

OSCE

Examiner: Dr. Moradi
Examinee: Dr. Al Hasani
Preceptor: Dr. Patel
Date: Nov 21, 2023

INSTRUCTIONS FOR THE CANDIDATE

- In this station you are a geriatric psychiatrist and are meeting with an internist (Dr. Pepper) to discuss a patient they have consulted to you. You have not yet assessed the patient yourself.
- On the next page, you will be given a case summary of this initial consult as read from the consult sheet filled out by the internist's resident. You will then meet and discuss the case.
- You will have 20 minutes for this station. Please let the examiner know when you are ready to begin.

CASE

Mrs. Doods is an 80-year-old female who lives in Regina with her son and was previously independent in all her ADLs. She was admitted for a combination of pneumonia and COPD exacerbation which was treated with antibiotics and prednisone. Aside from hypertension, for which she is treated with amlodipine, she is healthy. Her son, however, is adamant that she has had a gradual worsening of memory over the past few years and is concerned as the patient's parents both had Alzheimer's Dementia. We are awaiting an OT assessment to do some cognitive testing.

Unfortunately, she became very anxious despite her COPD exacerbation resolving. This is the first time she has ever had anxiety as she denies any previous psychiatric history. There do not appear to be any mood or psychotic symptoms. Patient denies any recreational drug use aside from smoking ½ pack of cigarettes per day.

We have started her on paroxetine 20mg for her anxiety and titrated her up every 3 days to her current dose of 40mg while also titrating down her prednisone now that her COPD is stable. She seems to have improved in her anxiety and the COPD is also improving. Please review the patient for any further optimization.

EXAMINER

1. “Hi there, this is Dr. Pepper – just call me Dr. P. Look I wanted to talk to you about this patient my resident consulted you on. I’m sorry for such a bad consult, I know this should be worked up by the family doctor in the community but I’m pretty sure you don’t mind the extra money from consults, so I thought why not. Honestly just send your resident to see this patient and don’t bother yourself with it – just take the free money! Speaking of consults and money, I’m wondering if you have patient’s on 1D that you could consult me on? I’m sure you have lots with hypertension and dyslipidemia and just basic stuff so just consult me on all your patients and I’ll make my resident go do a physical exam or whatever. I could really use the money since I’ve got an upcoming court battle for some stupid unethical stuff that happened but totally isn’t my fault. So, what do you think? Got any consults for me?”
2. “OK, I’m sorry about my request for consults, anyway, back to the patient – isn’t this just a simple idiopathic/primary anxiety or whatever you guys call it? It got better with some Paxil so there’s nothing left to do, don’t you agree? What else could be on the differential?”
3. “So what is the criteria for an anxiety disorder due to a substance/medication?”
4. “If I remember correctly, Paxil is listed somewhere in the guidelines so it’s the perfect choice for this lady, right?”
5. “are there any other options then? Does she even need it now that the prednisone is being tapered down?”
6. “I was planning to discharge her today, but the staff and family are saying they are concerned about some new onset dizziness, near falls, and intermittent confusion including disorientation. This is just typical for old folks though right? I am hoping I can get a verbal clearance from you after this chat so I can discharge her home. This will really help my Length of Stay stats if I can discharge her as administration have been very critical of my length of stay and I cannot afford any more trouble with them.
7. “Do people normally get disoriented and confused with Paxil? Is this dementia? Can Paxil cause dementia?”
8. “The patient will be in hospital a bit longer I guess to make sure she’s safe/discontinued from the Paxil. I think I recall there being a family history of Alzheimer’s so what labwork should I order to get a diagnosis of Alzheimer’s dementia?”