

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 1

Sept 2006

Station No. 1 - Introduction and Aims

This station concerns the ability to discuss a psychodynamic psychotherapy plan with a prospective patient.

The main aim of this station:

The candidate must discuss a plan and contract for psychodynamic psychotherapy with a patient with whom they have already done a prior assessment. Candidate must discuss a management plan and verbal contract for the therapy, answer questions and explain the process of therapy, and agree on the chief goals for therapy with the patient.

Candidate must demonstrate

- an understanding of the principles of psychodynamic psychotherapy
- the ability to discuss a management plan and verbal contract for such therapy with a new patient
- the ability to engage and educate the patient
- the ability to negotiate the chief goals for therapy

Requirements:

- Table and 2 chairs
- Actor for patient (male)
- Instructions for Candidate

Station No. 1 - Instructions to Candidate

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

You are a community-based registrar who has recently carried out a detailed 90 minute psychotherapy assessment with Mark, a prospective patient. You have just been reading Mark's notes to refresh your memory about the history.

You have presented Mark's case to your psychotherapy supervisor and both of you agree that he is suitable for insight-oriented therapy. You have arranged fortnightly supervision sessions. You have agreed to take notes during sessions then summarise these for supervision each fortnight. You and your supervisor feel that once weekly therapy sessions with Mark are suitable, and that he is likely to need to be seen for at least one year.

You have set up a brief appointment with Mark so as to arrange the practicalities and plan for the therapy before starting this properly. You have not to date discussed these aspects with him, but you are aware that his prior psychiatrist briefly explained what insight-oriented psychotherapy was when referring him to you for the assessment.

You have already carried out 40 sessions of therapy with another patient and have passed your Psychotherapy Case, and want to arrange a further patient as you are aware that during advanced training psychotherapy experience continues to be required.

Patients at your clinic are seen in booked general-purpose interview rooms - you have an office which is not suitable as it is shared with another trainee and is not in a clinical area. You are able to negotiate time to see Mark after 3pm on any day, or on Thursday mornings. The clinic where you work officially closes at 5.30pm, after which time there are often no other staff on site.

At the end of the last assessment session you told Mark that you needed to talk with your supervisor and that you would see him after this to discuss whether therapy could be offered.

Your tasks are to:

- Offer Mark psychodynamic psychotherapy and explain why you think this could benefit him
- engage and educate Mark and answer his questions
- discuss a verbal contract and plan for the therapy, covering specific practical arrangements
- negotiate with Mark the chief goals for therapy

Station No. 1 - Instructions to Examiner

The examiner will introduce the candidate to the surrogate patient, and will hand them the *Candidate's Instructions*.

“This is your patient, Mark. 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 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 1 - Instructions to Simulated Patient Mark

You are a 38 year old NZ European man, an office supplies sales manager living with your wife of 10 years, Jenny, and your two daughters aged 6 and 9.

Your current difficulties started about a month prior to the assessment after you were passed over for promotion to the Head of Sales position. You were distressed and angry about this and took a week's leave, after which you had a bout of 'flu' which required a further week of sick leave. At first you were happy to take things easy at home. However as the weeks progressed, even though your physical health improved you felt low in energy and "out of sorts". You sat about and made excuses when Jenny encouraged you to take the dog for a walk or to help around the house. You and Jenny began to have more arguments and you became worried that Jenny might leave you. You also found it harder to cope with tension between Jenny and Marlene, your mother, who visits more than Jenny would like.

In terms of your mood, you feel you're not badly depressed, but are definitely "not yourself". You can still laugh at comedy on TV and have no diurnal mood variation or tearfulness. You have no suicidal ideas or plans. You have problems falling off to sleep, lying awake worrying. On the days when you "make yourself" go for a walk your sleep improves. Your appetite is good and you are eating well. You find if you try to think about returning to work you become worried, doubting your own ability, but you have no symptoms of panic, phobia, or OCD. You have taken a month's leave from work and are worried that you now feel unable to cope well with returning to this, despite being due to restart in a week.

You were assessed at the CMHC by a psychiatrist, who felt that you did not need medication but might benefit from psychotherapy so referred you to the registrar. You have seen the registrar once previously for a 90 minute assessment with a view to psychotherapy.

