

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination
Station No. 2
April 2009

Introduction and Aims

Assessment of the ability to take a focused, brief history from a patient who presents with documented co-morbid psychiatric syndromes complicated by polypharmacy that may be aggravating or causing additional symptoms, and to develop a management plan.

The main aims of this station:

- To take a brief, focused psychiatric history of main complaints
- To review the current medication regime
- To address the patient's concerns about symptoms and the medication regime
- To make recommendations about medication changes and further treatment

Candidate must demonstrate

- The ability to take a focused history of main concerns
- The ability to critically review the medication regime
- Knowledge of Adult Attention Deficit Hyperactivity Disorder (Adult ADHD) and its relationship to other psychiatric disorders
- Knowledge of psychostimulant medication use, side effects and interaction with other psychotropic medications
- The ability to formulate a safe management plan collaboratively with the patient

CANMEDS competencies assessed in this station

- 1) Medical expert/Clinical decision maker
- 2) Communicator
- 3) Collaborator

Requirements:

- Table and 2 chairs
- Male actor in his forties
- Instructions for Candidate

Station No. 2 - Instructions to Candidate

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

You are working as an Advanced Trainee in a community mental health setting and have a referral from a General Practitioner, Dr Baxter:

Thank you for agreeing to see Mr Tom Green, a 45 year old divorced man who has attended our medical centre for the past 4 years. He has a long history of recurrent major depressions and currently on venlafaxine 375mg daily - this seems to have been the most effective medication following multiple previous antidepressant trials. About 5 years ago he consulted a private psychiatrist who diagnosed Adult Attention Deficit Hyperactivity Disorder (Adult ADHD) and commenced methylphenidate (Ritalin) tablets which initially had quite dramatic effects on his functioning - current dose is 30mg bd.

Tom has now presented with a number of complaints recently including sleep disturbance and anxiety. His appetite has been normal and he doesn't feel depressed. He reports marked daytime fatigue and a trial of Modafinil has not alleviated this. He has requested that I increase his methylphenidate, but I would prefer him to be reviewed by your service first. Please could you advise regarding his medications?

Your tasks are to:

- **Take a *brief, focused* history of the patient's main concerns**
- **Review the *current medication regime***
- **Make *recommendations to the patient* about further treatment**

Station No. 2 - Instructions to Examiners

The examiner will indicate to the candidate where they should sit, and will point out the Candidate's Instructions by their chair.

“This is Mr Green. This is a copy of your instructions. Please proceed with your tasks.”

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 do the best that you can.”

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 tray/table has on it:
 - Laminated copy of 'Instructions to Candidate'
 - 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 notes 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 No. 2 - Instructions to Examiners (contd.)

Things to be aware of:

- *Adult Attention Hyperactivity Deficit Disorder* (Adult ADHD) is often a **difficult diagnosis** to make; clinicians differ in their views of the diagnosis particularly when made in adulthood for the first time and there is a lack of diagnosis during childhood. Diagnosis relies on patient self-report of motor and cognitive impairments (inattention), and impulsivity.
- The diagnosis is frequently **associated with other psychiatric morbidity** like major depressive disorder, anxiety and substance abuse disorders and requires careful evaluation.
- **Psychostimulants** have both positive and negative effects on the patient and their use requires careful risk-benefit analysis. Patients are frequently not fully informed of the potential side effects, and easily attribute side-effect symptoms to psychiatric disorders.
- Psychostimulants have been used as an augmentation strategy for **poorly responsive depressive disorders** in adulthood; patients who respond may be incorrectly labelled as suffering from Adult ADHD.
- Patients who are prescribed **multiple psychopharmacological agents** may experience augmentative and antagonist effects of polypharmacy. Psychiatrists should carefully review the indications for these drugs and recommend changes when these are judged as potentially harmful to the patient.
- Psychiatrists should consider **psychological therapies** for difficult to treat depressive disorders.
- Psychiatrists should **negotiate** care plans with the patient; this may be particularly important when the patient disagrees or is concerned about the proposed plan. Longer-term follow up or evaluation may be necessary to enable the psychiatrist-patient to develop a trusting therapeutic relationship and to provide psychoeducation to help the patient understand, accept and tolerate any changes.

Possible Medication Issues in Mr Green:

- 30mgs BD is quite a high methylphenidate dose for an adult
- Additive agitation/arousal from the stimulant plus Venlafaxine plus Modafinil could occur, e.g. causing anxiety and sleep difficulties
- Fatigue from additive sedation is possible - Modafinil and Venlafaxine can both cause this.
- Tolerance sounds to be developing to the stimulant, with less marked benefits now on attention and memory
- In some patients, Modafinil can elevate SSRI and Venlafaxine levels (CP450 interaction). This could be causing recent increased symptoms such as anxiety and fatigue, however there is also the possibility of a worsening of patient's depression.
- Methylphenidate and Venlafaxine can both elevate blood pressure

How much of this would we expect candidates to be aware of?

