

Station Number

AFFIX CANDIDATE  
LABEL HERE

CANDIDATE No:.....

### Instructions for Candidates

#### Scenario

Mary Jones is a 32-year-old woman who was out with her husband 6 months ago when they were both attacked. Her husband was beaten unconscious by 3 men and suffered major facial injuries. She was held forcibly and threatened with violence. She witnessed her husband's attack.

Since then, she has been signed off work by her GP due to problems with mood, poor sleep, anxiety, and panic attacks.

#### Instructions

Take an appropriate history, inquiring specifically about symptoms of post-traumatic stress disorder.

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

Station Number

AFFIX CANDIDATE  
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History Taking: Post-traumatic stress disorder

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 Mary Jones, a 32-year-old woman.

#### Key Attributes

Your anxiety is evident, with tearfulness and restlessness. You become very upset when talking about the traumatic event.

#### History of traumatic event

- Six months ago you were in the town centre walking home with your husband. You had been out for dinner and it was about 11.30pm
- In a quiet street, you were both set upon by a gang of three men with hooded sports tops. You were gripped from behind by one of them, and the other two demanded money from your husband. He refused and was beaten to the ground with bits of wood
- His head was kicked whilst he was unconscious. He lost a lot of blood. You witnessed the whole thing and felt terrified. You thought that you were both going to be killed, and feared for your life.

#### History of presenting problems

- Your husband has made a good recovery, but in the last 3-4 months, you have become increasingly preoccupied by the attack
- You wake up in the middle of the night with nightmares, sweating and shouting, feeling terrified
- You are anxious all the time, and feel jumpy and nervous. If a door slams, you jump and feel panicked
- You are constantly looking over your shoulder.
- You find it difficult to go into down, and feel very anxious in busy, crowded places. You sometimes feel that you will go completely mad, and have to leave. You cannot go to the restaurant you went to on the night of the attack and can't walk the same route. You avoid it
- If you think about the night, you find that you get the same images in your head and go through it all, with the same fear and horror. It's almost as if someone is showing it to you on video. You find it difficult to get it out of your head.

#### Mood symptoms

- Your mood is often low, but you feel distant and detached most of the time. You

find it difficult to share your emotions with your husband. You have become more tearful and irritable

- Your sleep is poor
- You have lost your appetite and have lost ½ stone in weight over the last couple of months
- You are reluctant to go out of the house, or see friends. You haven't been out to bingo, or any social events in the last few months
- You find it difficult to concentrate. You have had to go part-time because you find it hard to focus on work. You are thinking of taking some time off.

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History Taking: Post-traumatic stress disorder

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### 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 OSCE designed to test a number of skills:

1. Good knowledge of diagnostic criteria
2. Awareness of both ICD and DSM criteria for PTSD
3. Ability to ask a variety of questions succinctly
4. Ability to differentiate various aspects of the history, i.e. anxiety symptoms, somatic symptoms, stress symptoms

Station Number

Examiner's Name:

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AFFIX CANDIDATE LABEL HERE

CANDIDATE No:.....

History Taking: Post-traumatic stress disorder

### 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>Approach to the patient – Rapport, empathy, and style</b>	2	1	0		
<b>History of traumatic event, and perception of threat</b>	1	½	0		
<b>Timing of onset of symptoms (i.e. within six months)</b>	1	½	0		
<b>Re-experiencing of event (one point for each, up to a maximum of 4):</b>					
• images, thoughts, and perceptions – “flashbacks”	1	½	0		
• acting or feeling as if the event was reoccurring	1	½	0		
• distressing dreams of the event	1	½	0		
• intense physiological distress / reactivity at exposure to internal or external cues that represent the traumatic event	1	½	0		
<b>Persistent Avoidance (one point for each, up to a maximum of 3):</b>					
• efforts to avoid thoughts, feelings, or conversations associated with the trauma	1	½	0		
• efforts to avoid activities, places, or people that arouse recollections of the trauma	1	½	0		
• feeling of detachment from others	1	½	0		
• restricted range of affect	1	½	0		
• sense of foreshortened future (“doom”)	1	½	0		
<b>Increased Arousal (one point for each, up to a maximum of 2):</b>					
• difficulty falling or staying asleep	1	½	0		
• irritability or outbursts of anger	1	½	0		
• hypervigilance	1	½	0		
• exaggerated startle response	1	½	0		
<b>Other associated anxiety symptoms</b>	1	½	0		
<b>Presence of depressive symptoms</b>	1	½	0		
<b>Comorbid drug/ alcohol misuse</b>	1	½	0		
<b>Overall Approach to Task</b>	4	3	2	1	0
Score (Max 20)					
<b>Overall Grading of station</b>	<b>Clear Pass</b>		<b>Borderline</b>		<b>Clear Fail</b>

