Psychiatry
Mini-OSCE

020 Mini-OSCE

Special thanks to 👏🏻

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1st rotation

Case 1

Woman came to ER with panic attack, calmed down with breathing technique vital signs was normal (HR normal). History shows she had a job interview. She has always been shy in public, and afraid to say silly things. She doesn't expect another panic attack.

1. What is the diagnosis?
Social phobia.
2. Does she meet criteria for panic disorder?
No.
3. She was given SSRI (escitaloprám), which drug should be given with it? Benzodiazepines.
4. She came the next day with another panic attack, why?
Due to side effect (anxiety)of SSRI, and the drug needs time to exert its effect.
5. If a patient had fear of public speaking, what medication do you give?
B- blockers.

Case 2

Patient brought by concerned family, very talkative over enthusiastic, exchanged numbers with attractive lady, buys alot of things, stays up at night doesn't sleep, talks on phone... Had a depressive episode 5 years ago.

1. Diagnosis?
Bipolar 1
2. Medication to give?
Lithium.
3. Which medication should be avoided?
Antidepressants.
4. Is there a genetic relationship with this disease?
Yes.
5. If this patient comes in the following year with the same current episode with psychosis, what will his diagnosis be?
No (it is not mania /no functional impairments).

Case 3

Patient found walking on the street talking to himself doing wired inappropriate signs, when police confronted him he run away yelling:
"ما رح أخلي العصابات يمسكوني (اشي زي هيك)"
On physical examination he had poor hygiene, long hair...

1. Name the 3 phases of this condition?
Prodromal phase, Psychotic phase, Residual phase.
2. Name the 3 categories of symptoms?
Positive, negative, cognitive symptoms.
3. Why is it more common in lower Socioeconomic groups?
Duo to “downward drift” (many patients face barriers to higher education, regular employment, and other resources, so they tend to drift downward socioeconomically).
4. Which have better prognosis males or females?
Females.
5. Compare old and new medications side effect profile?
Typical antipsychotics (extrapyramidal symptoms), atypical antipsychotics (metabolic syndrome).

Case 4

Patient brought by his friends, he went to a party with them, took a substance to help him feel energized and stay up all night. After a while he started hearing voices and seeing things. Became paranoid of ghosts chasing him.

1. What class of drugs does the substance belong to?
Stimulants.
2. Are pupils dilated or constricted in patients taking this substance?
Dilated.
3. What neurotransmitters is increased?
Dopamine.
4. What medication is given in intoxiaction?
Benzodiazepines.
5. Is sudden stopping of drug life threatening?
No.
6. In withdrawl is patient sedated or aroused?
Sedated.
7.Is there antidote?
No.

Case 5

Patient revisiting clinic asked you the following:

1. Which 2 organs are affected by lithium?
Kidney & thyroid gland.
2. Lethal serum level of lithium?
2 mEq/L.
3. Therapeutic serum level of valproic acid?
80 - 120 mcg/mL.
4. 2 classes of medication that increase serum level of lithium?
   - Thiazide diuretics.
   - NSAIDS.
   - ACE inhibitors.
   - Metronidazole.
   - Tetracycline.
5. What is the life-threatening side effect of Lamotrigine?
Setvens-Johnson syndrome.
6.Teratogenic effect of anticonvulsants in pregnancy?
Neural tube defects.

2nd rotation

Case 1

A 70 year old hospitalized patient was checked for depression. He has HTN, DM , 2 CVAs, HF=25%, was admitted for suspected pneumonia and he is on IV antibiotics, annoyed from the dog sounds in the room although dogs are not allowed in the hospital, and was found trying to remove his foley's catheter.

1. What is his diagnosis?
Delirium.
2. What is the appropriate management?
Treat underlying cause, antipsychotics, family supervision.
3. Should we give patients with delirium benzodiazepines and why?
No, it causes paradoxical disinhibition or over sedation, and patient has depression so you can't give benzodiazepines.
4. What's the difference between dementia and delirium (mention 2)?
Dementia: Chronic progressive decline in cognitive functions, preserved level of consciousness, usually irreversible (except if caused by vitamin B12 deficiency, hypothyroidism ....), normal EEG.
Delirium: Acute, waxing and waning level of consciousness, reversible, diffuse background slowed pattern EEG.
5. mention 2 risk factors of delirium?
Old age, comorbid diseases, prior history of delirium.
6. When does it become worse?
At night (sundowning).

