

Rough Guide to doing an OCI - Dr Simon Hatcher

1. Read the “Instructions to Examiners” and mark sheet to see what is scored and expected
2. Start well – introductions, confidentiality, re notes not being retained, re limited time
3. Smile, make eye contact (everyone relaxes)
4. Summarise when taking the history
5. Don’t spend too long eliciting symptoms
6. Draw a life chart
7. Use dates to anchor the history
8. Signal to the examiners what you are trying to do if possible (e.g. in history-taking, if a cue that really needs following crops up, do so, saying something like “your brother’s death was very important to you wasn’t it, so we’ll come back to talking about your work in a little while”)
9. Good questions – “what is a typical day for you?” “what are your current problems?” “what do you think should be the goals of your treatment?”
10. Don’t forget a social network history
11. Don’t forget family and developmental history
12. Ask about cultural issues
13. Use *names* for people when taking history and presenting (not “your/her husband” but “It sounds to have been harder since Bill retired?” and “Bill will be an important informant about Julie’s level of coping recently” etc.)
14. What is this case *about* (or how can this person benefit from seeing a psychiatrist?) It is only rarely about diagnosis. e.g.
 - managing acute symptoms
 - preventing relapse
 - minimising disabilities and improving functioning
 - managing risk etc. etc.
15. Ask the patient what their diagnosis is
16. Do selective cognitive testing and learn to do it *properly* and to know what you’re testing. If it’s important, don’t leave it til the end, do it half-way
17. Be aware of the here and now – what does it mean if the patient has agreed to be in the exam? (Probably hasn’t got severe social phobia) - pull max. information from observation and context
18. Don’t forget the physical
19. End the interview properly (don’t let the examiners do it)
20. Don’t make things up in presentation that weren’t seen in the interview - examiners were there too!
21. Formulate using the developmental history and its effect on treatment plan
22. Use “signposts” in presentation (announce structuring, emphasise points on fingers, etc.)
23. Use the word “I” when presenting the action plan
24. Don’t worry about the examiners’ facial expressions