

TEP POST-LECTURE SURVEY 4-15-10

Please answer all questions as indicated by directions on the bar.

1) You are working in a rural ER when a 55 year old man arrives with a complaint of abdominal pain. He was recently fired because of questionable intoxication and poor performance. He states that he has been under a lot of stress because he has marital stress, financial difficulties and facing possible foreclosure on his home. His medical evaluation was normal. Just before discharge he mentions that he has not been able to get out of bed for days and that his family would be better off without him and could collect on his life insurance if he had an accident. Telemedicine Psychiatry consult recommends that he be admitted. You agree that the patient needs to be admitted and complete the involuntary commitment papers. No psychiatric hospital beds are available and you are instructed to call for a bed in 3 days.

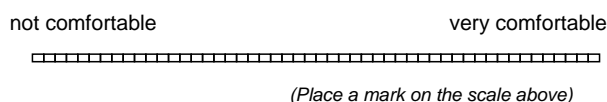
Would you feel comfortable starting him on an antidepressant while he waits for admission?



2) Refer to the previous scenario. After three days the patient is no longer reporting thoughts of hopelessness. His appetite is poor, he stays up all night talking to staff, but appears more animated. None of his psychosocial stressors have changed, but he verbalized that he can handle it.

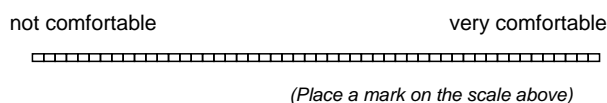
He suggests a safety plan of going home with his wife and arranging outpatient follow-up at the Mental Health Center. He says that he will return to the ED if he feels unsafe. His commitment papers have expired.

Would you feel comfortable discharging this patient for outpatient treatment rather than inpatient admission?



3) A patient with history of Schizophrenia presents to the ED for evaluation of worsening psychotic symptoms. He is accompanied by a family member who cautions you that the patient may deny symptoms because he does not want to be hospitalized. In the Emergency Department the patient is pleasant and cooperative. He is well oriented and reports that he has been hearing voices for several years but has no suicidal or homicidal thoughts. The medical evaluation is negative and there is no on-call Psychiatrist.

Would you feel comfortable prescribing an antipsychotic medication and arranging for outpatient follow-up?



4) Case Four:

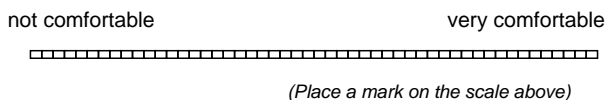
An 80 year old woman who lives in a nursing home arrives in the ED with a delusion that the paralyzed, comatose man in the next room has been assaulting her. The police report that the patient threatened the man with a cane and told him not to come to her room. She was brought to the ED by police for evaluation. You have completed an appropriate assessment for altered mental status and consider the patient to be medically cleared. This is a holiday weekend, there are no psychiatric beds available for at least another 3 days, and no psychiatrist is on call.

Would you feel comfortable starting treatment with an antipsychotic medication while this patient is waiting for involuntary admission to a psychiatric hospital?



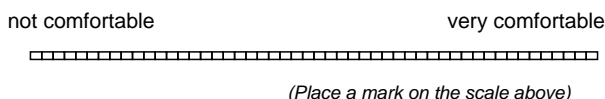
5) A 34 YO woman with diagnosis of schizoaffective disorder presents disheveled, agitated, hallucinating, and requiring placement in a safety room. Her agitation requires you to restrain and tranquilize her. After a period of sleep her thoughts are better organized. She cannot tell you the names of her current medications, but states she is allergic to Haldol and you observe that she has involuntary lip smacking. There is no mental health coverage available for 3 days due to a long holiday week-end.

Would you feel comfortable starting regular dosing with an antipsychotic medication rather than "PRN" dosing for agitation while she waits for an inpatient psychiatric bed?



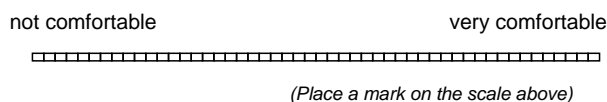
6) Refer to the previous question. After 72 hours the patient no longer requires seclusion, has been taking her medications, and the commitment papers have expired. The patient reports that she is having auditory hallucinations telling her to hurt others, but says she has no intention of acting on what these voices are saying. Her husband has been visiting regularly and she has an established outpatient mental health care provider.

Would you feel comfortable discharging this patient for outpatient treatment?



7) A man with Bipolar Disorder and psychotic symptoms is still in the ED when you return to work after three days. The patient was committed three days ago for agitation and thoughts of hurting his wife. He is still waiting for a bed and the commitment papers have expired. A colleague of yours felt comfortable restarting the patient's previous treatment with risperdal and depakote. The patient is no longer agitated. He is still experiencing occasional thoughts of hurting his wife but he has no intention of acting on these thoughts. He states that he will take his medications and has an appointment to see his doctor this week. His brother has been visiting and will allow the patient to stay with him.

Would you feel comfortable discharging him for outpatient treatment?



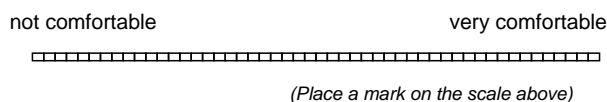
8) A 34 yo woman with a long history of being a gang member and incarceration arrives intoxicated and threatening to hurt others. She states that she plans to get even with a former gang member who broke an oath and left the gang. She has no known psychiatric history except for Poly-Substance Dependence and Antisocial Personality Disorder. When sober she still states she intends to destroy the gang member who broke their oath. You page a psychiatrist who tells you that no psychiatric consult is necessary because this is a legal issue and not an acute psychiatric illness.

Would you feel comfortable discharging this patient after notifying the police and the intended victim?



9) A 60 yo man with a remote history of alcohol and opiate dependence presents with chest pain, shortness of breath, and a feeling of impending doom. He has been seen 20 out of the last 30 days for the same complaints. Thorough cardiac and metabolic investigations were negative. While you are waiting for his test results, he tells that he lives alone, worries all the time, and has insomnia because he's afraid he won't wake up in the morning.

Would you feel comfortable giving this patient a short term prescription for a benzodiazepine and arranging outpatient follow-up?



10) A 25 year old woman arrives with a complaint of headache, dizziness, and blurred vision. Complete medical evaluation including CT/LP and metabolic screen are negative. While writing her discharge instructions, the nurse tugs on your sleeve. She tells you she spoke with the patient privately for a few minutes and the patient told her that she felt her life was just too difficult and not worth living. She learned that the patient has experienced a loss of appetite and loss of interest in her previous activities for several weeks. She would not allow the nurse to contact friends or family to pick her up. Psychiatric services are not available in your hospital.

Would you feel comfortable starting this patient on an anti-depressant and arranging for out patient follow-up?

not comfortable very comfortable



(Place a mark on the scale above)

11) Are you a Resident or an Attending? Please select one from the Drop-down Menu.

- Resident
- Attending