Case 2

A 6 year old boy is brought by his mother, concerned he hasn't said "mama, dada" yet, quiet, prefers to play alone, doesn't get along with his classmates, annoyed when his toys are not in the order he's used to. In the clinic, you call him and he doesn't answer and acts as if you're not there.

1. What is the diagnosis?
Autism spectrum disorder.
2. What is the treatment?
Alpha-2 agonists (clonidine, guanfacine), early intervention, remedial education, behavioral therapy, psychoeducation, but the question asked for the "curative treatment " so make sure to mention that there is no curative treatment for autism.
3. What are the changes that may be seen when he becomes an adult?
Intellectual function and language impairment.
4. More common in males or females?
Males.
5. Aside from language testing, what other medical test should you perform?
Formal Neuropsychological testing & Auditory testing.
6. What is the most common single genetic mutation associated with the disease?
Fragile X syndrome.

Case 3

A 23 year old female is concerned about her nose shape and size and is afraid of what people might say about it, and says it looks like a carrot on my face. She thinks that surgery will be the only way to fix it, examination showed a normal size and shape for woman, and her family says they see it normal.

1. What is the diagnosis?
Body dysmorphic disorder.
2. More common in male or female?
Females.
3. What are the associated disorders that may be present?
MDD, OCD, social anxiety.
4. Satisfaction with plastic surgeries?
No.
5. Is there a high risk of suicide?
Yes.
6. What is your management in this case?
SSRI & CBT.

Case 4

A 40 year old patient was admitted because he has thoughts of killing his brother everytime he sees him, he says that he avoides seeing him so his thoughts don't come back.

1. What is the diagnosis?
OCD, intrusive taboo thoughts.
2. Other subtypes?
Contamination, doubt or harm, symmetry.
3. Is it better to tell the family about his thoughts?
Yes, family support can help the patient through his treatment plan and to protect the patient and others.
4. Pharmacological treatment of choice?
SSRIs.
5. Type of psychotherapy?
CBT (Exposure and Response Prevention).
6. Does it have a strong genetic factor?
Yes.

Case 5

1. Cluster C types?
Avoidant, dependance, OCPD.
2. Schizoid vs Avoidant?
Schizoid: cluster A, psychotic symptoms, prefer to be alone.
Avoidant: cluster C, anxiety symptoms, prefer to be with people but are too shy.
3. Do patients have insight?
Patients often lack insight.
4. Type of psychotherapy?
CBT
5. Can they have criteria of more than one personality disorders?
Yes, multiple personality disorders can coexist.
6. Antisocial patiens have as children?
Conduct disorder.

3rd rotation

Case 1

A 23 year old male has schizophrenia and was on risperidone 8mg daily, he had 8 months of remission, after that he presented with restricted facial expressions, tremor in his finger, and his movement was slower than expected

1. What is the diagnosis?
Parkinsonism induced by antipsychotics (risperidone).
2. Mention two medications used for treatment.
Benoztropine/diphenhydramine/Benzodiazepines.
3. Name the condition that has the same mechanism but painful.
Acute dystonia.
4. After how much time does tardive dyskinesia appear (after using the drug)?
Months to years after the use of drug.
5.Name two tests that should be frequently monitored when taking risperidone.
Blood glucose/lipid profile.
6. If the patient had decreased sexual drive and erectile dysfunction, what test should be ordered?
Prolactin

Case 2

A female patient is a medical student who fainted in the anatomy lab after seeing a cadaver, she also faints when seeing needles/blood and becomes afraid of fainting again. She was thinking of changing her major due to distress though she is excellent in her studying.

1. In behavioral terms, what is this called?
Phobic avoidance.
2. Do other patients with specific phobias usually faint as well?
No.
3. Are specific phobias more common in men or women?
Generally more common in women compared to men (2:1) but variable according to the stimulus.
4. Mention two options of treatment in this condition.
CBT with exposure/SSRIs,

5. Why do most patients with phobia do not seek medical care?
Because it doesn't cause clinically significant impairment in social/occupational functioning.

