

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

Harriet Brown is a 45-year-old married housewife. She has been referred by her GP because of anxieties about going out of her house.

Instructions

Take a history of her anxiety symptoms.

You will be asked for your diagnosis at the end.

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

Station Number

AFFIX CANDIDATE
LABEL HERE

History Taking: Anxiety

CANDIDATE No:.....

Instructions for Patients

Answer questions based on the following scenario.

Do not volunteer information unless asked.

This station tests the candidate's ability to take a history from a patient.

You are Harriet Brown, a 45-year-old housewife. You live with your husband and two children.

Key Attributes

You are a little anxious, your hands are sweaty, and you play with your hands/ rings/ clothes.

Key Dialogue

- You worked part-time in a local shop until a few months ago, when you out in town. You found yourself becoming sweaty, and felt your heart racing fast. You became worried and eventually had to put down your shopping and leave the shopping centre. You eventually calmed down.
- Since then, you have been fearful of leaving the house. You can go out with your husband or family, but you become anxious in busy, crowded places such as supermarkets or town centres.
- You are unable to use public transport, but you are okay in the family car. You become anxious if you know that you have to go somewhere and you try and avoid such situations if at all possible.
- You have a friend's wedding coming up, and you are very anxious about making a fool of yourself there.

Symptoms

- In the last month, you have had 5 or 6 episodes of severe anxiety, associated with shakiness, sweating, palpitations, and breathlessness. These have occurred in the supermarket.
- You feel dizzy and worry that you are going to lose control, or make a fool of yourself. You become terrified of having a heart attack. You think that everyone is looking at you or talking about you.
- You have little or no anxiety whilst at home. You can go to the local corner shop, but only if it's quiet and you are unlikely to meet anyone that you might have to talk to.
- In the last few months, your symptoms have been getting worse. You sleep poorly 2-

3 nights per week, lying awake worrying about your symptoms.

- Your appetite is a little bit lower, but there is no weight loss. You feel a bit down at times, ruminating that “this is not me”, and although you become irritable if harassed, there is no tearfulness. Your mood is not worse in the mornings. Your concentration is fine if you are not anxious. Your memory is okay. You have normal energy and motivation. You can enjoy activities with family, and are able to laugh and joke if friends come round.

Personal

- You smoke 20 cigarettes per day (this has increased recently) and you are also drinking a bit more alcohol, especially at night to help you to sleep.
- In the last week, you have had a couple of bottles of wine. You have no cravings, sweating or shaking in the mornings, and drinking does not dominate your life or restrict other activities.

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History Taking: Anxiety

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 is a clinical case where the candidate must:

- a) Demonstrate their ability to set an anxious patient at ease
- b) Be able to offer reassurance to the patient
- c) Show good understanding of the range of anxiety symptoms
- d) Show awareness of ICD-10 criteria for anxiety disorders, and ask appropriate questions in order to establish a diagnosis
- e) Be able to recognise that anxiety and mood disorders are frequently comorbid, and appear confident in establishing the primary disorder

30 seconds before the end, you are to ask the candidate, “*What is your preferred diagnosis?*”

Station Number

Examiner's Name:

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AFFIX CANDIDATE LABEL HERE

History Taking: Anxiety

CANDIDATE No:.....

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		
Approach to the patient – Rapport, empathy, and style	2	1	0		
Good elicitation of anxiety symptoms (two points for each, up to a maximum of 2):					
• Psychological symptoms	1	½	0		
• Physical symptoms	1	½	0		
Circumstances of anxious symptoms (one point for each, up to a maximum of 2):					
• Busy or crowded places	1	½	0		
• Generalised anxiety?	1	½	0		
• Social phobia?	1	½	0		
Presence of panic disorder (maximum of 2):					
• Symptoms present	1	½	0		
• Frequency	1	½	0		
Other symptoms (maximum of 2):					
• Avoidance	1	½	0		
• Anticipatory Anxiety	1	½	0		
Impacts on life (maximum of 2):					
• Restrictions on activities	1	½	0		
• General functioning	1	½	0		
Presence of mood symptoms (maximum of 2 points):					
• General screening questions for presence of depressive symptoms	1	½	0		
• Establishes whether depressive symptoms are primary or secondary	1	½	0		
Diagnosis of Agoraphobia with panic attacks	2	1	0		
Overall Approach to Task	4	3	2	1	0

Score (Max 20)

Overall Grading of station

Clear Pass

Borderline

Clear Fail