- **Achieves Standard** - general principles regarding drug interactions and a basic knowledge esp. of the main Methylphenidate and Venlafaxine side-effects, somewhat less regarding Modafinil
- **Surpasses standard** - a more detailed and sophisticated grasp regarding specific interactions
- **Standard not achieved** - little grasp of basic principles regarding drug interactions demonstrated, or little seems to be known regarding side-effects of Venlafaxine or methylphenidate

Station 2 - Instructions to roleplayer for Mr Tom Green (you'll have this with you as a laminated sheet)

You are Tom Green, a 45 year old divorced man who has been complaining of tiredness and anxiety and now referred by your GP Dr John Baxter, for a medication review. You have a 20 year history of bouts of major depression - you're currently on *venlafaxine* 375 mg (225mgs morning and 150mgs at night). Before venlafaxine you tried numerous antidepressants but this has worked best. About 5 years ago you were diagnosed with Adult Attention Deficit Disorder (Adult ADHD) by a private psychiatrist and started on methylphenidate (Ritalin) - you're currently taking *Ritalin 30mg bd*. You were relieved that someone had finally made the correct diagnosis and the medication greatly improved your functioning at the time - and you've been able to manage regular part-time work since then. You're not happy that your GP referred you to the CMHC as all you wanted was for him to increase your current dose of Ritalin.

You don't think that you're any more depressed than usual - you're able to go to work daily (with great effort, however). Your religious beliefs mean that you don't view suicide as an option nor have you ever made any attempts. In addition to the fatigue you have noticed increased generalised anxiety (no panic attacks) and irritability. Your GP had tried you on a drug called *Modafinil (Modavigil / Provigil)* 100mg bd, for your fatigue. Your appetite's stable - no weight change in the past 6 months. Sleep has been erratic and you occasionally use *temazepam 20 mg* to get to sleep (about three times weekly on average). Concentration has always been a problem and was improved on Ritalin but is still below par, in your opinion.

You don't use alcohol excessively (1-2 glasses/week, socially). You abused alcohol as a teenager however. You smoke 25 cigarettes per day. You used cannabis as a teenager only, but no other drugs. You attribute your prior cannabis and alcohol use to undiagnosed ADHD. You have been told that you may have mild hypertension (140/90) and your GP monitors this. Apparently you may need anti-hypertensive medication. Your cholesterol was slightly elevated but you aren't on medication for it.

You divorced 5 years ago. It was amicable and you have maintained a friendship with your ex-wife. Neither of you have formed another close relationship and you're rather lonely. You now have a "reasonable" relationship with your 20 year old son Mike who recently started a motor mechanic apprenticeship. He's suffered from ADHD since age of 6 and is still on Ritalin (not sure of current dose). He left school early, had a significant history of substance abuse (which continues sporadically) and had a few run-ins with the police but is much more settled now. No-one else in your family had this disorder but your mother suffered from recurrent depression.

Both your parents are deceased. You were a "difficult child" at home and school; you were always "on the go" and full of energy. Despite this you got average grades at school but left early at age 16. After several years in retail, you got experience in accounting and worked as a bookkeeper until you married. You've had an erratic work history of part-time bookkeeping since then. You board with your older, single sister Angela who helps you to get by financially. You have no other siblings.

How to Play the Role

Let the candidate start with introductions. If asked why you've come say something like: ***"It's not really necessary, I just asked Dr Baxter to increase my Ritalin but he insisted that I come and see you."***

You'll be slightly annoyed that your GP made this referral - you'd rather he had just increased the Ritalin as you asked. Talk a little about the "inconvenience" of the assessment. Object to any suggestion of tapering or stopping Ritalin - you fear you wouldn't cope off it. Such suggestions will make you irritable and nervous. If the candidate asks about side-effects you should mention that Ritalin dampens your appetite (you approve of this though as you don't get much exercise). You'll be aware that Ritalin may be causing reduced sleep. You're disappointed that you no longer get the "energy boost" you initially experienced on Ritalin.

The candidate may check other symptoms of Adult ADHD - if so: you are often forgetful and have a short attention span (but all this improved on Ritalin). You are not restless - you get intense fatigue and exhaustion which has worsened across the past 6 months and interferes with activities. You will complain of worsening mood fluctuations which make you difficult to live with. You find it hard to organise your life - you're usually late for appointments etc. Refer to your condition as "my ADD". You blame previous drug abuse on your "ADD" - this is the same reason you give for your tobacco addiction.

