

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 1

April 2008

Station No. 1 - Introduction and Aims

This station concerns the ability to conduct a meeting with a family member, to carry out a risk assessment, and to plan management taking into account issues of confidentiality.

The main aims of this station:

The candidate must demonstrate the ability to conduct a meeting with a patient's concerned spouse, to use information gained at this meeting plus background history to formulate a risk assessment, and to develop an initial management plan. Issues of confidentiality arise as the patient is not present, and need to be managed sensibly.

Candidate must demonstrate

- an ethical awareness about confidentiality issues in meetings with family members
- the ability to balance such concerns against potential risks
- the ability to conduct a meeting with a patient's spouse in a sensitive and sensible manner
- the ability to conduct a risk assessment using data from various sources
- the ability to develop an initial risk management plan

Requirements:

- Table and 2 chairs
- Actor for the patient's spouse (male)
(happens to be of Indian ethnicity in this scenario, but cultural issues are not the focus so names can be altered in other training settings)
- Instructions for Candidate
- Paper copy of the "Bye for Station 1" case history information, for Candidate

Station No. 1 - Instructions to Candidate

You have seventeen (17) minutes to complete this station, after reading time.

You are working on call on a Saturday afternoon, and have been asked to see a patient Lakshmi Patel and her husband, Vinod Patel. Mr Patel called saying his wife was becoming unwell again, and made an urgent appointment via the local Crisis Team, with whom you are working today.

You have had the opportunity to read excerpts from Lakshmi's past psychiatric records, so you now have some knowledge of her history, but you have not been involved with her care before and have never previously met either of the Patels.

Before going into this meeting, you have been told by a Crisis Team nurse by phone that they are all busy elsewhere and cannot be with you for the meeting, although they expect to be back at their base in half an hour. You decide to go ahead anyway as the day is looking busy, and you are aware you will have other assessments to do later. The meeting has been arranged to take place in a psychiatric assessment room at the local Emergency Department.

You were also told this morning that there are no beds free at present in your district's acute admission ward.

Your tasks are to:

- **Conduct an assessment meeting to determine if the patient is relapsing**
- **Interact appropriately with the patient's spouse at the meeting**
- **Conduct a risk assessment and discuss the risks in the meeting**
- **Negotiate an initial risk management plan**

Station No. 1 - Instructions to Examiners

When the bell rings, allow the role-player to engage with the candidate to start the OSCE. Do not stand up or attempt to introduce yourselves or “Mr Patel” to the candidate. Just observe quietly.

If the candidate asks any questions about their task, refer them back to the *Candidate's Instructions* by saying

“You have your instructions, please continue.”

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 tasks to your satisfaction, as you cannot come back in again.”

Station Operation Reminders – for Examiners

Prior to examination / between candidates: (3 minutes)

- Clear any used writing paper from last candidate into the rubbish bin
- Ensure that water & tissues are still available for candidate's use on table
- Ensure that the Candidate's traytable has on it:
 - Laminated copy of 'Instructions to Candidate'.
 - Paper copy of the patient Case Summary from the Bye station for reference
 - Writing paper on clipboard, pen

During examination: (17 minutes)

- At the first bell, ensure fresh mark sheets are ready (candidate is now outside reading - so careful to keep any noise down in the OSCE room)

At conclusion of OSCE: (3 minutes)

- Retrieve writing paper clipboard and pen from the candidate (don't let them carry these off) and clear away used pages into bin
- Complete marking and get a fresh mark sheet ready for next candidate
- Ensure room is set up again for next candidate (as above)

Station 1 - Instructions to Simulated Patient's Spouse - Mr Vinod Patel

You are aged 37, born in Madras, and have lived here for 20 years. You are well acculturated now and speak fluent English. You have been married to Lakshmi, aged 33, also from Madras, for the past 10 years. You have two children, a boy, Krishna, aged 6, and a girl, Sanjeeta, aged 4. You work as an IT consultant for a large company in Queen Street. Lakshmi doesn't work outside the home. You and Lakshmi are quite "westernised" and cultural issues are not a factor for you – dismiss this if it is raised.

