

# **OPIC- Candidate Instructions**

**Role:** FY1

**Presenting Complaint:** Memory loss

Carol has come in to talk about her husband, Damien, and his Memory Loss. Damien is not present during the consultation.

You are expected to:

0-10 minutes:

- Take a focused collateral history from Carol
- Answer the examiner's questions

10-20 minutes:

- Explain the diagnosis & prognosis to Carol
- Discuss how the condition can be managed
- Discuss the support for Carol and Damien

# **OPIC- Simulator Instructions**

## **Patient Demographics**

You are Carol, wife of Damien Sanders, a 65 year old man.

## **Presenting Complaint: Memory loss**

### **History of Presenting Complaint**

- Over last 8 months, memory has been getting worse
- Initially only small things, like where things are around the house
- Now can't remember how to cook or way to the shops

### **Associated Symptoms**

- Moves around a lot more in his sleep now than he used to
- Moods can vary widely day by day- confused, angry, drowsy, alert
- Walks slower than in the past, sort of shuffles along
- Dropped hot water over himself 4 months ago when cooking
- Sometimes see him talking to someone, even though he's alone
  - When asked, husband says he's talking to his brother
  - Brother passed 11 years ago

### **Past Medical History**

- Hypertension

### **Drug History**

- Calcium Channel Blockers
- No allergies

### **Family History: Damien's father had Parkinsons**

### **Social**

- Teetotal, Stopped smoking 15 years ago, No recreational drug
- Lives with wife in double story bungalow
- Wife manages finances now
- Unable to cook or do the shopping
- Able to wash self
- Chores limited to cleaning, used to do repairs himself

### **ICE**

- Ideas: None
- Concerns: Wonder if this is a type of Parkinsons like in his dad
- Expectations: Just want answers and to know husband will be ok

# **OPIC- Examiner Marksheet**

## **Opening**

- Introduces themselves and confirms Patient demographics
- Explains and gains consent from patient about consultation

## **History**

- Demonstrates Professionalism, Empathy & Communication skills
- Demonstrates time-management skills and systematic questioning
- History of Presenting Complaint
- ICE & Impact on patient (Sleep, Nutrition, Safety, Hygiene etc.)
- PMHx, Family Hx, Social Hx (Drugs, Alcohol, Accommodation, Finances, Support)
- Detailed Psychosocial history

## **Examiner Questions**

- Diagnostic reasoning & Communication (Diagnosis, Assessments, Investigations etc.)

Q1: List 2 differential diagnoses

**Pseudodementia/ Fronto-temporal/ Vascular/ Parkinsons disease dementia**

Q2: What is your most likely diagnosis and why?

**Low Body dementia (Cognitive decline + Parkinsonism)**

**In PDD, parkinsonism would precede cognitive symptoms by ~1 year**

Q3: Which class of drugs must this patient avoid?

**Antipsychotics**

## **Discussion**

- Demonstrates time-management skills
- Demonstrates Professionalism, Empathy & communication skills
- Remain patient-centred while also considering needs of all family members
- Offer support where available (Websites, Services, Brochures)
- Works with patient to reach mutually agreeable management plan
- Information giving
  - Accuracy & Appropriateness of information
  - Given in easy to understand 'chunks', without using Jargon
  - Regularly checks patient understanding
  - Addresses patient concerns & questions
  - Use silence appropriately

## **Ending Consultation**

- Summarises and clarifies any points
- Thanks patient and signposts where relevant

### **Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

### **Patient Impression/comments:**