

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination
Station No. 3
April 2009

Introduction and Aims

This station involves a meeting with the mother of an adolescent girl with Social Phobia, to discuss her treatment.

The main aim of this station:

The main aim of the station is to demonstrate the ability to carry out a meeting with a family member - the mother of an adolescent with a newly diagnosed, significant anxiety disorder. Information and advice needs to be provided, and confidentiality issues managed.

Candidate must demonstrate

- Ability to carry out a family meeting with an adolescent patient's mother
- Ability to provide appropriate advice and information
- Appropriate discussion of the management plan with the patient's mother
- Appropriate management of ethical issues around confidentiality

CANMEDS competencies assessed in this station

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

Requirements:

- Table and 2 chairs
- Actor for patient's mother (female, late thirties to forties)
- Instructions for Candidate

Station No. 3 - Instructions to Candidate

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

You are a psychiatry registrar working in a Child and Adolescent Psychiatry rotation. You changed rotations to this post a week ago.

You are seeing Mrs Maria Stevens, a 41 year old woman widowed 8 years ago, who has requested an urgent appointment to discuss the treatment of her 15 year old elder daughter Bella. Bella was recently diagnosed as having Social Phobia by Dr Walsh, your supervising consultant Child and Adolescent Psychiatrist. Dr Walsh is not available at the clinic today.

Bella developed symptoms of anxiety and school avoidance over the past 8 months, triggered by some mild bullying by text messages from a girl who has since left the school. She has become anxious and sometimes irritable, has had difficulty getting off to sleep, and complains of somatic symptoms such as stomach-ache, nausea, sweating, breathlessness and tingling in her fingers, together with anticipatory anxiety regarding attending school. She needs continual pressure to get her to attend regularly, often making excuses to stay at home. Another stressor was the sudden, unexpected death from a heart attack of Bella's grandmother (her mother's mother) one year ago. Bella's grandmother had been close and an important support.

Bella was assessed at the local Emergency Department 2 weeks ago after a severe panic attack, but these have not been frequent. She was seen at that time by the on-call registrar and referred urgently to the Child and Adolescent team. Dr Walsh then assessed her and commenced her on fluoxetine (she is now on 20mg mane), and referred her for behavioural therapy.

Your tasks are to:

- **Provide advice and information regarding Bella's management**
- **Address any concerns that Mrs Stevens may have regarding Bella's treatment**

NB: Do not spend more than four minutes taking extra history, or you will be redirected to the tasks as above.

Station No. 3 - 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 Mrs Stevens. This is a copy of your instructions.
Please proceed with your appointment.”***

After **4 minutes**, if the Candidate is still taking extra history, redirect them to the main tasks

“Please proceed now to your main tasks, as on your Instructions sheet.”

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 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 3 - Instructions to roleplayer for Mrs Maria Stevens

Background history to be aware of: (you'll have this with you as a laminated sheet as well)

You are Mrs Stevens, a 41 year old widowed mother of 2 children, Bella, aged 15 and Nina, aged 12. You have some friends, but have been more isolated since your mother died. You were recently told by the consultant psychiatrist, Dr Walsh, that Bella had Social Phobia.

The precipitant: Bella became somewhat more nervous in the last year since her grandmother, your mother, died. This has been devastating for you as well as the children as she died of a heart attack very unexpectedly. The children were especially close to their grandmother since their father died in a car accident 7 years ago, when Bella was 8 years old. Bella's anxiety symptoms got worse in the last 8 months since she was bullied via text messages by an older girl who has since left the school.

Premorbidly, Bella has been a very bright, intelligent child. She was attentive and generally did well at her school work. She socialized quite well with other kids at school but always tended to be a little nervous and underconfident. There has been school refusal in recent months and she has missed 15 days of school in the past 2 months. The school have involved the student counsellor and have recently begun supporting you to bring her in. Bella has had academic decline and been noted to be less attentive in class. Six weeks ago she got a detention for not paying attention in Maths class.

You were busy with your work (accountancy for a transport company) and preoccupied by your own loss and feel guilty that you didn't realize the difficulties Bella was having. You have been shaken by the recent panic attack which led to her being assessed at the ED, and by Dr Walsh's diagnosis.

Your husband had a nervous temperament and you think Bella has probably inherited this. Her sister Nina seems more stoical. You yourself have grieved since your mother died, but are not depressed.

Dr Walsh assessed Bella and talked to you. He said she did not have depression and diagnosed Social Phobia. He talked about her treatment with you, mentioning Behavioural Therapy, but you have no clear idea what this is. He arranged the medication, saying Bella needed this initially so as to cope better at school and be able to engage in therapy. Bella lets you hold her medication and give it to her - she is on fluoxetine 20 mgs mane. You drive her to and from school every day.

