

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

You have been asked to see Jane Adams, a 33-year-old single mother, who has found it difficult to go home after giving birth to a son 10 days ago. The midwives have noted that she has been withdrawn and tearful on the ward. They mention that she struggled throughout her pregnancy, and that her partner left her 4 months ago. She doesn't have much support at home.

Instructions

Interview her, and take a history of disturbance of mood. Assess aspects of risk.

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

Station Number

AFFIX CANDIDATE
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History Taking: Postnatal 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, and assess aspects of risk.

You are Jane Adams, a 33-year-old single mother.

Key Attributes

You are obviously depressed. You are willing to speak to somebody because you have little support from friends or family, and have been feeling isolated for some time.

You engage freely with the candidate, but still take a few moments to answer some questions. You shouldn't give much information away initially.

When asked about thoughts of harming yourself and your baby, you become quite defensive, and you should only divulge this information if the candidate is being sensitive.

Key Dialogue

History of symptoms

- You have been feeling low in mood since finding out that you were pregnant - you didn't know how you would cope. Your partner left about 4 months ago, and this made you feel even more depressed. Your mood has become worse since giving birth 10 days ago.
- Your mood is low all of the time. You find yourself being tearful, and you are irritable. Your mood doesn't vary over the course of the day.
- You find it difficult to sleep: it takes you over an hour to get to sleep and you wake up during the night.
- Your appetite is reduced. You have been trying to eat because you have been pregnant, but you don't enjoy your food. Your weight hasn't changed, but then you have been pregnant!
- Concentration is poor: you have tried reading baby books but find it difficult.
- You are rather pessimistic about the future. You don't see things getting better since you have no supports. You think that you are a failure and that you won't be able to cope when you go home. You think that you deserve it.

Other symptoms

- Your low mood has been persistent for months and is getting worse.
- You deny any of the following:
 - Beliefs that other people are watching you/ want to harm you
 - Feeling that the TV or the radio is making reference to you
 - That your thoughts are being interfered with, or can be read by anyone
 - Abnormal experiences such as hearing voices

Thoughts of self-harm

- Over the last few weeks you have been wishing that you were dead. You don't know how you'd cope and wish that somehow you would just die. You have thought about taking an overdose but haven't really pursued this as an option.
- Initially you had hoped that your mother would take your baby if you did die. However, in the last few weeks you have thought about taking your baby with you as you think that she'd be better off that way. These thoughts have made you feel very guilty, and you have often cried yourself to sleep thinking about these things.

Current situation

- You live in a council flat by yourself. Your partner left about 4 months ago, leaving you feeling distraught.
- You have been too tired during this pregnancy to see any of your friends, and you have generally sat at home doing very little. You did have one or two close friends with children, but you haven't seen them for some time and would feel bad about asking them for help or support.
- You have struggled with basic cleaning and shopping.
- You haven't worked since finding out you were pregnant - you previously worked in a travel agency.
- Your mother and father are divorced. You haven't seen your father for years, and your mother lives a few miles away. However, you haven't got on with your mother for some time. You see her every now and then but don't think that she'd be keen to offer a lot of support.

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History Taking: Postnatal 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 station tests the following areas:

1. Knowledge of the differential diagnosis of low mood in the postnatal period
2. Ability to take a history of the most important/ relevant symptoms of postnatal depression
3. Ability to quickly rule out other potential diagnoses such as puerpal psychosis and baby blues

This station is also about assessing risk and the candidate will be expected to ask about suicidal ideation in the patient **and** thoughts of harming the child.

Good candidates will be able to ask only the most relevant questions needed to establish a diagnosis of depression which predated the birth before prioritising a comprehensive and sensitive risk assessment, before finally determining relevant support network.

Station Number

Examiner's Name:

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AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

History Taking: Postnatal Depression

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	3	1 ½	0
Duration of symptoms:			0
<ul style="list-style-type: none"> • Low mood for approx 9 months; with deterioration 4 months ago 	1	½	
Main symptoms (one point for each, up to a maximum of 5 points):			
<ul style="list-style-type: none"> • Pervasive low mood • Lack of energy • Reduced enjoyment • Poor sleep, with initial insomnia and early morning wakening • Loss of appetite; no weight loss • Poor concentration • Negative view of the world, the self, the future 	1	½	0
	1	½	0
	1	½	0
	1	½	0
	1	½	0
	1	½	0
	1	½	0
	1	½	0
Attempts to exclude the following conditions (one point for each, up to a maximum of 2 points):			
<ul style="list-style-type: none"> • Baby blues • Puerpal psychosis 	1	½	0
	1	½	0
Assessment of risk: (two points for each, up to a maximum of 4 points):			
<ul style="list-style-type: none"> • Suicidal ideation • Thoughts of harm to the baby 	1	½	0
	1	½	0
Assessment of social circumstances and support network	1	½	0
Overall Approach to Task	4	3	2
	1	0	0

Score (Max 20)

Overall Grading of station

Clear Pass

Borderline

Clear Fail