Case 3

A 35 year old woman comes to the clinic and complains from recurrent nightmares, she says that she always sees the same dream for 5 months about her late husband death in a car accident, she fell into tears in front of you, and says I'm seeing the accident as it is happening now

1. What is the diagnosis
Post traumatic stress disorder (PTSD).
2. What is the name of the disorder if it lasts less than one month?
Acute stress disorder
3. The patient says she can no longer tolerate her children sneaking on her to surprise her, why?
Because of reexperiencing the event via flashbacks or memories
4.What is the type of psychotherapy used in the treatment?
Specialized form of CBT (CBT with exposure, cognitive processing therapy)
(supportive/psychodynamic/couple/family can be used)
5.What symptoms does Prazosin target in this disorder?
Nightmares and hypervigilance
6.What medications should not be used in this condition?
Benzodiazepines

Case 4

A 16 year old boy is referred to the clinic because of impaired concentration at school, his parents and teachers say he is unable to concentrate and pay attention and unable to be still in class

1. What is the diagnosis?
ADHD.
2. How many symptoms are required for the diagnosis?
Six inattentive symptoms ± six hyperactivity/impulsivity symptoms (in two different settings).
3. If his symptoms were only at school, but not at home, would you make the same diagnosis?
No
4. What is the difference between males and females in clinical presentation?
Females present more often with inattentive symptoms.
5.Name two options for treatment?
Pharmacological (stimulants such as methylphenidate/alpha 2 agonists such as guanfacine)
Non-pharmacological (parental psychoeducation, parental management training)
6. What measurement should be monitored in children using these medications?
All children should have a routine physical examination before starting stimulant medications. This physical should include vital signs, including blood pressure, pulse, height and weight.

Case 5

A female patient was referred to the clinic due to her family worrying about her use of a medication more than usual, she uses a medication prescribed by her psychiatrist more than the original dose,she says it gives her sedation. She continued to use it while driving despite these effects resulting in inability to concentrate

1. What is the medication she is taking?
Benzodiazepines.
2. What are the symptoms of withdrawal of this medication? (Mention 2)
Insomnia, anxiety, hand tremor, seizures.
3. What are two medications from this classification that are not metabolized by the liver?
Lorazepam, oxazepam, temazepam.
4. What other commonly available substance that should not be taken with these medications?
Alcohol.
5. Why we should be aware while using the antidote of these medications?
Because it lowers the seizure threshold.
6. Long term use of these medications should be avoided. After how much time these medications should not be used ?
2-4 weeks

4th rotation

Case 1

A 19-year-old girl came to the clinic for a health check-up. She mentioned:
دكتور انا ما بدي اكل وما بدي يزيد جسمي ولا غرام، وكذا مرة زارت العيادات والدكاترة تعبوا معها ورافضة الاكل.
On examination, her BMI is 13, she has amenorrhea, and fine body hair (lanugo) is visible on her forearms.

1. Most likely diagnosis?
Anorexia Nervosa
2. What are the two subtypes of this disorder?
Restricting Type: Weight loss achieved through dieting, fasting, or excessive exercise.
Binge-Eating/Purging Type: Regular episodes of binge eating or purging (vomiting, laxatives, diuretics).
3. Why would a seizure happen in this case?
Electrolyte imbalance, especially hypokalemia from purging or laxative use.
4. Two complications/consequences of this disorder?
Amenorrhea (loss of menstrual cycles).
Cardiac complications, such as arrhythmias.
5. Is the treatment mainly medications or psychotherapy?
Psychotherapy, primarily CBT (Cognitive Behavioral Therapy).
6. Two medical complications during treatment?
Refeeding syndrome.
Electrolyte imbalances during weight restoration.

Case 2

A father brought his son to the ER, saying: (ابني مش مزبوط)
On examination, the young male patient was nervous, drowsy, had an ataxic gait, and emitted a strong odor, especially when speaking.

