

**RANZCP Auckland Training Programme**  
**Mock Objective Structured Clinical Examination**

**Station No. 3**

**April 2006**

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**Station No. 3 - Introduction and Aims**

This station concerns a meeting with a patient and a Consumer Advocate.

The main aim of this station:

- The candidate must meet with a hypomanic inpatient to negotiate a request for leave, and interact appropriately with a Consumer Advocate present at the meeting.

Reference:

Link 26 'Experience With People With Mental Health Problems And Mental Illness'  
And Regulation 8.1 (vi) (By the end of Basic Training, trainees shall):

*Demonstrate an understanding of the involvement of people with mental health problems and mental illness in mental health services within an ethical framework which stresses the need for service providers to respect individual autonomy and self-determination*

Candidate must demonstrate

- The ability to negotiate a leave request sensibly with an inpatient being treated under the Mental Health Act who remains somewhat unwell
- The ability to provide appropriate psychoeducation so as to explain clinical decisions and discuss risks
- The ability to interact appropriately with a Consumer Advocate in a patient meeting.

Requirements:

- Table and 3 chairs
- Actor for patient (female)
- Actor for Consumer Advocate (female) (in a real OSCE one of the Examiners would play this role)
- Instructions for Candidate on table
- Summary of past psychiatric records on table (as was available in Bye for Station 3)
- Copy of Mental Health Commission publication on "no force advocacy" for the Consumer Advocate

### **Station No. 3 - Instructions to Candidate**

**You have seventeen (17) minutes to complete this station.**

You are an adult acute inpatient team senior registrar. One of the patients for whom you are the Responsible Clinician, Shannon Williams, has arranged a time to see you, as she wants to arrange weekend leave.

On the morning of the meeting you have learned that Shannon plans to include Becky Marsh a Consumer Advocate, as a support person. Becky is not previously known to you, and is apparently newly appointed within the local services. Becky has left some information for you to read the day before the appointment, and you have had time to look at this briefly.

You had planned for Shannon's primary nurse to be present, but at the last minute she has been unable to attend as the ward is extremely busy. You decide to press on and have the meeting anyway, but due to the acuity of the ward, you have only a short time available to discuss weekend leave plans with Shannon.

Shannon is a 30 year old woman who has at this stage been an inpatient for 2 weeks. She is sleeping better and is free of psychosis and more settled in her moods. However you feel that her judgement is still somewhat impaired and her insight into the need for medication is quite limited. She is treated with lithium carbonate 1000mgs nocte and olanzapine 5mgs nocte.

Shannon wants leave this weekend with her boyfriend Mike, as she wants to go to a Folk Festival in a nearby town with him. Mike is a musician and before admission Shannon was smoking a considerable amount of marijuana with him and other friends. You have not yet been able to meet with Mike. Shannon's other main supports are her parents who live locally, and who arranged her admission. Although they are usually close, Shannon has so far during this admission been frustrated with her parents and has been referring to them as "the fun police" and to herself as "just a born again hippie chick".

Shannon's Mental Health Act status is due for a formal review regarding the need for an Order, on the coming Monday after the weekend. Hearings with the Judge are held on your ward every Tuesday. Shannon has not to date had any weekend leave but she had afternoon leave with her parents 2 days ago, which went reasonably well.

#### **Your tasks are to:**

- Meet with Shannon to discuss her request for weekend leave
- Explain about the ward's acuity and that only about a quarter of an hour is available for today's brief meeting
- Negotiate a plan across the next few days until the review on Monday, which will be a longer assessment. You should raise possible risk issues.
- Include Becky Marsh the Consumer Advocate in the discussion, in an appropriate manner.

### Station No. 3 - Instructions to Examiner

The examiner will indicate the copy of the *Candidate's Instructions* on the table, and start the OSCE by saying:

***"This is your patient, Shannon. You have your instructions, please proceed."***

There are no prompts required for the rest of the OSCE.

If the candidate asks any other questions about their task, refer them back to the *Candidate's Instructions* by saying ***"You have your instructions, please proceed."***

If the candidate says they are finished and want to leave the room, say:  
***"You may leave the room, but please make sure that you have completed the task to your satisfaction, as you cannot come back in again."***

### Station 3 - Instructions to Simulated Patient “Shannon”

You are Shannon Williams, a 30 year old dressmaker living alone in a rented house on the rural outskirts of the city. You do clothing alterations and make clothing, cushion covers and quilts to sell at the local market and shops, and are quite creative. You don't make much money however, and have been under some financial strain across the last year due to the need to buy another car after your old one “fell apart with rust”.

