Scenario
A local GP has referred Mr Bob Sheridan, a 55-year-old man who has been charged with assaulting his wife during a heated argument. He accused her of being unfaithful – an accusation she denies emphatically.

The GP wonders if Mr Sheridan has some unusual ideas about his wife’s fidelity, and has asked for a psychiatric assessment.

Instructions
Interview Mr Sheridan, inquiring as to his beliefs regarding his wife’s fidelity.
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 in this case assess risk to a third party.

You are Bob Sheridan, a 55-year-old man. You have recently been charged with assault by the police after your wife called them to your house following an argument.

Key Attributes
You are a reluctant historian. You are angry at your wife for calling the police and do not believe that you have done anything wrong. Indeed, you feel justified for accusing her of being unfaithful. You refuse to accept any other explanation for recent events, and are reluctant to accept any evidence to the contrary.

Key Dialogue
Details of assault
You admit that you hit your wife. She had come home from work late, and you thought that you could smell someone else’s aftershave. You challenged her about this, and when she repeatedly denied it, became so angry at her denials that you slapped her on the face.

Beliefs about wife’s infidelity
- You strongly suspect that your wife is sleeping with someone from her work. She works in an accountancy firm.
- You have believed this for 2-3 months now, and have been “biding your time” while you try to get evidence to confront her. So far, you have not been able to get any evidence. This hasn’t made you believe it less, however. Over the last few weeks, you have become more convinced.
- She has come home late some nights, and although she says that this was because of extra workload due to an office merger, you don’t believe her.
- You don’t know exactly who she is sleeping with, but you remember her being very friendly with someone called Darren at the last Christmas party.
- You believe all this very strongly. You won’t really accept that it could just be your perceptions or (mis)interpretation of things. You are looking for firm evidence that it is going on, but haven’t really got any evidence. You do have some lunch receipts and remember seeing some numbers on her mobile phone which you didn’t
recognise.

- You tend to go through her purse, looking for receipts, and you scan through the bank statements looking for anything suspicious.
- In the last fortnight, you have followed her to work (she does not know this), and have hung around for a few hours, but she did not leave the building. You don’t know if she knew you were there and tried to hide.

**Risk**

- You have had no thoughts of harming yourself. You don’t know what you’d do if your wife is having an affair.
- Although this is the only time that you have hit your wife, over the last few weeks you have been becoming increasingly angry at her behaviour. You will admit that you have had some thoughts of really “teaching her a lesson”. You won’t say exactly what you mean by this.
- You have also fantasized about finding them together, and “putting him in hospital”. If you were to see him, you think that you might just do this. If questioned further, you will admit to wanting to cause him serious harm. You use terms like, “I’ll kill him”, but you have no plans to actually kill him.

**Other**

- You have always been a “drinker”. If pressed, you will reluctantly admit that you drink most days, and will typically get through about 2-3 bottles of vodka a week. You tend to drink in the evenings. You don’t get shaky if you don’t have a drink and can go for a week or so without having a drink. You don’t think that drinking is a problem and deny that it has affected your life or relationships. Your wife does “nag” you about it though, and this makes you angry.

**Personality**

You have always been a bit of jealous person. You have had a number of relationships which have ended because of arguments about infidelity. None of them have been aggressive.

**Mental State**

- Your mood is generally okay. You have no depressive symptoms and you have not had any tearfulness. You are more irritable, however.
- You do not believe any of the following:
  1. That anyone (or anything) is interfering with your thoughts
  2. That anyone can read your thoughts
  3. That anyone is plotting against you or wishes to harm you
- You have not heard any voices, or had any unusual experiences recently.
Instructions for Examiners

REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND AFFIX IT TO THE TOP OF THE MARK SHEET.

This OSCE station combines both an assessment of potentially psychotic symptoms as well as the ability to assess risk to another individual. Correspondingly, in order to pass this OSCE the candidate must demonstrate competence of both.

Therefore, in order to pass, the candidate is expected to be able to establish that the patient’s beliefs are (probably) delusional and that there is a potential risk to others. Failure to quantify the risk in detail will not result in failure of this station.

Outstanding candidates will be able to screen for other psychiatric illnesses associated with morbid jealousy (e.g. alcohol misuse).
Marking Sheet

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

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Performed competently</th>
<th>Performed, but not fully competent</th>
<th>Not performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to the patient – Rapport, empathy, and style</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>History of alleged assault; circumstances; beliefs driving behaviour</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Assessment of evidence for the belief of wife’s infidelity</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Assessment of strength of belief</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Any other abnormal beliefs (e.g. paranoid or persecutory ideas not directly related to wife)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Screening for other psychotic symptoms (e.g. thought alienation, hallucinations)</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Risk assessment (one point for each, up to a maximum of 3 points):</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Thoughts of harm towards wife</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>• Thoughts of harm towards third party</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>• Thoughts of harm towards self</td>
<td>1</td>
<td>½</td>
<td>0</td>
</tr>
<tr>
<td>History of alcoholism, etc.</td>
<td>1</td>
<td>½</td>
<td>0</td>
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<tr>
<td>Overall Approach to Task</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
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Score (Max 20)

<table>
<thead>
<tr>
<th>Overall Grading of station</th>
<th>Clear Pass</th>
<th>Borderline</th>
<th>Clear Fail</th>
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