Your main agenda:

- While you prefer non-medication options, you would be willing to continue the medication if your fears about its safety, addictiveness and side-effects are addressed. You are worried as you were talking with Gina, one of your friends - a parent of a similar aged child - who told you that antidepressant drugs were dangerous to kids and could make them commit suicide. You did some searching on the internet, and feel bewildered by the amount of contradictory and often negative information out there. So far however, Bella seems to be coping OK with the fluoxetine, with no side-effects. You want to know what to do in an emergency if Bella has another severe panic attack or becomes suicidal "due to the medication".
- You would like some information about what "behavioural therapy" is.

Opening Statement:

Say something like: ***"I'm confused about some of the things Dr Walsh told me. I know Bella's seeing him again in 2 days but I need a chance to ask some questions first."***

How to play the role:

You feel some guilt and distress about Bella's diagnosis and the extent of her problems, which you feel you should have noticed sooner. You have some friends but few supports overall, and feel quite overwhelmed - you desperately want advice about what to do.

You will be quite worried about possible medication side-effects, and whether the medication does put Bella at risk of getting suicidal, but you will accept reassurance as long as the doctor provides reasonable information and a sensible plan to back this up.

If you do not feel that issues regarding keeping Bella safe and the justification for medication are adequately discussed, become irritable and reluctant to continue letting Bella take this.

At some point ask to see Bella's notes to see what she said to Dr Walsh. If reasonable information about her treatment is given (and an explanation about confidentiality) you will be persuaded not to insist on this. If the doctor is rigid and won't provide reasonable information, get angry and say you have a right to know, as she's your child. Say you want to talk to Dr Walsh himself.

If discussion of your mental health comes up, become prickly and redirect the candidate, saying that you are here for Bella's care, not your own. (You are stressed but you don't have depression or an anxiety disorder.)

MARKSHEET
Station 3

1.0 APPROACH TO PATIENT'S MOTHER DURING INTERVIEW

Did the candidate demonstrate an appropriate empathic and professional approach to the patient's mother? (Proportionate value - 20%)

Achieves the standard - by an empathic and professional approach to Mrs Stevens, developing reasonable rapport. Candidate needs to be appropriate in their use of language, avoiding technical terms Mrs Stevens would not be likely to understand.

Surpasses standard if they interact with Mrs Stevens particularly well.

Does not achieve the standard if – candidate is condescending or brusque or inadequately empathic regarding Mrs Stevens' stress and concerns.

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

2.0 MANAGEMENT OF ETHICAL ISSUES DURING MEETING

Did the candidate appropriately manage ethical issues regarding confidentiality? (Proportionate value - 20%)

Achieves the standard if - the candidate manages confidentiality appropriately by providing reasonable information about Bella's treatment but not allowing free access to her notes (although it would be appropriate to say that if Bella will give permission, this would be OK). The reasons why confidentiality is important should ideally be explained.

A candidate who surpasses the standard will cover this sensitively without antagonising Mrs Stevens, and will provide a good explanation about the need for confidentiality with a 15 year old.

Does not achieve the standard if - this is managed poorly or clumsily, either with no real understanding of the need for confidentiality shown, or too rigid an adherence to this, such that Mrs Stevens is not given adequate information about Bella's treatment.

Category: Management of ethical issue	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

Station 3:

3.0 DISCUSSION OF PATIENT'S SSRI TREATMENT

Did the candidate discuss Bella's SSRI treatment appropriately with her mother?
(Proportionate value - 35%)

Achieves the standard if - candidate is able adequately to discuss the evidence-base for SSRI treatment of social phobia, and use of SSRIs in adolescents. Candidate should acknowledge that it is a controversial issue but that some SSRIs have shown demonstrated efficacy. Candidate should be able to reassure Mrs Stevens that suicidality is unlikely as a side-effect, and ideally explain that this may have occurred in depression treatment if patients were improving and becoming more activated. Candidate should discuss a plan for any future crises or if suicidality should develop (even though unlikely), involving emergency contact number(s) for the Crisis Team, or to take Bella to the ED.

A candidate who surpasses the standard will cover the above particularly well, demonstrating knowledge of the evidence base. They will ideally mention the need to finalise the Crisis Plan with Bella herself at the coming review and to identify people she would be able to tell if feeling worse.

Does not achieve the standard if - candidate seems to lack knowledge of this area or is unable to justify the use of medication in a more severe social phobia or provide information about this.
Standard is not achieved if no Crisis Plan is discussed at all.

Category : discussion of SSRI treatment and crisis plan	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 EXPLANATION OF PATIENT'S PLANNED BEHAVIOURAL THERAPY

Did the candidate discuss Bella's planned behavioural therapy appropriately with her mother? (Proportionate value - 25%)

Achieves standard by - providing appropriate information about what behavioural therapy is and briefly how it works, and the techniques Bella is likely to be taught. A sensible balance of optimism and realism is expected.

A candidate who surpasses the standard will manage this explanation especially well and clearly.

Does not achieve the standard if - the candidate does not seem to understand behavioural therapy for social phobia or cannot explain this adequately, in lay language.
Standard is not achieved if this topic is not addressed at all.

Category : explanation of planned behavioural therapy	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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