Your boyfriend Mike is a musician in a folk-rock band, and flats with other band members. You have been together for 12 months. Your parents are teachers who live locally and you are usually quite close, especially to your mother, and visit them regularly. Your younger brother and sister still live at home.

You had a happy childhood and enjoyed school. You had planned to do a university Arts degree but had a difficult relationship in your first student year, to a man who was emotionally and physically abusive, and had to drop out. Eventually you had to get a non-molestation order against him. This stress led to you developing a major depression and having several months treatment with fluoxetine, and counselling. You had gone flatting from age 18 but moved back to live with your parents across this difficult period.

You made a full recovery but across the last 3-4 months you had again been moderately depressed due to the financial stresses, and as your dog Bonnie, a border collie, was run over. You began to smoke a lot of cannabis with Mike and his friends, having previously not used this regularly. You did not see a doctor and had no treatment for this period of depression, which would have met criteria as a Major Depressive Episode (mild). One month ago after selling an expensive quilt, you began to feel “normal again”, but this rapidly progressed to an overexcited manic state across the next few days.

While manic you had a great deal of energy and creativity and sewed clothes for all the family, arriving with these at your parents in an excited, pressured, thought-disordered state and insisting that they all get dressed in the clothes and “celebrate” with you. The clothes were highly decorated “hippy” style garments and your parents refused to wear them. You believed at the time that you had started a new clothing line which would be “all the rage” in all the main department stores, and that all your financial worries were over. You ran up a debt of \$1000 on your Visa buying fabrics, lace and fringing. You have also purchased an expensive sewing machine on hire purchase, as you believe that you are “made” and that you will soon be a “household name”.

Your parents were understandably very worried and called their GP, who arranged for a Crisis Team assessment, and as a result you were admitted to the psychiatric ward via the Mental Health Act.

You have never been manic before and know hardly anything about Bipolar Disorder. Your grandiose delusions and flight of ideas resolved rapidly across a few days after admission, but your mood has been slower to settle and you are still somewhat hypomanic and distractible. Although the staff have tried to explain about your diagnosis, you have taken in only a limited amount. You are still mildly elevated and can be irritable at times, complaining that the staff are “retro” and are “cramping my style”.

Your premorbid personality is cheerful, sociable and creative, with a leaning towards alternate lifestyle choices but you have no extreme views of this sort. You have agreed to take medication but think that you would be fine without it really, and tend to say “all I need is love”. You have accepted that your heavy cannabis use previously was harmful and may have contributed to your admission, and have promised to “cut down”. You are reluctant to consider ceasing this altogether, however. You do not drink alcohol or use any other street drugs. You have several close friends who have remained in touch and are supportive.

At present you believe that you are completely well and “my usual self”. You are anxious that Mike has not visited you in the ward for 2 days and miss him. You want to go away with him this weekend, to a Folk Festival in a nearby rural town to the north where his band are playing. You had afternoon leave with your parents 2 days ago, which went fairly well, but have had no other leaves to date.

You saw a flyer about Becky as the new Consumer Advocate on the ward noticeboard, so called her to support you at the meeting.

## Things you should say at various stages

*(these don't have to be word perfect, just the general gist as below. But try to start the interview each time as follows)*

Start the meeting as soon as the examiners have introduced the candidate, in a bubbly, mildly excited manner:

**“Hey hey, here’s the doctor. Becky, this is my doctor - um - (1<sup>st</sup> name)”** (get up and read out their 1<sup>st</sup> name from their nametag)

Becky will introduce herself to the candidate and shake hands. She and the registrar will talk briefly. After they have mentioned the information Becky left for the registrar to read, you butt in impatiently:

**“Great, OK. Now look - I really need leave with Mike this weekend up north, ’cos it’s a Festival and he’s playing...”**

If not getting what you want (leave up north with Mike) you will try to enlist Becky’s aid:

**“Come on Becky, help me! I’m in prison here! It’s not fair...”** (etc.)

If at any stage it is suggested that you have leave with your parents instead, you will initially pout and be frustrated, and will say:

**“They’re no fun, they’re the fun police - why do I have to have leave with *them*?”**

But soon you will agree to this, after protesting briefly. If the registrar says he/she will have to discuss this plan with your parents you will be confident that they will agree.