1. What's the most likely substance?
Alcohol
2. Two medications to prevent relapses?
Disulfiram& naltrexone
3. Two complications of long-term alcohol use?
Liver cirrhosis & Wernicke-Korsakoff syndrome.
4. What vitamin should be given to prevent Wernicke's encephalopathy?
Thiamine (Vitamin B1)
5. Two symptoms of alcohol withdrawal?
Tremors & Seizures
6. How much alcohol can a pregnant woman drink, and why?
None; alcohol can cause fetal alcohol syndrome.

Case 3

A patient reported feeling
(حاسة انها خارج جسدها و ان العالم اللي بيمر حوليها غير حقيقي/فلم/حلم).

1. What's the diagnosis?
Depersonalization/Derealization Disorder
2. Two differential diagnoses?
Psychotic disorders (e.g., schizophrenia)
3. Can this be treated with only psychotherapy, or do we need psychopharmacology?
Often psychotherapy (e.g., CBT), but medications may be needed for comorbid conditions
4. Two comorbid conditions?
Anxiety disorders & MDD
5. Difference between this condition and psychosis?
Insight: Patients with depersonalization/derealization recognize their experiences as unreal, unlike psychosis
6. Two risk factors for this condition?
Childhood trauma & severe stress

Case 4

A young girl came to the clinic complaining of tiredness and drowsiness throughout the day. She reported going to bed at 12:00 am but not falling asleep until 3AM. She always tries to attend her morning classes but is consistently late

1. Most likely diagnosis?
Delayed Sleep-Wake Phase Disorder (DSWPD).
2. If sleeping 8 hours but still tired/sleepy, what's the diagnosis?
Hypersomnia.
3. Two non-pharmacological/behavioral interventions?
Sleep hygiene improvement.
Bright light therapy in the morning.
4. Two short-term medications?
Melatonin & Zolpidem.
5. Why can't these medications be given long-term?
Risk of dependency or tolerance.
6. Two causes of this disorder?
Irregular sleep schedule & circadian rhythm misalignment.

Case 5

A young man lost his job 6 months ago. Three months later, he started experiencing loss of appetite, insomnia, and a lack of interest in activities. He reported some suicidal ideation but assured the doctor he had no intention to act on it. These symptoms have persisted for the last 3 months.

1. What's the most likely diagnosis?
Major Depressive Disorder (MDD).
2. For how long should medications be administered?
.At least 6–12 months, longer if recurrent.
3. Two common side effects of antidepressants?
Sexual dysfunction and weight gain
4. Two non-pharmacological treatments?
CBT & interpersonal therapy (IPT)
5. Should we admit the patient forcefully to prevent suicide?
Only if there's an imminent risk of harm to self or others
6. Two more areas to ask about for an accurate diagnosis?
History of manic episodes (to rule out bipolar disorder)
Substance use or medical conditions contributing to symptoms

5th rotation

Case 1

1. Examples for mature ego defense.
2. Name of psychotherapy for BLD.

Case 2

Case of schizophrenic:
1. Diagnosis?
2. Tests should be done if the patient on olanzapin.
3. Define neologism.

Case 3

Case of bipolar 1:
1. What is the episodes here? What are the other episodes?
2. Is he need admission? Why?
3. Treatments of choice? It's side effect? It's effected on pregnant and what is the alternative?

Case 4

Case of cannabis use with depression:
1. What are the withdrawal symptoms?
2. Is there a medication to prevent the relapse?
3. How do we convince the patient that this is an addictive substance?

Case 5

Case of GAD ...

6th rotation

Case 1

Described symptoms of panic attack before going to a jop interview. Had similar episodes recently without a trigger. Now asks his friend to come with him whenever he's going out (afraid to go out alone?)

1. Diagnosis? Panic disorder
2. Last sentence describes what symptom? Fear of fear (maybe agoraphobia ?)
3. Started on SSRI, what to give him along with it? Why? Benzodiazepine; bridging (for the rebound anxiety, SSRIs need ~4 weeks to take effect...etc)
4. Differentials that must be ruled out? Mi, arrhythmia, ...etc
5. Can't remember
6. What if he fears public speaking, what's the diagnosis? Social anxiety disorder-performance type

Case 2

Patient repeated a lot of tasks 3 times each. Feared her husband would be in danger of she didn't. Also She wants to drive the road 3 times but her husband doesn't let her. She barely tolerates the anxiety of not doing so.