You are very worried about Lakshmi, who has a bipolar disorder. You and Lakshmi have had some meetings and education about this across the years, and you have read various websites as well, so you have a reasonable understanding of what this means. She has had 3 previous acute episodes of illness, since 2000. Each time she became manic, then was very depressed afterwards. You are desperate to stop it from happening again, and want her admitted urgently to "nip this in the bud".

While you are not aware of all the clinical details of her treatment in the past, you now know the early signs of a relapse very well. When she first became unwell it took some time before she was treated effectively, partly as you and the extended family did not understand what was going on, and partly as her symptoms are not absolutely typical of mania. She always becomes irritable and paranoid at first, rather than obviously elated or disinhibited. However, as the episode progresses, more typical manic features such as overspending, grandiosity and pressured speech develop, and she later becomes depressed then recovers fully, so it is now clear that her diagnosis is a bipolar disorder. Her usual medication is lithium carbonate 750mgs nocte. She has monthly blood tests but you're worried that since the last one she has stopped taking her lithium.

You began to fear that there were early warning signs a few days ago. You called the East Team (her follow-up team) and asked to speak to someone, but there was no-one there who knew her well. Her doctor was a registrar who has since moved on - you're not sure who the new doctor is. Her usual case manager Julie has been on maternity leave, so various others you don't know very well have done home visits in the last 3 months. You left a message two days ago for one of the nurses who had admitted her before to call you back, but they did not do so. You are angry that the East Team don't seem to care and have not helped you.

Things that you must say at some point (in some similar form of words):

At the start, as soon as the candidate enters the room, get to your feet looking anxious, and come towards them a little with your hand out so as to shake hands, and say:

"Hello Doctor, I'm Vinod Patel, Lakshmi's husband. Thanks so much for seeing me, I've been so worried. I'm afraid Lakshmi won't come in to see you. I tried to get her into the car but she just yelled at me."

Shake hands if the candidate is prepared to do this (look a bit uncomfortable if they are not), then sit down again. The candidate should introduce themselves a bit more at this stage, then begin asking you about Lakshmi and the situation.

At some point (not at the very start), you will say that you wrote down what happened in the past so that you could remember and tell the registrar. E.g. do this if they ask you about the past risks specifically. However, make them ask you questions at first, before telling them all this. Make sure that you get to tell them at some point however. **"I wrote it down to make sure I remembered to tell you what happened before"** (then read this off this script sheet).

The first time she was very badly depressed afterwards and she made a serious suicide attempt, cutting her wrist very deeply, so she needed plastic surgery.

In the second episode she drove off all excited and angry as I wanted to take her to the hospital, and she crashed the car as she was speeding. She was lucky not to be badly hurt - the car was a write-off.

The third time she got very paranoid about me and tried to take the kids from my parents who were babysitting them, and to drive off in the car. My parents kept the kids safe, but she drove off and she was missing for 24 hours before being found by the police hiding in some bushes in the Domain.

How to Play the Role:

You are very worried, and you're angry that the East Team have not helped you so far. You are not angry with this doctor at the start – you're desperate for help and want to enlist their aid. But you could get quite

stressed, irritable and loud if they also don't seem to be taking you seriously. Have a fairly short fuse if they do not engage well with you and respond to your concerns.

If the candidate is rude, condescending or seems not to take you seriously or to be prepared to act urgently so as to assist you and arrange an admission have a melt-down – get up, pace about agitatedly, say (loudly) **“no no, you don't understand, it's the same as before, I can see the signs!” “she's getting worse and soon she'll be doing crazy things again. I won't put the children through this again!”** etc. etc.

If you have a melt-down, be apologetic afterwards and sit with face in hands, going **“I'm sorry, I'm sorry, I'm just so worried about her”**.