## How to Play the Role:

Be mildly hypomanic, overly cheerful and familiar, bubbly, mildly restless and at times inclined to pout and get irritable. Gesture more than usual, and if really frustrated you may get up and stand with your hands on your hips to say how frustrated you are:

**“I’m not a child you know, I’m 30 years old!”** (but sit down again readily and you are not aggressive)

You are more labile than usual and if a deal for the weekend is agreed that involves some leave, even if not what you initially wanted, you will brighten immediately and be pleased. You may clap your hands and be excited **“Yes! Yes! Excellent!”** or even break into a singsong chant e.g. **“Shannon’s going on lee-eave, Shannon’s going on lee-eave”** etc.

Feel free to hum songs to yourself at intervals through the meeting, and not to concentrate 100% on what the others are saying when Becky and your doctor are talking.

If the issue of needing to take your medications on leave is raised you will promise to do so, then say **“But I don’t really need them - all I need is love”** (feel free to sing the song briefly as well – “All I need is Loo-ove, Love is all I Need” etc!).

You will cheerfully agree that your parents can supervise your tablets.

If the risk of your abusing cannabis is raised you will promise to not smoke any:

**“I promise, I promise – no dope for me, none at all” etc.** (then wink at Becky)

Becky will at some point suggest that she comes to your Mental Health Act review on Monday. You will be keen for this and will agree.

### Station 3 - Instructions to Simulated Consumer Advocate “Becky”

You are new to this post, having started about a month ago. You yourself have an anxiety disorder and have had successful treatment for Panic Disorder with CBT. You have strong views about patient rights and are delighted by the Mental Health Commission “No Force Advocacy” document.

You were never admitted, and have only a limited understanding of manic states or psychosis. You accept the concept of depression and are more familiar with that. You have done some reading about other mental disorders from the internet but feel that you prefer to “take people as I find them” and not to “pigeonhole” them. You do not use the word patient, but always use “client” or “consumer”. You are not anti-medication but in general believe that people need support, validation and psychotherapy and that not enough of this is provided. You yourself used paroxetine for a while but are not on medication now.

#### How to Play the Role

Initially, you will be a little prickly and keen to advocate firmly for Shannon’s rights. You have not spent much time with her, and at first feel she is mainly just an outgoing, creative person who has been stressed and used too much cannabis. Feel free to state this viewpoint. You did not see her when she was very unwell, thought-disordered and deluded.

If the severity of her manic state is explained (re risks of leave) you will accept this information and will try to help Shannon see that going up North is unwise at this point.

You will be friendly but professional towards Shannon. Overall, you are reasonably sensible and prepared to help facilitate a compromise, but you will be very keen to help her negotiate some sort of leave. You will become more aware across the OSCE that Shannon is definitely a bit over-cheerful and excitable, and your approach will get more maternal and calming as you realise this.

If information is offered by the registrar about Shannon’s condition or medication, you will be receptive and may ask 1 or 2 sensible but basic questions.

You will suggest options like leave with Shannon’s parents instead of with Mike, and if the registrar does not, that her parents could supervise her medication.

#### Things you must say at some point:

Initially, when Shannon introduces you to the registrar, say:

**“Hello, I’m Becky Marsh the new Consumer Advocate”** and shake hands.

**“Did you get the stuff I left for you?”**

Look mildly disappointed if the registrar says they have not had much time to read it yet or that there’s no time today to discuss it.

**“OK, well, maybe we can talk about it another time”** (Shannon will then butt in and ask for leave)

If the registrar does not mention that Shannon has a Mental Health Act Review on Monday, you will raise this towards the end of the time:

**“Shannon told me that she has a Mental Health Act review on Monday. She’d like me to come to that”** (turn to Shannon) **“That’s right, isn’t it Shannon?”** (Shannon will agree).

#### If the Registrar is rude, condescending or abrupt with you

You should become angry in a controlled way, sitting up as tall as you can, and frowning. If this happens, begin to be more difficult and raise issues and quotes from the Commission’s booklet (which we’ll provide for you) about patient rights and the need for “no-force advocacy”.