1. Dx? OCD
2. Other subtypes? Contamination, Doubt or harm, symmetry, taboo & intrusive thoughts
3. Type of psychotherapy? CBT with exposure & response
4. Management of patient doesn't want to take neither medication nor therapy? Cingulotomy
5. Comorbidities with it in children? Tic disorder & ... Idk
6. Persistent difficulty discarding possessions, regardless of value. Diagnosis? Hoarding disorder

Case 3

A 70 year old man fell down & broke his hip. Had orthopedic surgery & you're called for consult. Patient is ....(Forgot but it was describing sx of delirium) & Removed his iv line & catheter. He is at risk of injuring himself. Staff are frustrated & he's up all night...

1. Diagnosis? Delirium
2. Most important step in management? Identify & treat underlying cause (i think)
3. What Medication can you give? Haloperidol
4. Should you use physical restraint? Yes because he's a risk to himself, but use as little restraint as possible & remove as soon as possible.
5. Will the patient be oriented or not? Confused or not? Confused & disoriented
6. Why does it sometimes go undetected? Because it can present as the hypoactive type

Case 4

Personality disorders:

1. Cluster A? Paranoid, schizoid, schizotypal
2. Premorbid for schizophrenia? Schizotypal
3. Difference between histrionic & narcissistic?
4. 2 Differences between OCPD & OCD? egosyntonic vs egodystonic, + Patients with OCPD do not have the recurrent obsessions or compulsions that are present in OCD.
5. Unstable self image, which personality disorder? Borderline
6. Comorbidities in antisocial patients? Substance use disorder

Case 5

19 yo patient diagnosed with schizophrenia, on respiredone. His dose was increased. His positive symptoms improves & he no longer hears voices. He came to the ER with neck rigidity? His head turned to one side & he can't turn it back...

1. Dx? Acute dystonia as a EPS of the antipsychotic
2. Treatment? Benztropine
3. Mention 2 life-threatening variant presentations? Laryngospasm, affecting diaphragm
4. If he came with similar presentation but years later, what would the dx be? Tardive dyskinesia
5. What blood tests should be ordered regularly for monitoring him? Fasting Blood glucose, HbA1c, lipid profile.
6. If the patient presenting with Generalized muscle rigidity, autonomic instability, ? altered mental status?(not sure), what's your diagnosis? What test will you order? Neuroleptic malignant syndrome; CK enzyme.

7th rotation

Case 1	Manic episode with persecutory delusions
Case 2	Opioids intoxication
Case 3	Bulimia nervosa
Case 4	Dementia
Case 5	Borderline personality disorder

8th rotation

Case 1	PTSD
Case 2	Benzo abuse
Case 3	ASD
Case 4	MDE
Case 5	Drugs and side effects

9th rotation

Case 1

MDD

- **A tool to measure the severity of depression?** HAM-D
- 3 **atypical features.** hypersomnia, hyperphagia, reactive mood, leaden paralysis, and hypersensitivity to interpersonal rejection.
- **Difference between MDD and Dysthymia?** box in book
- **Black box warning for anti depressants use in adolescents?** Increased risk of suicide
- **If patient had a psychotic episode what medication would you give him instead?** Atypical (second-generation) antipsychotics along with antidepressants are first-line treatment in patients with MDD with psychotic features

Case 2

Schizophrenia

- **Diagnosis**
- **Name the three phases and three types of symptoms**
- **Labs to do**
- **Asked about Akithesia and it's treatment**
- **Two factors associated with poor/good prognosis**

Case 3

Alcohol use disorder

- **Give 2 screening tools (Questionnaires audit-c and idk)**
- **3 complications**
- **3 symptoms of intoxication**
- **Wernicke's 3 criteria**
- **Two labs**

9th rotation

Case 4

Binge eating disorder

- **Diagnosis**
- **Does this disorder have obsessions with looks or weight (sth similar)**
- **Is her being obese part of criteria**
- **Give three medications**
- **If she starts exercising and BMI is 17,what's the diagnosis**

