RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

STATION Number Bye for 1

April 2006

This is a reading "bye" station

Instructions to Candidate:

You have 20 (twenty) minutes to complete this station.

You are a community team registrar, seeing a patient David – a 35 y.o. single man living in his own apartment who is known to the team, and who has social phobia. You have seen him twice before (last about 4 months ago), primarily to lower his dose of fluoxetine from 40 to 20mg mane, as he had complained of tremor on 40mg which interfered with his work at home as a software developer. He has now been referred from the local Emergency Dept (ED) after a minor encounter with a car while crossing the road in which he sustained a bruised thigh. He had an ED assessment after this and was found to be intoxicated with alcohol. His psychiatric records and a brief referral from the ED houseofficer have been provided.

Your tasks are to:

1. **Refresh your memory of the details of his case from David's psychiatric records**

2. **Read the notes from the ED houseofficer regarding David's recent assessment**

Please do not make marks or notes on the records or other material provided.
These items of information will be available again to you in the Station.

You can make your own notes on the scrap paper provided, and can take that with you into the Station, where you will continue with this scenario.

Station Bye for 1:

Synopsis of the patient's psychiatric and personal history as available from his clinical records

David is a 35 year old single man living in his own apartment in a quiet suburb of the city. He works as a software developer, and does not go out very much socially, as he suffers from social phobia. He is a quiet person, not in a close relationship for some years as he find it hard to meet women, although he does have a number of internet "chatroom" friends.

David was always shy socially, was teased and bullied at school as a child, and from adolescence onwards has had to force himself to engage in social situations. This worsened when he was 17, after an embarrassing incident at a school dance when his girlfriend argued with him then danced with another boy. He has never had a panic attack, but he does worry that people will see that he is anxious in social settings, or will think that he seems odd. He has a lot of anticipatory anxiety before any social event.

David is an only child and his parents live within walking distance of his flat. He sees them for dinner each Sunday lunchtime. David has only had one girlfriend about 5 years ago, for 2 years. He met her at work and they had a low–key relationship, but in the end she left the company for a job in Wellington. David has only a small no. of friends, mostly chess partners or workmates. David likes chess, reading, classical music and computer gaming.

There is no history of psychiatric disorders or substance abuse in his family but his mother is said to be an anxious, rather timid person who also avoids social gatherings.

David has no other psychiatric symptoms – no depression (mood is "fine"), no panic attacks and no real agoraphobia as it is social gatherings he fears, not generally going out. No OCD symptoms. David has never been depressed or suicidal. He has not to date given any history of alcohol or drug abuse, and is a non-smoker.

David' initial contact with psychiatric services happened 1 year ago. It followed 3 weeks during which he felt unwell, with sweatiness, shakiness, nausea, headaches and poor sleep. He attributed this to "stress" at the time, and eventually saw his GP who made a referral to a psychiatrist at the CMHC where you work. Screening blood tests (including FBC, urea/electrolytes, LFTs, creatinine, VDRL and thyroid function) were done at the point of referral by his GP and were normal.

A diagnosis of social phobia was made and he was started on fluoxetine 20mg mane. This has helped somewhat. He has not had any CBT to date, as he feels unable to take time off from work and the CMHC cannot offer treatment after hours.

David's initial CMHC psychiatrist left the service, and he has seen you as his current doctor twice across the last 4 months. You initially increased his fluoxetine to 40mgs mane as he still seemed moderately affected by the phobic anxiety, but on this he got shakiness and his hands felt numb (difficult for him as someone who has to use a computer keyboard a lot). Two months ago you thus reduced the fluoxetine back to 20 mgs.

Station Bye for 1 - Notes faxed from the ED houseofficer:

24/3/06

Community Mental Health Centre 1

Dear Doctor –
Your patient David Jordan was assessed at the ED after being struck by a passing car when crossing the road after a staff party. He sustained a glancing blow to R lateral thigh causing a contusion which requires analgesia only. No other injuries.

Of note, he was intoxicated at the time (5-6 glasses of wine), and has given a history of moderate alcohol use (mostly wine), on a daily basis. There seems to be no other substance abuse, but his alcohol use is potentially harmful and needs review.

His serum ethanol level was elevated but I am afraid that the other blood results are temporarily mislaid. I will fax them through once we locate them – apologies for this. CXR and ECG were both NAD.

I have attached a copy of his ED record. Many thanks for continuing his follow-up.

Dr Matthew Simpson, ED SHO
c.c. GP

EMERGENCY DEPARTMENT ASSESSMENT RECORD				
Name: DAVID JORDAN	**NHI:** MH4467	**D.O.B.** 16/2/71	**SEX:** male	**Triage:** 4
Address: 44a Pike Rd	**Telephone (H):** 355-7792		**Time in:** 2203	**Seen:** 22.35
Mt Roskill, Auckland	**Alt. Phone:** 021-445-7438		**Assessed by:** S/N S. Phillips	
NOK: *details refused*	**Alt. Phone:**		**Medical:** M. Simpson SHO	

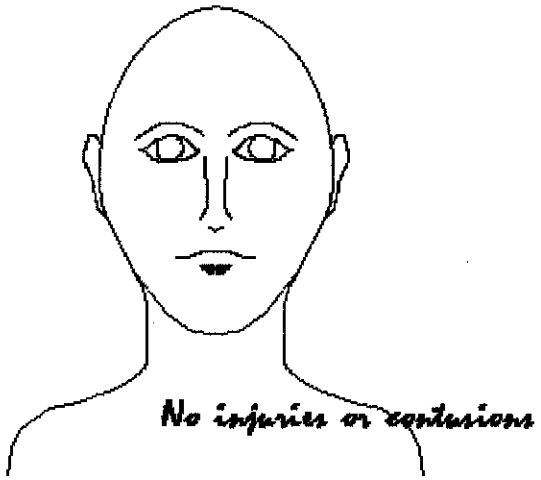
History: Ped vs car - ? intoxd. Crossing road after staff party. Struck by slow-moving vehicle - glancing blow R lat. thigh, obvious contusion. No other injuries complained of. Did not fall, not KO'd, no head injury. Driver of vehicle distressed - stopped to assist - said patient lurched out into road as was unsteady (appeared drunk), police not called. Friend brought him to ED (patient reluctant, seems anxious, tense).

