can speak to the GP directly)
  - a. Ideally, the examiner should be able to listen to the call as well