**Objective Structured Clinical Examination  
Mock Exam Auckland April 2006**

**Candidate No.:**

**MARKSHEET**

**Station 3**

**1.0 APPROACH TO PATIENT**

**Did the candidate demonstrate an appropriate professional & ethical approach to the patient?**  
(Proportionate value - 20%)

<b>Category : Approach to patient and confidentiality</b>	<b>Surpasses Standard</b>	<b>Achieves Standard</b>	<b>Just below required standard</b>	<b>Standard Not Achieved</b>
<ul style="list-style-type: none"> <li>Introduces self clearly</li> <li>Apologises near the start for the limited time available and explains about the ward's acuity</li> <li>Listens and is empathic</li> <li>Calms patient if needed and avoids antagonisation</li> <li>Considers confidentiality of information about patient's behaviour when very unwell</li> </ul>	Manages this particularly well, with excellent balance of empathy and boundaries. Does not discuss details of acute manic state with Advocate without checking that patient agrees	Manages this quite well. May be a little clumsy with some aspects of their approach, but overall this is acceptable.	Manages this somewhat poorly but is clearly trying to engage with patient. However, the interaction is not well managed overall. Ignores privacy issues.	Manages this very poorly. Attitude is unprofessional, curt or rigid. Fails to calm patient, indeed, may antagonise her. Ignores privacy issues.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

**2.0 INTERACTION WITH ADVOCATE**

**Did the candidate interact appropriately and professionally with the Consumer Advocate?**  
(Proportionate value - 30%)

<b>Category : Approach to Advocate</b>	<b>Surpasses Standard</b>	<b>Achieves Standard</b>	<b>Just below required standard</b>	<b>Standard Not Achieved</b>
<ul style="list-style-type: none"> <li>Introduces self clearly</li> <li>Respects role of Advocate</li> <li>Helpful and professional manner with Advocate</li> </ul>	Manages this particularly well, with excellent blend of collegial attitude plus information-sharing. Enlists Advocate's aid for a good resolution.	Manages this quite well. May be a little clumsy with some aspects of the approach, but overall this is acceptable.	Manages this somewhat poorly. May be irritated or abrupt in manner, or even patronising. Overall, the interaction is not well managed.	Manages this very poorly. Attitude is unprofessional, rude or dismissive. Antagonises Advocate and fails to respect her role.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 3.0 PROVISION OF EDUCATION AND EXPLANATION, esp. REGARDING RISKS

Did the candidate provide relevant information and explanation regarding the risks of leave?  
( Proportionate value - 20% )

Category : Information and explanation of risks	Surpasses Standard	Achieves Standard	Just below required standard	Standard Not Achieved
<ul style="list-style-type: none"> <li>Brief, relevant education about Shannon's diagnosis, current state and treatment are provided as needed</li> <li>The risks inherent in leave in Northland are discussed</li> <li>The declining of Shannon's request for leave in Northland is justified and explained</li> <li>The planned MHAct Review on Monday may be explained briefly</li> </ul>	Manages this particularly well, with excellent & relevant provision of necessary information. Discusses the risks and pros/cons of leave well. Explains why her leave in Northland cannot be granted at this stage, and about MHAct review.	Manages this quite well. May leave some of these details out, but the most important aspects are covered, and overall this is acceptable.	Manages this somewhat poorly with little education offered, risks not well covered and the decision not well explained or justified. May be no mention of MHAct or review date.	Manages this very poorly. Little or no information and education provided, decision is not justified, attitude to leave appears high-handed and not explained. May be overly rigid re MHAct
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 4.0 ABILITY TO NEGOTIATE A SENSIBLE COMPROMISE PLAN FOR LEAVE

Did the candidate negotiate a sensible plan regarding leave? ( Proportionate value - 30% )

Category : Negotiation of leave plan	Surpasses Standard	Achieves Standard	Just below required standard	Standard Not Achieved
<ul style="list-style-type: none"> <li>Manages to negotiate a reasonable plan regarding some sort of weekend leave</li> <li>Does not agree to leave in neaby town with Mike</li> <li>Agrees to/negotiates involvement of patient's parents. (If leave with friends is suggested, this is less suitable as many use cannabis themselves)</li> <li>Sets limits about Shannon needing to avoid cannabis use</li> <li>Arranges plan for someone else (parents) to supervise medication</li> </ul>	Manages this particularly well, with excellent balance of empathy and sensible limit-setting. Looks for compromises but is clear about risks and need to manage these. Plans to involve parents.	Manages this quite well. May be a little clumsy with some aspects of their negotiations, but overall this is acceptable.	Manages this somewhat poorly and the end resolution/plan is either not really finalised or is unwise. May be too permissive or too rigid. Does not raise involvement of Shannon's parents, or agrees to leave with friends instead.	Manages this very poorly and the end resolution/ plan is either not finalised or is unsafe. May be too passive or too rigid. Is not open to involvement of Shannon's parents. Unable to negotiate with Advocate and Shannon.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

#### Global Proficiency Rating

Did the candidate demonstrate adequate overall knowledge and performance of the task?

<b>Circle One Grade to Score</b>	Definite Pass	Just below required standard	Definite Fail
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