Medical History:
No allergies. No Medical Hx but attends CMHC for anxiety - ? phobias? - 1 year Hx.
Usual Rx fluoxetine 20mg mane - says takes this. On no other Rx.
Cigs° Drug use°
Social Hx -
Single, lives alone in flat, family local (doesn't want them called). Work – IT - software Co.
Alcohol Hx – admits to daily moderate drinking – wine. Says is to manage anxiety. ? Has not told psychiatrist this, or GP. No Rx for this, wants to cut back, feels unable to.

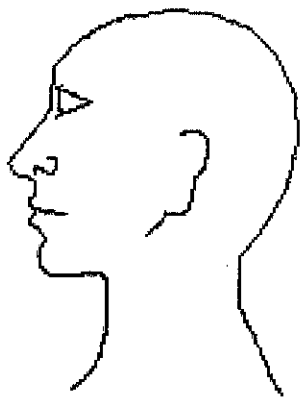
Systems Inquiry:
Generally well apart fr anxiety. No tiredness, fever. Sleeps OK, eats OK.
No breathlessness, pain, SOBOE°
No abdo pain or Sx, bowels nml, no GU Sx
No Headache, faints, fits, numbness, tingling, loss of sensatn., weakness.

Examination:

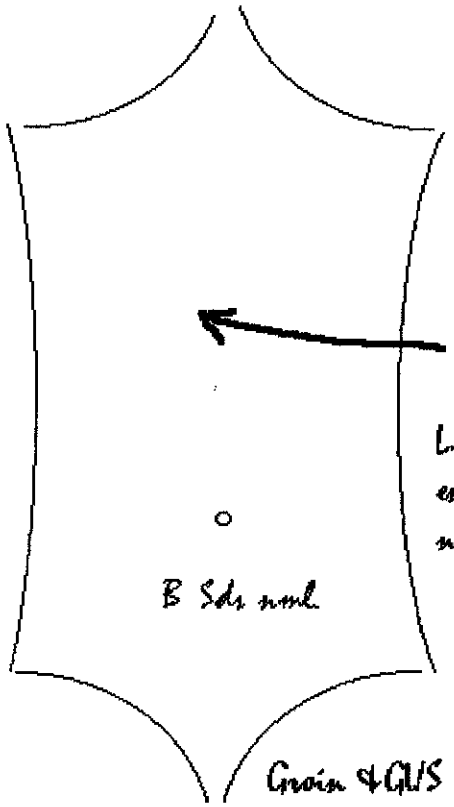
Head and Neck



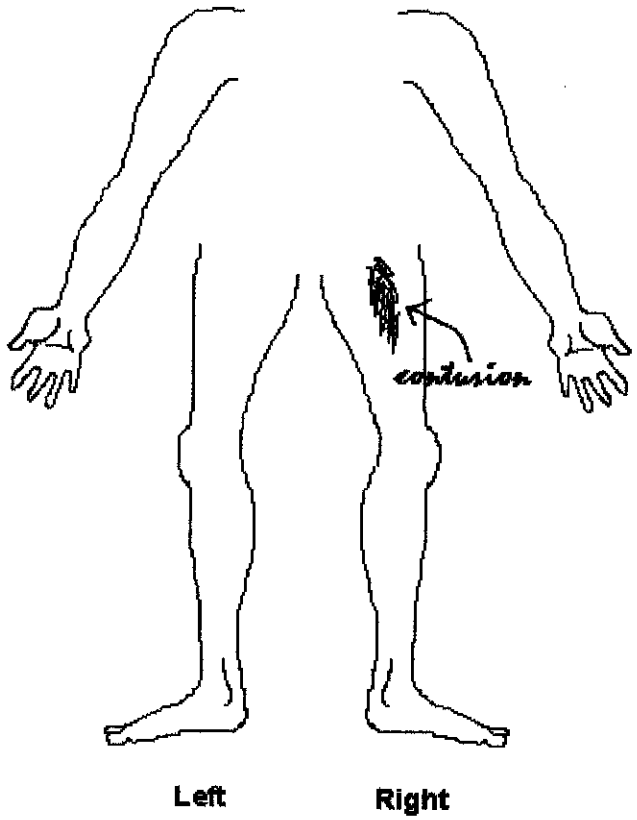
Head and Neck Lateral



Abdomen:



Limbs:



Investigations:

- X-Ray thigh, CXR
- ECG
- Alcohol screening & S. ethanol
- urinalysis

Results – X-Rays NAD, ECG NAD. Await bloods. Urinalysis NAD.

Summary/Diagnosis:

1) Contusion right lat. thigh

2) Alcohol - problem drinking

3) Anxiety/phobias

Treatment:

- Simple Analgesia – Rx paracetamol ii PRN to 4hrly
- No dressings needed
- Alcohol & Anxiety/phobias – refer back to psych

Medical Officer Name:
Dr Matthew Simpson, ED SHO

Medical Officer Signature:

Date:
24/3/06