No previous psychiatric history and no history of attempted self-harm.

Little alcohol - only a few glasses of wine with dinner at times. You have never used any drugs.

Your father used to abuse alcohol and your brother continues to do so.

You have no medical history or medications.

Your father was "difficult" and "a worrier". He was a dentist and had expected you to become a dentist or a doctor. You felt that he was disappointed in you. He drank more heavily as he became older, was intimidating and critical, but although at times verbally abusive when intoxicated he was never physically violent to you or your mother. He died of a heart attack when you were 26. You feel sad about this as you'd been beginning to be on better terms with him.

Your mother Marlene is now 63 and spent her early years in an orphanage then in various foster homes. She is an energetic woman who met the practical needs of the family and was always busy, but with whom it was hard to be close or affectionate. She tends to have strong opinions and to clash with Jenny. Your younger brother Bruce (34) is more flamboyant and outgoing and you feel that as the younger he was indulged. Bruce is an actor and drinks heavily, but has never had treatment for this. You are now fairly fond of him while feeling that he's "a bit of a sponger".

Your early childhood was "OK but a bit lonely". Your father worked long hours and your mother was often out at various committees and worked part-time at a bank. You were left in the care of an older neighbour woman quite a lot, where you watched considerable TV but were alone a good deal. You did not cope well with the arrival of your younger brother and felt that Bruce supplanted you in your parent's affections. You and Bruce fought a lot and you were always punished more harshly.

At school you achieved well academically at first, and in sports, becoming vice captain of the rugby team and doing well at tennis. You had several friends and generally got on well with teachers. In your 6th form the school got a new principal, a harsh disciplinarian, and you and others were often subjected to corporal punishment. Your schoolwork declined and you got 6th form Certificate but not Bursary, disappointing your father. You went to University, getting a business degree.

Your first job was with a women's clothing company as a junior salesman. Once you'd saved some money you moved into a flat with three friends, and later moved to your current office supplies company, where you have gradually moved up the hierarchy to your present sales manager post. The work has seemed increasingly stressful as you've moved up the business ladder, with more "office politics", which you

dislike. You feel that your current boss is holding you back and favouring others in the sales department, and that you're being treated unfairly.

You had a number of girlfriends when younger but felt they tended to get bored with you and "drift off". You met Jenny at a friend's dinner party and married when you were 28 and Jenny 24. You have your own home and two daughters aged 9 and 6, who you love very much. Jenny went back to part-time work from home as an accountant 2 years ago. You are fairly financially comfortable but you do need to resume work at this stage or you will be in more financial difficulty.

A year ago you had had a brief affair with a secretary at work, then felt intensely guilty about this and eventually told Jenny, who was very angry and threatened to leave. You had had 6 sessions of couples counselling at the time, and patched up your relationship, but you still feel "on probation". You don't know why you had had the affair, but recall feeling stuck and in a rut, as though you were missing out. You told the registrar that you feared Jenny would at some point tire of you: "Perhaps I'm just too boring...maybe I wanted to precipitate the inevitable."

You see yourself as relatively shy. You abhor aggression and conflict and see yourself as a peacemaker, valuing friendship and loyalty. You feel most people see you as more successful and confident than you really are, and that the outgoing nature of a sales job was at times quite a struggle. You're quite perfectionistic and set yourself high standards, and can be stubborn at times. You still play rugby for a local club and have several good friends. You like sport, reading and listening to music. You and Jenny are not religious.

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

At the start of the assessment, when the registrar enters and introduces themself:

"Hi Doctor, what's the verdict? Are we on for the therapy?"

And after the registrar does offer you psychodynamic psychotherapy:

"OK, great. Can I just go over it again - how is it supposed to help me?" (and ask them for more details)

And during this explanations phase:

"I really want to get to the bottom of this and understand where this anxiety and unhappiness is coming from. I read about something called CBT - how is that sort of therapy different? Would CBT help me understand myself more?"

During the practical details explanation, esp. when registrar explains they will take notes:

"Can I tape the sessions? Then I could go over them at home and make sure I haven't missed anything?" You will be prepared not to do this however if the registrar does not feel it is wise.

