

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

Graeme Davis is a 35-year-old man who has been admitted with a history of low mood.

Instructions

Take a history of depressive symptoms.

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

Station Number

AFFIX CANDIDATE
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History Taking: Depression

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 Graeme Davis, a 35-year-old man.

Key Attributes

You are retarded, with minimal eye contact or facial expression. You sit with your gaze down, shoulders hunched, and your hands between your knees. Your voice is quiet and slow.

History of presenting problem

- Your father died 2 years ago, and although you were very upset, you had thought that you had gotten over it
- In the last four months, you have been becoming increasingly stressed at work, after there were management changes six months ago
- You have frequently fallen out with your new bosses, and have become irritable with your colleagues
- You have been off work for 3 weeks with "stress".

- You describe your mood as being "fed-up", and "dead". You have been feeling gloomy, and hopeless about things
- You feel more anxious in the mornings, and dread getting up some days
- You have been more irritable and have sometimes had to leave a room because you have felt tearful for no reason
- It takes you at least 1-2 hours to get to sleep each night. You sleep poorly and feel unrefreshed in the mornings. There is no early morning waking
- You have little interest in food and frequently leave your plate untouched. You don't think that you have lost weight, but your trousers feel a little looser
- You sometimes feel "nervy" and "edgy" when thinking about work, and occasionally you have noticed you are sweating.
- Your concentration is not great. You can watch TV, but your mind wanders. You can read the newspaper headlines, but you are unable to read a book
- You can't be bothered with things these days, and find it a struggle to get things done. You feel tired all the time. You haven't been able to enjoy anything, and have withdrawn from your friends, with whom you used to play football
- You have lost interest in sex in the last few months.

Cognitive symptoms of depression

- You feel worried about the future, and ruminate about losing your job. You have been thinking about your life, and don't think that you have done anything with it
- You feel hopeless, and a burden to your family. You have lost your self-confidence and berate yourself for how you are currently.

Suicidal ideation

- You wish that you would just die to end it all. You have occasionally thought about taking an overdose, but don't think that you would take enough
- You have never harmed yourself, and have no current plans or thoughts to do so.

Past psychiatric history

- This is your first episode of depression, and have never had an episode of being 'high'.

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History Taking: Depression

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 an OSCE station to test the candidate's ability to take a history from someone with depression. It is testing the following skills:

1. ability to demonstrate empathy and sensitivity
2. Ability to establish rapport with someone who is depressed
3. Ability to enquire about a variety of symptoms in an appropriate fashion
4. Knowledge of ICD-10 criteria for depression

Station Number

Examiner's Name:

.....

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

History Taking: Depression

Marking Sheet

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

Notes – failure to ask about suicidal ideation will result in a fail	Performed competently	Performed, but not fully competent	Not performed		
Approach to the patient – Rapport, empathy, and style	2	1	0		
Assessment of Mood (one point for each, up to a maximum of 2):					
• Diurnal variation	1	½	0		
• Reactivity/ circumstantiality	1	½	0		
Assessment of biological symptoms (one point for each, up to a maximum of 6):					
• Sleep, including EMW	1	½	0		
• Appetite and weight loss	1	½	0		
• Lack of motivation	1	½	0		
• Anhedonia	1	½	0		
• Energy/ fatigue	1	½	0		
• Reduced libido	1	½	0		
Other symptoms (one point for each, up to a maximum of 4):					
• Low self-esteem/ Low self-confidence	1	½	0		
• Poor concentration and attention	1	½	0		
• Pessimism, hopelessness	1	½	0		
• Ideas of guilt and unworthiness	1	½	0		
Suicidal ideation	1	½	0		
Previous history of mania/ hypomania	1	½	0		
Overall Approach to Task	4	3	2	1	0

Score (Max 20)

Overall Grading of station

Clear Pass

Borderline

Clear Fail