Case 5

Anti-Social

- **Diagnosis**
- **Can a female be diagnosed with it**
- **What three medications would you give**
- **What other diagnosis does he have to have this psychiatric disorder**
- **What psychiatric disorder is he most likely to develop**
- **Is he punishable by law and why**

019 OSCEs

1st Rotation

Group 1

Station 1: Take a full history of 34 years with auditory hallucinations
Station 2: How to test cognition

Group 2

Station 1: Take a focused family history
Station 2: Test perception

Group 3

Station 1: Examine perception of a patient in the surgical ICU
Station 2: Take family history

Group 4

Station 1: Thought content
Station 2: Take social history

Group 5

Station 1: A 51-year-old female patient with DM and hypertension came to you with ideas of hopelessness in life.
Station 2: A 20-year-old female complains of MDD, examine her Mood.

2nd Rotation

Group 1

Station 1: Mania history
Station 2: Thought content MSE

Group 2

Station 1: Alcohol abuse history
Station 2: Test perception

Group 3

Station 1: Suicidal attempt history
Station 2: Examine cognition

Group 4

Station 1: Anxiety/ post sexual abuse history
Station 2: Mood examination

3rd Rotation

Group 1

Station 1: OCD History
Station 2: Cognitive examination

Group 2

Station 1: Depression history
Station 2: Mood examination

Group 3

Station 1: Borderline History
Station 2: Examine Perception

Group 4

Station 1: Schizophrenia history
Station 2: Thought content examination

4th Rotation

Group 1

Station 1: History: A 52-year-old male came to the clinic as his "last hope at getting better". Take a history, diagnose (MDD), treatment (SSRI/SNRI + cbt), and side effects of medications.

Station 2: Mental status examination

Q1) Ask the patient about thought content.
Q2) What is circumstantiality?
Q3) Difference between flight of thought and loosening of association?
Q4) "Word salad" is present in what psychiatric illness? (Schizophrenia or psychosis)

5th Rotation

Group 1

Station 1: A 21-year-old university student came to your clinic with aggressive behavior saying that:
(كل الطلاب بالمحاضرة بجحروني، والدكتور معهم بالعصابة)
Take a focused history and answer the following:
A. Diagnosis
B. Would you admit him against his will, and why?
C. What would you give as treatment, and what would you do if the patient wasn't adherent to the medication?

Answers after taking full history:
A. Schizophrenia
B. Admit against the patient's will only if he imposes harm to himself or others which wasn't the case here so you wouldn't.
C. You give antipsychotics (mention which ones exactly) and if he's not adherent, administer IM injection.

Station 2: A 21 year old student came to your clinic with the following complaint:
(بتضل تجيني أفكار مزعجة، وبخاف أمسك الأشياء بإيدي)
Take a focused history and answer the following:
A. Diagnosis
B. Treatment
C. What's the difference between this diagnosis and the related personality disorder.

Answers after taking full history:
A. OCD
B. SSRI (in doses higher than that given in Depression) & Therapy (Exposure and response prevention).
C. OCD is ego-dystonic, OCPD is ego-syntonic. OCD has compulsions to relieve the obsessions (he washes his hands repeatedly to dismiss the idea related to touching dirty things), OCPD has no compulsions and the patient considers these thought and actions as part of his identity.

5th Rotation

Group 2

Station 1: A 21-year-old female came to your clinic with the following complaint:
(انا مش قادرة اوقف شرب الكحول)

Take a focused history and answer the following:
A. What is the most likely diagnosis?
B. Mention two serious complications of alcohol withdrawal
C. Mention two drugs that you can give to prevent relapses

Station 2: A 34-year-old bank teller presented with the following
"كل البنك بعتمد علي وشغل البنك مستحيل يمشي بدوني"

Take a focused history and answer the following:
A) What is the most probable diagnosis? Bipolar 1
B) How is it treated?
C) If the patient is diagnosed with HTN, what should you make sure he doesn't take before you treat him and why?