When the registrar explores what your goals of therapy are, you will say you have written these down - and will read the following off:

- Not to be anxious
- To handle stress better
- To be confident
- Not to get depressed
- To talk to Jenny properly and sort out my marriage
- To handle Mum better - she can really irritate me
- To stand up for myself more at work

You will be OK about being bargained down to a smaller goal list, however.

How to Play the Role:

Be straightforward and pleasant but a little anxious, interested and curious about the therapy but relatively lacking in knowledge about what it entails. You will be baffled by any technical terms. You will at first say you can't attend in working hours and will suggest sessions from 5-6pm, then will later come up with 4-5pm which you can manage via "flexitime" by going to work earlier on those days. Do a bit of toing and froing about what you can manage before agreeing to a time and day. You will be surprised that therapy may take a year or so **"Jeez - am I that bad?"** and will want to know why it might take so long.

MARKSHEET
Station 1

1.0 APPROACH and ENGAGEMENT

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

Achieves the standard by managing the necessary tasks while maintaining empathy and engagement. Candidate should demonstrate respect, acknowledgment and understanding of the patient's concerns and anxiety. The planning and contracting need to be collaborative not imposed.

Surpasses the standard if also manages the request for taping in a therapeutic manner by exploring why patient wants to do this and acknowledging his anxiety appropriately, and engages patient particularly well.

Does not achieve the standard if – lacks empathy, is dismissive or insensitive of the patient's concerns, or dictates plan and goals without involving the patient properly in the process.

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

2.0 EXPLANATIONS ABOUT THERAPY

Did the candidate appropriately explain the nature and purpose of the therapy? (Proportionate value - 30%)

Achieves the standard by covering explanations about how psychodynamic therapy works and is organised, and how it can be helpful. Also the difference between psychodynamic therapy vs CBT, and why an insight-oriented approach is better for this patient. Explanations need to be understandable by a lay person, without reliance on technical terms or jargon.

A candidate who surpasses the standard will cover all these aspects fully and sensitively and will communicate the information clearly to the patient.

Does not achieve the standard if the discussion is inadequate, explanations are hard to follow or reliant on jargon, or the candidate does not seem to understand how such therapy works so as to be able to explain it properly.

Category: Explanations about therapy	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 ARRANGING THE THERAPY CONTRACT AND MANAGEMENT PLAN

Did the candidate negotiate a sensible verbal contract, and overall management plan? (Proportionate value - 40%)

Areas to be covered include negotiation about the practical arrangements for weekly therapy - time, day, importance of regularity. Confidentiality, the taking of notes and the registrar having supervision must be covered. Overall timeframe (likely length of therapy) is to be addressed and ideally mention of review points within this - e.g. at 6 months or 20-30 sessions. Need for notice regarding any breaks or holidays may be raised.

Crisis management must be covered, i.e. how to access CMHC/Crisis team after hours if needing urgent support. Need for occasional liaison with GP should ideally be mentioned.

Ideally the trainee should not agree to an after-hours session (when may be no staff back-up at the Clinic) or agree to the patient taping sessions.

Any omissions to be minor and not significant regarding the adequacy of the plan and contract.

A candidate who surpasses the standard will negotiate a comprehensive plan and contract collaboratively, including the significant aspects as above. They will also manage well the issue of the patient taping sessions, and the patient's initial suggestion of an after-hours session time.

Does not achieve the standard if there are significant omissions, if the plan is imposed rather than collaborative, or fails to address the management of future suicidality or distress (Crisis planning).

Category : Contract and management plan	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 NEGOTIATING THE GOALS OF THERAPY

Did the candidate adequately negotiate the goals of therapy? (Proportionate value - 10%)

Candidate should cover this issue and do so collaboratively with the patient.

A candidate who surpasses the standard will sensitively explore the goals for therapy and will negotiate the initial long list raised by patient so that a more manageable goal list is agreed. Sensible approach to improving relationship with wife via individual therapy is needed - e.g. possibility that further couples counselling might be needed at some point.

Does not achieve standard if goals are imposed on patient or the issue is not covered adequately.

Category: Goals of 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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