OSCE Station

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Reviewed By: Dr. Davidson
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Topic:

CanMEDS Roles	Medical Expert	Communi-cator	Collab orator	Manage r	Scholar	Advocate	Profes sional
Specific CanMEDS Competencies:							
Medical Expert	•						
Communicator Health advocate Professional	•						

Format	Video & Questions	Full Role-Play	Scripted Dialogue	Paper Case & Questions	Lab Results
Age/Gender	Adult	Child	Geriatrics	Female	Male

Instructions for the Candidate:

In this station you are a consultant psychiatrist working on-call. Dr. Zoidberg, a first-year psychiatry resident is working with you. He just started his residency, and this is his first call shift as a resident. You receive a call from nursing staff on the psychiatry inpatient unit informing you about a patient wanting to leave the hospital. You are currently busy on another consultation and send Dr. Zoidberg to attend to the matter. He contacts you via telephone to discuss the matter.

You will have 20 mins for this station.

Please let the examiner know when you are ready.

I would like to review the patient you asked me to see if you have a moment. I assessed Tragedeigh, a 78-year-old female, widow, who currently lives with her son, Bob Sleigh. She's a retired teacher.

She was voluntarily admitted to Psychiatry following an outpatient assessment this past Friday. Given that it's a long weekend, she has not been assigned to a Psychiatrist. Her nurse is quite concerned about her wanting to leave the hospital. They placed her on a nursing hold until we can assess her.

Her admission assessment indicates that the ER Psychiatrist noted the patient was referred by her GP who had concerns regarding possible depression but had difficulty getting a history. She was brought to her family physician's on Friday by her close friend and neighbour Pegasus who usually accompanies Tragedeigh to all her doctor's appointments. Pegasus found it a bit unusual when Tragedeigh didn't call her to confirm her ride to her monthly hair appointmentas she's always done in the past. She decided to check on her. According to Pegasus, upon entering Tragedeigh's apartment she found her staring blankly at the wall. Tragedeigh did not engage in conversation other than answering yes or no to questions. Her apartment appeared unkempt, and her personal hygiene was very poor. She had little to no food in her apartment.

Pegasus encouraged her to go to the doctor. She was initially reluctant to go to the appointment. Several days ago, Pegasus found her searching the garbage room for food. When Pegasus approached, she quickly turned around and walked away without saying a word. Pegasus found this very odd as Tragedeigh is usually very talkative and pleasant. Pegasus then attempted to call her son Bob, however, she was unable to reach him. Pegasus rarely sees Bob at the apartment complex but any time she has, he appears intoxicated. A few weeks ago, she heard shouting coming from Tragedeigh's apartment. She suspects it was Bob but wasn't sure whom it was directed toward.

The diagnostic impression is ?MDD. Management plan is:
1. Admit to psychiatry "voluntary".
2. CBC, renal & liver panel, electrolytes, lipids, TSH, vitamin B12, folate. ECG. Routine vitals.
3. Start: Mirtazapine 15mg PO HS.
4. Consult internal medicine.

Upon arrival to hospital, Tragedeigh appeared malnourished, was hypotension & tachycardic with a low grade fever. Her arms and trunk were covered in excoriations, a few that looked infected. Antibiotics and IV hydration were started by internal med. Following 24 hours of treatment, she appeared more alert, and was oriented. Repeat lab tests are within normal limits, however, due to ongoing hypotension & tachycardia she requires additional IV hydration along with antibiotic treatment

I assessed her today but despite informing her of the reasons why she should remain in hospital, she's adamant about leaving. She notes doing well both physically and mentally. She denies any signs consistent with depression, anxiety, psychosis, or any other psychiatric illness. Denied homicidal or suicidal ideation. She does not believe medications will help and refuses to take Mirtazapine and the antibiotics. She would like her IV removed. Just as I was finishing up, her son Bob arrived and insisted she must go home. I attempted to explain that it would be against her medical best interest, however, Bob is adamant about taking her home. He notes that he acts as her "power of attorney" for financial and personal care and ultimately its his decision whether she stays or leaves. I have asked them to wait until I was able to speak with my staff.

1. Should I let her go home with her son? They insist they want to go home.

2. Oh, why do you suspect elder abuse?

3. Are there different type of elder abuse?

4. Is elder abuse a crime?

5. Do we need to call the police?

6.Are their certain risks or red flags that I should pay attention to that might make an elderly more likely to be abused?

7. How do I know if Mrs. Sleigh is being abused? What are some signs I should look for?

8. So what can we do? It sounds to me like she doesn't quite understand the gravity of the situation and what would happen if this goes on for longer. Does this mean she doesn't have capacity?

9. If she has capacity, can we certify her?