



**PERKHIDMATAN UTAMA
PRASISWAZAH**

**PEJABAT TIMBALAN NAIB CANSOLOR
(AKADEMIK DAN ANTARABANGSA)
Kod Dokumen: PU/PS/BR48/PEP**

**END-OF POSTING EXAMINATION
PSYCHIATRY POSTING VIVA**

Group : _____
Student's Name : _____
Matric No. : _____
Date : _____
Diagnosis : _____

	Excellent (40 - 50)	Pass (27 - 39)	Borderline (25 - 26)	Fail (<25)
Case Presentation & MSE [20 marks]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Differential and Diagnosis [15 marks]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investigations and Management [15 marks]	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL MARKS :

	/ 50	
--	------	--

Remarks:

Sign: _____

Examiner: _____

Introductory Psychiatry SPK 3961

History Taking Marking Guide

Soft Skills		Absent	Limited	Present
Verbal	○ Establish rapport	Unable to form any meaningful rapport and made the patient agitated	Attempted to achieve meaningful rapport BUT failed to make the patient feel at ease	Able to establish good rapport AND made patient feel at ease throughout the interview
	○ Assure confidentiality	Did not assure confidentiality of the interview	Did not clearly assure confidentiality of the interview	Assured confidentiality of the interview
	○ Professionalism	Inappropriate questioning and making uncalled comments	Sometimes made mildly inappropriate questioning	Demonstrated professional attitude and behaviour
	○ Non-judgmental approach	Derogate and belittle the patient	At times, appeared to be critical towards some statements made by the patient	Non-judgmental towards the patient
	○ Show empathy	Failed to acknowledge the emotions of the patient	At times, failed to acknowledge the emotions of the patient	Acknowledged and responded to the emotions of the patient
	○ Show respect	Failed to respect certain sensitivities such as religion, culture, race etc.	At times, did not recognise certain sensitivities such as religion, culture, race etc.	Respected all sensitivities such as religion, culture, race etc.
	○ Actively listening & interacting	Failed to identify and ignored cues given by the patient	At times, missed cues given by the patient	Actively listening and interact with the patient
Non-verbal	○ Eye contact	Poor eye contact	Sometimes, did not make eye contact when patient was talking	Good eye contact throughout interview
	○ Facial expression	Inappropriate facial expression during interview (e.g. giggle when patient talks about death)	At times, facial expression was lacking (e.g. no facial expression to patient's cues)	Appropriate facial expression throughout the interview
	○ Posture and gestures	Inappropriate posture (e.g. slouching / closed-posture) AND inappropriate gestures (e.g. exaggerated hand gestures)	Either posture OR gestures were inappropriate	Attentive posture and appropriate hand gestures throughout interview

Interview Content	Poor	Satisfactory	Good
<ul style="list-style-type: none"> Introduction and ending interview 	Did <u>not</u> introduce self and <u>did not</u> end the interview	Introduced self and thanked the patient at the end of the interview	Clear introduction of self, purpose of the interview, and thanked the patient at the end of the interview
<ul style="list-style-type: none"> Organization of interview 	Haphazard history taking	Satisfactory flow of interview	Good flow of interview and clear timeline of events
<ul style="list-style-type: none"> Style of questioning 	Too many close-ended leading questions, interrogative demeanour, or use of medical jargon	Mixture of open-ended questions and closed-ended questions	Good balance of appropriate open and close-ended questions with soothing demeanour
<ul style="list-style-type: none"> Eliciting psychopathology 	Wrong way of eliciting psychopathology expected in the patient	Appropriate questions to elicit most psychopathology expected in the patient	Appropriate questions to elicit and explore almost all psychopathology expected in the patient
<ul style="list-style-type: none"> Risk assessment 	Did not assess or clarify suicidal or homicidal risk	Assessed and clarified suicidal or homicidal risk in the patient	Clear and thorough assessment of suicidal or homicidal risk in the patient
Global Impression	Poor [1 – 3 marks]	Satisfactory [4 – 7 marks]	Good [8 – 10 marks]
<ul style="list-style-type: none"> Ability to take history & professional conduct 	Overall, did not demonstrate the ability to obtain psychiatric history and conduct was unprofessional	Overall, demonstrated the ability to obtain satisfactory psychiatric history and displayed professional conduct	Overall, demonstrated the ability to obtain psychiatric history competently and displayed good professional conduct