Station Number

AFFIX CANDIDATE LABEL HERE

CANDIDATE No:…………

Instructions for Candidates

Scenario

You have been referred a 56-year-old woman whose husband died seven months ago. She has been started on an antidepressant by her General Practitioner, who has asked you to determine if she really has grief rather than depression.

Instructions

Take an appropriate history, aiming to differentiate grief from depression.

PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE EXAMINER

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Station Number

History Taking: Grief vs Depression

AFFIX CANDIDATE LABEL HERE

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 Angela Smith, a 56-year-old woman.

Key Attributes
You are initially quite withdrawn and upset. You appear a little reluctant to engage with the doctor, but unless the doctor is being insensitive, you answer questions freely.

Key Dialogue
The dialogue should centre on your mood, biological symptoms of depression, and other associated symptoms, such as guilt or pining. The candidate should ask you about suicidal ideation.

Symptoms of low mood
- You had been happily married for 37 years until your husband, John, died suddenly from a heart attack seven months ago
- You were stunned by his death, and remember not being "able to move" for days. The hospital had to call your sister to take you home. For weeks you sat there, not moving, just staring into space. You don't really remember what you were thinking about.

- You have been feeling very low in your mood for the last 5-6 months, although you can't really cry
- There is no variation in your mood over the course of the day
- You have lost your appetite but you don't think that you have lost any weight
- Your sleep is disturbed – it takes you hours to get off to sleep because your mind is racing, and you wake up a lot during the night, feeling anxious. You sometimes wake up early, but this is not every day
- You cannot be bothered doing anything at all, and have no interest in seeing any of your old friends, even though they have come round to call.

Other symptoms
- *Pining:* You wake up hoping that John is there and it has all been a terrible nightmare. You sometimes get up and look through the house looking for him in the mornings, hoping that you will find him making breakfast or something
- *Guilt:* You feel guilty that you didn't tell him you loved him enough, and that you weren't with him all the time during his last moments when he was in hospital. You were with him when he died, however. You have been feeling increasingly guilty and preoccupied by all the arguments that you used to have, and even feel bad about your friendship with another man 25 years ago, although nothing happened.

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Hallucinations

- You sometimes think that you can hear John speaking to you, telling you that you will soon be together, and you are convinced that you can smell him sometimes when you walk into a room
- On the occasions that you have been out of the house, you have felt sure that you have seen him in a crowd walking away in the other direction. It never is him though.

Mummification

- Since he died, you have not touched his dressing table and refuse to allow anyone to empty his wardrobe. His favourite mug is still unwashed by the fireplace, and his spectacles and newspaper remain on the kitchen table. You refuse to allow anyone to touch them.

Suicidal ideation

- You have been feeling more and more that you want to be dead soon to be with John. You have hoped that you would have a heart attack as well, or that someone would run you over.
- You have also thought about walking into traffic – you think that a big van would kill you, and there is a fast road just around the corner
- Your GP gave you some tablets to help you sleep, but you have been saving them up so that you could take them all. *You should ask the candidate at this stage how many you would need to take to kill you*. You haven't bothered with a will and have not planned anything as such.

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Station Number

History Taking: Grief vs Depression

AFFIX CANDIDATE LABEL HERE

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, which tests the candidates' skills in the following:

1. Sensitivity in speaking to a patient about painful subjects
2. Ability to ask relevant questions about depressive symptoms
3. Ability to ask questions that helps them to differentiate normal and pathological symptoms
4. Knowledge of the phenomenology of normal grief, delayed grief, and pathological grief
5. Knowledge of the symptomatology of depressive illness
6. Awareness that very often, the boundaries are not clear

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Station Number [ ]

Examiner's Name:

……………………….

AFFIX CANDIDATE LABEL HERE

CANDIDATE No:…………

History Taking: Grief vs 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 enquire 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
Candidate makes a brief assessment of timing and onset of symptoms, and course	2	1	0
Asks about current and recent mood	2	1	0
Asks about somatic symptoms of depression	2	1	0
Cognitive and behavioural symptoms (one mark for each, up to a maximum of 3):			
• Pining or searching	1	½	0
• Preoccupation with the deceased	1	½	0
• Feelings of guilt	1	½	0
Other symptoms: • 'Hallucinations of widowhood'	1	½	0
Symptoms of atypical grief (up to one mark for each symptom, up to a maximum of 4)			
• Thoughts of patients own death that go beyond wishing to be reunited or together – thoughts of self harm or suicide	1	½	0
• Inability to function	1	½	0
• Hallucinatory experiences other than those above	1	½	0
• 'mummification' – e.g. laying place setting, or not changing house at all	1	½	0

Overall Approach to Task	4	3	2	1	0

Score (Max 20)	

Overall Grading of station	**Clear Pass**	**Borderline**	**Clear Fail**

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