The candidate may ask you at some stage if Lakshmi is OK about your talking to them about her – i.e. has she given permission. You will protest that **“of course she hasn't, when she gets like this you can't reason with her at all. She wouldn't come here with me today and I'm sure she's not taking her lithium.”**

“She always gets paranoid about me when she's getting unwell. It's in the file, it must be – isn't her Early Warning Signs Plan there?” (it won't be)

“Well, that's what happens every time. So I had to come and see you myself, without her, because when she gets like this I can't persuade her.”

If the candidate mentions patient confidentiality as a problem, lose your temper a bit.

“That's all very well doctor but she's getting ill again so I have to talk to you. What about my rights? What about my kids?” etc.

Recent Signs and Symptoms

If asked for specific symptoms, what you have noticed is that in the last few days she is once again suspicious of you (never the case when she is well). She has been making irritable, sarcastic comments that indicate she is getting paranoid again, implying that you have been unfaithful and want to harm her *“you'd like me out of the way wouldn't you, then you can go off with some other woman?”* etc. You have not been unfaithful and you have never harmed or hit her, although there have been some major arguments across the years, when she is getting unwell. She has hit out at you a few times, when relapsing, but has not injured you. She has never harmed the children directly, but you worry that they may be emotionally damaged, or that she may abduct them. When she is well your marriage is happy and she is a good, caring mother.

She has not slept much for a few days, tending to stay up and clean the house furiously – this is always a bad sign. Her eating is more erratic. Her moods are irritable and changeable, with occasional bursts of tears and tantrums.

Your parents are worried too, and have seen the same changes. They would be prepared to talk to the registrar by phone if that would help. They are looking after the children right now, as you did not want to risk leaving them with your wife.

Treatment/Intervention Discussion

When intervention options are discussed, you don't care what they have to do. You will sign any form, you think she needs to be under the Mental Health Act (she was before, all 3 past admissions) and in hospital. Community treatment when she is acutely unwell has never worked as she is too paranoid about you and she tends not to take medication (spits it out etc.). You will not be keen on a respite placement, you will think that isn't safe enough and she would run away. You want her admitted, preferably today, before it gets any worse.

“What can you do doctor? How can we get her treated, stop this getting really bad like before?”

The registrar might mention that there may not be any beds. Lose your temper if so **“well there have to be beds, you have to find her a bed, we can't go through this again, not again”** etc.

Feel free to ad-lib as you like on these themes and on all aspects of the history.

You will accept a Crisis Team assessment with the registrar, at your home as soon as the team are available, as a reasonable next step.

MARKSHEET
Station 1

1.0 APPROACH

Did the candidate demonstrate an appropriate professional approach to the patient's spouse and engage well with them? (Proportionate value - 20%)

Achieves the standard by managing the necessary tasks while maintaining a professional and supportive manner. Candidate is to demonstrate respect for the husband's concerns and to engage with him, and to calm him if he becomes acutely distressed or angry. The issue of patient confidentiality may be mentioned but should not be a barrier to the interaction.

Surpasses the standard if manages this interaction especially well, with a better than average balance between appropriate support while maintaining a professional attitude and not making promises to a distressed spouse that might be hard to keep.

Does not achieve the standard if – lacks sensitivity, is arrogant or dismissive or fails to engage and get adequate collateral. Or if fails to manage the husband's level of distress and to calm him appropriately if he gets angry.

| Category: Approach to patient's spouse | Surpasses Standard | Achieves Standard | Just below standard | Standard Not Achieved |
|--|--------------------|-------------------|---------------------|-----------------------|
| ENTER GRADE (X) IN ONE BOX ONLY | | | | |

2.0 ASSESSMENT OF CURRENT SITUATION AND RISKS

Did the candidate adequately assess the current situation and risks using collateral information? (Proportionate value - 30%)

Achieves the standard by carrying out a focussed assessment of the present situation and risks, clarifying past history from the prior episodes and checking current symptoms carefully. Main focus should be on mood and psychotic symptoms, self-care and the safety of the patient, the children and Mr Patel. Also on her usual follow-up and treatment. Mr Patel's level of understanding about bipolar disorder should be checked briefly and a reasonable amount of information may be shared with him in the course of the interview, as appropriate. Any omissions should be relatively minor.