Candidates are likely to ask about depressive and anxiety symptoms - you are to be dismissive about these symptoms stating that they are better on the venlafaxine but acknowledge that you are "probably a little depressed still and always will be". You are to be clear that you don't have suicidal ideas or plans - quote your religious beliefs and your son as reasons for not considering this option. You've been referred for psychotherapy in the past (CBT) but didn't feel up to it at the time - you might consider it as an option now but you can't see how it could improve your energy levels.

The candidate should not try to perform a physical examination - refuse this if asked. Tell them to contact your GP who checked you over recently.

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate Initials:

MARKSHEET
Station 2

1.0 APPROACH TO PATIENT

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

Achieves the standard by demonstrating reasonable empathy and ability to form a therapeutic alliance. Candidate is expected to use language and explanations appropriate for the patient. Candidate needs to manage the patient's irritability and fear of any change to Ritalin, and to listen to their concerns and address these.

Surpasses the standard by demonstrating a particularly balanced and consistent approach with excellent empathy, exploration of patient's issues and an above-average balancing of focussed assessment and support.

Does not achieve the standard if Candidate fails to satisfactorily establish rapport with the patient or fails to adequately address the patient's requests and concerns in a professional manner. e.g. if Candidate seems judgemental regarding Ritalin use. Standard not achieved if Candidate does not adequately deal with patient's annoyance at the referral, or is too passive and makes no attempt to negotiate a revised medication regime. Or if manner is brusque or interrogative and insensitive to patient's concerns.

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

2.0 ASSESSMENT - HISTORY TAKING

Did the candidate demonstrate adequate proficiency in obtaining an appropriately detailed and focussed history? (Proportionate value - 30%)

Achieves the standard by a systematic approach to history-taking with a mix of open and closed questions, being attuned to patient disclosures or cues including non-verbal communication. Candidate is expected to explore the patient's main concerns and review the medications, as the main focus of the assessment. Risk issues should be covered.

Surpasses the standard by demonstrating the following in addition to the above - a thorough working knowledge of the criteria for depressive, anxiety and Adult ADHD to clarify patient's diagnoses. Ideally, Candidate should explore the efficacy and side-effects of the medication regime with an appropriate range of questions.

Does not achieve the standard if Candidate's history-taking is unstructured and they fail to ask expected questions to establish or verify the diagnoses in referral letter, or to clarify the medication and side-effects. Standard is not achieved if candidate fails to cover risk factors or misses cues, or is too rigid and concrete in their history-taking.

Category: Assessment - history taking	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

Station 2:

3.0 MANAGEMENT PLAN - KNOWLEDGE-BASE

Did the candidate demonstrate an adequate knowledge of relevant biological and psychological or social therapies? (Proportionate Value - 30%)

Achieves the standard if candidate demonstrates a reasonable knowledge of interventions relevant to the diagnoses identified - in particular the appropriateness of pharmacotherapy and general principles regarding drug interactions plus a basic knowledge of the main Methylphenidate and Venlafaxine side-effects, perhaps somewhat less regarding Modafinil. Candidate should also incorporate psychotherapy and psycho-education in the treatment plan discussion.

Surpasses the standard if in addition to demonstrating most of the qualities as above, Candidate displays a more detailed and sophisticated grasp regarding specific interactions and is able to explain the issues well to the patient. Psycho-social aspects of the plan should definitely be covered.

Does not achieve the standard - if Candidate displays an inadequate knowledge of the use of psychostimulants or venlafaxine, seems to have little grasp of basic principles regarding possible drug interactions, or if a potentially risky treatment plan is proposed. Or if psycho-social aspects not addressed.

Category : Knowledge base re treatment plan	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 MANAGEMENT PLAN - PROCESS

Did the candidate adequately engage and inform patient and discuss the treatment plan with them, incorporating their goals or preferences? (Proportionate Value - 20%)

Achieves the standard by communicating adequately about the plan with patient, taking into account their preferences and concerns. Should be some discussion of treatment risks/benefits and complications, including toxicity and interactions of polypharmacy. Process of developing the plan needs to be collaborative, with Candidate providing advice/information regarding options.

Surpasses the standard by managing the above very well, with excellent handling of the patient's anxiety about any dose-reduction or changes and sensible future planning re follow-up and non-medication options.

Does not achieve the standard if Candidate fails to make clear recommendations or to consider patient's preferences and fears, or they do not provide a clear professional opinion about the need to review current medications because of harmful effects. Or if Candidate is entirely "biological" in approach or overly didactic rather than collaborative.

Category : process of negotiating treatment 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
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