MENTAL STATE EXAMINATION | OSCE QUICK CHECKLIST

Use this as a practice aid, not a universal university mark scheme. Safety, supervision and local procedures take priority.

Preparation

☐ Introduce yourself and your role; confirm identity and appropriate consent.
☐ Check privacy, safety and communication needs; begin with an open question.

Appearance and behavior

☐ Grooming, dress, posture, engagement, eye contact in context.
☐ Psychomotor activity, abnormal movements, possible medication effects.

Speech

☐ Rate, amount, volume, latency, pressure, prosody and fluency.
☐ Keep speech abnormalities distinct from thought-form abnormalities.

Mood and affect

☐ Ask the patient to describe their mood in their own words.
☐ Observe affect: quality, range, intensity, stability, reactivity, congruence.

Thought form and content

☐ Form: coherent, circumstantial, tangential, flight of ideas, blocking, etc.
☐ Content: beliefs, preoccupations, obsessions, thoughts of harm as relevant.

Perception

☐ Ask sensitively about unusual experiences; characterize voices or images.
☐ Assess implications of distressing or instructive experiences.

Cognition

☐ Consciousness, attention, orientation; further tests as indicated.
☐ Record exactly which domains were and were not tested.

Insight, judgment and safety

☐ Understanding of experiences, views on help and relevant decisions.
☐ Assess safety throughout and escalate urgent concerns promptly.

Closing and presentation

☐ Thank the patient and explain next steps.
☐ Separate observed and reported data; state uncertainties and priorities.

FINAL MEMORY AID | Observe → Ask → Characterize → Assess safety → Present honestly → Escalate when indicated.

MSE EXAMINER PRESENTATION & COMMON PITFALLS

Second page: a concise practice script plus high-value psychiatric distinctions.

Appearance and behavior: “The patient appeared ...; their engagement and motor activity were ...”

Speech: “Speech was ... in rate, quantity, volume and pressure.”

Mood and affect: “They described their mood as ...; observed affect was ... .”

Thought: “Thought form was ...; thought content included ... .”

Perception: “They reported ...; these experiences require ... clarification.”

Cognition: “They were ...; I assessed ... but did not formally assess ... .”

Insight and judgment: “Their understanding and relevant behavior suggest ... .”

Safety and next steps: “My immediate concern is ...; I would ... .”

Five distinctions that protect your mark

• Mood is subjective; affect is observed.

• Pressured speech is a speech feature; flight of ideas is a thought-form feature.

• Circumstantial responses eventually answer; tangential responses do not.

• Orientation alone does not establish normal cognition.

• A reported concern is not equivalent to a completed risk or capacity assessment.

When the station becomes unsafe

Acknowledge the concern → identify immediate danger and needs → obtain appropriate senior/emergency help → hand over factual information → support collaborative safety planning. Do not postpone urgent action to finish routine headings.

Practice cases and free university demonstrations: see the full OSCE AI MSE guide. Sources include Johns Hopkins, NICE, University of Toronto and Monash University.

Educational document | November 2026 | Not a substitute for professional guidance.