A candidate who surpasses the standard will cover all these aspects particularly fully, eliciting all the concerns about her risk when relapsing and signs of relapse, ideally including a sensitive enquiry about their relationship and whether the patient has any grounds for her paranoid beliefs.

Does not achieve the standard if the assessment is inadequate, any information provided is hard to follow or uses technical jargon, or if the risks to self, others and of impaired self-care are not carefully and fully elicited.

| Category: Assessment of Current Situation/Risks | Surpasses Standard | Achieves Standard | Just below standard | Standard Not Achieved |
|---|--------------------|-------------------|---------------------|-----------------------|
| ENTER GRADE (X) IN ONE BOX ONLY | | | | |

3.0 MANAGEMENT OF ETHICAL ISSUES (CONFIDENTIALITY) VS RISKS

Did the candidate sensibly manage the issue of patient confidentiality versus risks?
(Proportionate value - 15%)

Achieves the standard by raising this issue appropriately and fairly early in the interview, to check if Mrs Patel has given permission to speak to her husband. However, based on the file information, the documented risks should override concerns about confidentiality so the candidate should get detailed collateral from Mr Patel so as to assess the risks.

A candidate who surpasses the standard will negotiate this issue especially well, raising it as an issue but without particularly antagonising Mr Patel. They may mention that is a little more complex as Mrs Patel is not treated compulsorily at present, but again, they should use sensible judgement to nonetheless get essential collateral.

Does not achieve the standard if the matter is not well handled - e.g. if the candidate mentions the ethical issue then is rigid and insists on patient confidentiality so does not engage with Mr Patel to collect collateral information properly. If they simply do not mention it as an issue at all, this is not grounds for a "not achieved" grade if they manage the meeting well otherwise.

| Category : Ethics: patient confidentiality vs risks | Surpasses Standard | Achieves Standard | Just below standard | Standard not Achieved |
|---|--------------------|-------------------|---------------------|-----------------------|
| ENTER GRADE (X) IN ONE BOX ONLY | | | | |

4.0 NEGOTIATION OF AN ACUTE RISK MANAGEMENT PLAN

Did the candidate adequately negotiate an acute risk management plan with the patient's spouse? (Proportionate value - 35%)

Achieves the standard by managing this discussion well with Mr Patel. Possible use of the Mental Health Act should be discussed, and the need for a Crisis Team assessment as soon as possible that same day. The safety of the children should be specifically addressed – e.g. that they should remain with the grandparents until matters are more resolved. Not allowing her access to car keys may also be mentioned. Any omissions should be relatively minor.

A candidate who surpasses the standard will manage this discussion especially well, while not making promises that may not be able to be kept (e.g. re the bed state). There will be a good balance between taking Mr Patel's concerns seriously while acknowledging the need for a full assessment of the patient before making any definite decisions.

Does not achieve the standard if the candidate is indecisive or too rash in their planning, or if the plan is flawed and does not address key risks (such as to the children). e.g. if they seem to be making firm decisions (like to admit under MHA) before even seeing the patient, or they do not seem to recognise the urgency and talk of an assessment on another day.

| Category: Negotiation of Risk Management Plan | Surpasses Standard | Achieves Standard | Just below standard | Standard Not Achieved |
|---|--------------------|-------------------|---------------------|-----------------------|
| ENTER GRADE (X) IN ONE BOX ONLY | | | | |

Global Proficiency Rating

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

| Circle One Grade to Score | Definite Pass | Marginal Performance | Definite Fail |
|---------------------------|---------------|----------------------|---------------|
|---------------------------|---------------|----------------------|---------------|