6th Rotation

Group 1

Station 1: A 22 year old female comes with flexed neck
Take a focused history and answer the following:
(Hx: the patient was recently taken a new drug haloperidol with hx of psychosis)
A. The cause of her complain: Dystonia (Side effect of haloperidol)
B. Other side effects?
C. What would you give as acute management?
Lowering the dose
Benztropine

Station 2: Take a focused history from a patient comes with
(اهلي اخدوني ع دكتور وحكولي معك ثنائي القطب او ثلاثي ما بعرف شو هاد وانا ما فيه اشي اصلاً)

Group 2

Station 1: Take focus history from a patient comes with
"ابن خالتي وقرايبي كلهم توفوا باحداث غزة وانا مش قادر اعيش طبيعي وبكوبس فيهم كل يوم".
Diagnosis? post traumatic

Station 2: A 30-year-old woman diagnosed with bipolar disorder for a long time and was adherent to her medication came to the clinic with tremors.
1. Take history from patient
2. Another side effects for her medication.
3. Dose of toxicity for her medication? (0.6- 1.2)

مسموح تاخد لحد 1.5
الدوا يلي بتاخده المريضة lithium
من ضمن الهيستوري بتحكي المريضة انها بتلعب رياضة اخر فترة فلازم نحكيلها توقف رياضة وتشرب مي(لانها لما تلعب رياضة بجف الجسم ويرتفع الليثيوم بالجسم)
سأل الدكتور كيف نتعامل مع ال toxicity عن طريق ال dialysis

7th Rotation

Group 1

Station 1: Patient has psychosis take Through content:

1. Defind circumstantiality?
2. Different between the flight of ideas and Derailment?
3. Pressure speech in which dx? Mania

Station 2: Patient came to the clinic with tremor,

1. Diagnosis? Social anxiety
2. What would you give medication or psychotherapy?
3. Mention 3 pharmacological treatment? CBT / SSRI / Benzo / Propranolol

8th Rotation

Group 1

Station 1: Generalized anxiety disorder

Station 2: Cognition mental examination

9th Rotation

Group 1

Station 1: 25-year-old female patient came to your clinic with this complaint

"زرت كثير دكاترة وما حدا ساعدني، بضل افكر بإيذاء الناس الي حوالي"

A. Take history.
B. Diagnosis?
C. What type of therapy to use?
D. Regarding her condition, should we give her higher/lower dose of the recommended drug?

A. Just like any other hx, don't forget to introduce yourself, take pt profile, and start with HOPI, at first, even if you don't have a dx in mind, be systematic and ask about main disorders, you'll cover most marks
B. OCD
C. exposure and response prevention (ERP).
D. Higher doses, they didn't ask what group of meds to use, but it is SSRI

Station 2: Mental state examination

A. Asses mood and affect
B. Mention two ways to assess abstract thinking
C. Mention two tests to assess attention/ concentration
D. How do you assess short term memory?

10th Rotation

Group 1

Station 1: Patient came to your clinic with this complaint:

"مريض عامل حادث سيارة من سنة"

Take History:

((don't forget to ask about allergies and mention the WHOLE CRITERIA of PTSD, including duration ->1month))

1. What is the dx? PTSD
2. Tx? SSRIs/SNRIs, CBT, antipsychotics in severe cases
3. Which drug is not encouraged to be given and why? Benzos; risk of dependence

Station 2: Mental state exam: test perception then answer the following Qs:

1. What is tardive dyskinesia?

You have to mention that it is a "late" side effect of a typical antipsychotic, like haloperidol, manifested as abnormal movements.

2. In which organ does it appear first?

Answer is tongue (buccal area in general)

3. Mention 2 diseases that cause problems in thought content.

Schizoprenia, bipolar, .. etc

4. And the last question was about how to examine the affect (congruent, reactive, full range of emotions, not labile, no lack of emotional response, not anxious)

018 Mini-OSCEs

1st rotation

Case 1

Woman came to ER with panic attack, calmed down with breathing technique vital signs was normal (HR normal). History shows she had a job interview. She has always been shy in public, and afraid to say silly things. She doesn't expect another panic attack.

1. What is the diagnosis?
Social phobia.
2. Does she meet criteria for panic disorder?
No.
3. She was given SSRI (escitaloprám), which drug should be given with it? Benzodiazepines.
4. She came the next day with another panic attack, why?
Due to side effect (anxiety)of SSRI and need time tonexert the effect.
5. If a patient had fear of public speaking, what medication do you give?
B- blockers.

