

## Advice on Psychiatry cases from Dr. S. Cooper

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The following notes give a brief outline of what happens and what is likely to be expected of you if you encounter Psychiatry cases in either the Clinical 'Short Case' or 'Long-Case' examinations in June. Approximately 20% of students are likely to meet a Psychiatrist for one or other part of the clinical examinations.

Sometimes students have feared that this may disadvantage them but there is no evidence from the marks that this is so. There are a number of occasions where one of the main prizewinners has had their 'long case' in Psychiatry. I can also say from many years of examining 'short cases' that the level of agreement between the Psychiatrist and the Surgeon is very high: adequate clinical acumen is readily assessed whatever the type of case you are seeing.

The notes that follow summarise what students will be told during the Psychiatry/Psychopharmacology Revision half-day in January. In this programme one session is devoted to discussing the details of the 'short' and 'long' cases.

### Final MB Short Case Examination

In the 'short cases', Psychiatry (as part of Medicine) is generally paired with Surgery. Thus you spend 15 minutes on Surgery and 15 minutes on Psychiatry. Both examiners mark both sections and their agreement, as above, is generally good.

The Psychiatry 'cases' take two forms. First, you may be asked to elicit some aspect of the history or mental state of one of the patients brought to the ward as a medical or surgical 'case'. Many of these patients have some recent or current relevant features. (On one occasion Dr Cooper and Prof Deakin, the External, during a 15 minute pre-examination recce of the patients in the exam ward, identified significant symptoms in 7/10 surgical cases and the symptoms had been unrecognised by anyone in 6 of these!). When we use these medical and surgical 'cases' we will ask you to elicit a fairly

specific aspect of the history or mental state, so listen carefully to what you are asked to do. (Don't start asking about 'first rank symptoms' when you have been asked to assess the patient's mood.) You will be asked to describe your findings and remember, where appropriate, to give a general description of the appearance and behaviour of the patient. You are then likely to be asked about other associated or relevant features and/or the implications of what you have elicited.

The other main form of the Psychiatry 'cases' is the videos. We produce a videotape (in future hopefully a CD ROM) of short clips of interviews with a wide variety of patients. Usually you will watch one of these for around 2 minutes and then be asked to describe the patient's phenomenology and/or behaviour. Again you will be expected to discuss the implications of this. Thus, you can expect anything from anxiety to psychosis to aspects of epilepsy and much more. Most students will get through about three different clips during their Psychiatry cases.

## Final MB Long Case Examination

Below is a one page briefing that will be given to every student to read just before they go into the Psychiatry 'long case' examination. You will not be allowed to take this into the examination with you but it indicates what happens and what you are expected to do.

Student Aide Memoire for psychiatry long case:

You will have one hour with the patient followed by 10 minutes in which to sort out your findings, make a brief summary of these and consider your management plan for the patient. During your hour with the patient, the

Examiners will spend 5 minutes sitting in on the interview.

Following this you will have a 20 minute oral examination. The Examiners will ask you to present the History of Presenting Problem/Illness and Mental State and to summarise the relevant details relating to other aspects of the patient's history and examination. They will then discuss these with you and ask you to discuss diagnosis, investigations, management and any other aspects of the case they feel are important.

Below there is a brief outline of the main headings which you should cover in the assessment of a Psychiatry Long Case. Clearly there are a variety of items to be covered under each of these headings and the extent to which any of these are covered will vary according to the individual case.

There may sometimes be relevant issues which do not fit neatly into one of these headings. Such issues should be included in your summary of the case to the Examiners. Do not leave out something important just because it does not seem to you to fit into one of the headings given.

Main Headings for psychiatry long case:

- Principal problems / Reason for referral (Not always possible to ascertain this accurately from the patient in psychiatric cases.)
- History of present illness.
- Past medical/psychiatric history.
- Current and previous treatment.
- Family history.
- Personal history.
- Previous personality.

- Mental state examination.

- Physical examination - only if there is some indication from History and Mental State that this may help in assessing the case. (If you do feel it is necessary, it should only be of any relevant body systems. It does not have to be exhaustive and should not involve the removal of clothing.)

YOU MAY \*NOT\* TAKE THIS INTO THE EXAMINATION WITH YOU