

# **OPIC- Candidate Instructions**

**Role:** FY1

**Presenting Complaint:** Memory loss

Arthur Bell, a 77 year old man, has come to the Neurology clinic having been referred by his GP with Memory Loss.

You are expected to:

0-10 minutes:

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

10-20 minutes:

- Explain the diagnosis & prognosis to Arthur
- Discuss how the condition can be managed
- Discuss the support for Arthur and his son

# **OPIC- Simulator Instructions**

## **Patient Demographics**

You are Arthur Bell, a 77 year old man

**Presenting Complaint:** Memory loss

## **History of Presenting Complaint**

- Been noticing your memory get worse gradually over the last 9 months
- Noticed this “most days, if not everyday”
- No fluctuation in severity
- Initially only forgot small things like where the shops are
- Now forgetting how to do daily tasks like cook your favourite meals
- Had to be reminded a few times by son, that your brother is “gone”

## **Associated Symptoms**

- If asked: Noticed more than a few outbursts of anger at son
- No signs of hallucinations, depression
- No falls, seizures, self-harm or suicidal ideation

## **Drug History**

- Not taking any medications
- No Allergies

**Past Medical History:** None

**Family History:** None

## **Social History (Job, Family, ADLs)**

- Non-smoker, Teetotal
- Lives alone in double story bungalow
- Son manages finances
- Son sometimes does shopping for you, otherwise you drives to shops yourself
- Friends from time in air force occasionally come by
- Able to wash self and mobilise around house without aids
- Son comes to help with cooking a few days a week
  - This started after you burnt your hand on the stove 4 months ago

## **ICE**

- Ideas: Normal aging, only here because son asked you to see a doctor
- Concerns: None, you just want to get on with your day
- Expectations: To be told this is nothing serious

# **OPIC- Examiner Marksheet**

## **Opening**

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

## **History**

- Demonstrates Professionalism & Empathy
- Demonstrates Communication skills
- Demonstrates time-management skills
- Systematic questioning
- History of Presenting Complaint
- Assess impact on patient (Sleep, Nutrition, Safety, Hygiene etc.)
- ICE
- PMHx, Family & Social Hx (Drugs, Alcohol, ADLs, Accommodation, Finances, Support)

## **Examiner Questions**

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

Q1: List 2 differential diagnoses

**Pseudodementia/ Fronto-temporal/ Lewy body/ Vascular dementias**

Q2: What is your most likely diagnosis

**Alzheimer's dementia**

## **Discussion**

- Demonstrates time-management skills
- Demonstrates Professionalism, Empathy & Communication skills
- Remain patient-centred while also considering needs of family members
- Offer appropriate 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
- Signposting

### **Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

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