Case 2

Patient brought by concerned family, very talkative over enthusiastic, exchanged numbers with attractive lady, buys alot of things, stays up at night doesn't sleep, talks on phone... Had a depressive episode 5 years ago.

1. Diagnosis?
Bipolar 2.
2. Medication to give?
Lithium.
3. Which medication should be avoided?
Antidepressants.
4. Is there a genetic relationship with this disease?
Yes.
5. If patient with same current episode came the following year? With pychosis, what will his diagnosis be?
No (it is not mania /no functional impairments).

Past OSCEs

1st Rotation

Group 1

Station 1: take a full history of 34 years with auditory hallucinations
Station 2: how to test cognition

Group 2

Station 1: examine the perception of a patient in surgical ICU
Station 2: take a family history

Group 3

Station 1: Thought content
Station 2: Take social history

Group 4

Station 1: 51 year old female patient, with DM & Hypertension, came to you with ideas of hopelessness in life.
Station 2: 20 year old female complains of MDD, examine her Mood.

2nd Rotation

Group 1

Station 1: Mania history
Station 2: Thought content

Group 2

Station 1: Examine perception
Station 2: Alcohol abuse history

Group 3

Station 1: Suicidal attempt history
Station 2: Examine cognition

Group 4

Station 1: Anxiety - post sexual abuse history
Station 2: Mood examination

3rd Rotation

Group 1

Station 1: OCD History
Station 2: Cognitive Examination

Group 2

Station 1: Depression History
Station 2: Mood Examination

Group 3

Station 1: Borderline History
Station 2: Perception Examination

Group 4

Station 1: Schizophrenia History
Station 2: Thought Content Examination

4th Rotation

Group 1

Station 1: 52 year old male came to the clinic as his "last hope at getting better".

Take History:
1. What is the dx? MDD
2. Tx? SSRIs/SNRIs, CBT
3. Side effects of these medications?

Station 2: Mental state exam: test thought content, then answer the following Qs:
1. What is circumstantiality?

2. Difference between flight of thought and loosening of association?

3. "Word salad" is present in what psychiatric illness? (Schizophrenia or psychosis)

5th Rotation

Group 1

Station 1: 21 years old university student came to your clinic with aggressive behaviour saying that (كل الطلاب في المحاضرة بجحروني والدكتور معهم في المحاضرة). Take a focused history and answer the following:

Take History:
1. What is the dx? Schizophrenia
2.Would you admit him against his will, and why?
Admit against the patient's will only if he imposes harm to himself or others which wasn't the case here so you wouldn't.
3. What would you give as treatment, and what would you do if the patient wasn't adherent to the medication?
You give antipsychotics (mention which ones exactly) and if he's not adherent, administer IM injection.

6th Rotation

Group 1

Station 1: A 21 year old student came to your clinic with the following complaint (بتضل تيجيني أفكار غريبة وبخاف أمسك الأشياء بإيدي). Take a focused history and answer the following:

Take History:
1. What is the dx? OCD
2.What is the tx? SSRI (in doses higher than that given in Depression) & Therapy (Exposure and response prevention).
3. What's the difference between this diagnosis and the related personality disorder.
OCD is ego-dystonic, OCPD is ego-syntonic. OCD has compulsions to relieve the obsessions (he washes his hands repeatedly to dismiss the idea related to touching dirty things), OCPD has no compulsions and the patient considers these thought and actions as part of his identity.

7th Rotation

Group 1

Station 1: 21 years old female came to your clinic with the following complaint (مش قادرة أوقف شرب كحول). Take a focused history and answer the following:

Take History:
1. What is the dx?
2. Mention two serious complications of alcohol withdrawal:

3. Mention two drugs that you can give to prevent relapses:

8th Rotation

Group 1

Station 1: A 34-year old bank teller presented with the following (كل البنك بيعتمد علي والشغل ما بيمشي بدوني), Take a focused history and answer the following:

Take History:
1. What is the dx? Bipolar-1
2. What is the tx?

3. If the patient is diagnosed with HTN, what should you make sure he doesn't take before you treat him and why?