

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 3

Sept 2007

Station No. 3 - Introduction and Aims

The ability to carry out a focussed mental health act assessment, while engaging with an acutely unwell patient and explaining the assessment and treatment process to them.

The main aim of this station:

The candidate must demonstrate the ability to assess an acutely unwell patient with psychotic depression regarding the need for admission and treatment via the mental health act, must engage with them as well as is possible, and must explain to them about the assessment and treatment process.

Candidate must demonstrate

- Ability to carry out an assessment with a very unwell patient
- Ability to engage, orientate and reassure an unwell patient as far as is possible, while informing them of the likely course of events
- Ability to carry out a Mental Health Act assessment including risk assessment
- Ability to relate to a mental health nurse appropriately, during a crisis assessment

Requirements:

- Table and 2 chairs
- Actor for patient (female, from Indian subcontinent)
- Instructions for Candidate

Station No. 3 - Instructions to Candidate

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

You work on an acute adult inpatient ward and are on duty today for Crisis Team assessments. You have been asked to carry out an initial Mental Health Act assessment on Mrs Nita Kumar, a 30 year old woman with a bipolar disorder usually followed up by the Community Team. Nita has had 3 prior admissions – twice for mania and once for a depressive illness.

Nita's husband and mother-in-law are concerned that she has become unwell again and say that she is not coping at home, is "talking nonsense", acting very strangely and not sleeping. They think that she may not have been taking her medication during a recent trip back to India to see her family, from which she returned only one week ago.

There is a Crisis Team nurse accompanying Nita. No doctors were available at the community team today so you are the first doctor to assess Nita since she returned from India. You have been told that the Crisis Team nurse has some background information about Nita and that the prior records have been ordered and are expected to arrive in an hour or so.

Nita, her husband and his mother Lakshmi all run a local dairy. Nita has 2 children aged 7 and 4 who are well and attending school. Nita's family of origin live in Mumbai and she has a large extended family of in-laws living locally. Nita's husband is at the dairy, waiting for an uncle who is coming with a car to bring him to the ward.

Before you go in to start the assessment, the ward's Charge Nurse tells you that they need to know whether Nita is going to require admission as soon as possible, as they would have to organise the discharge of another patient so as to create a bed, if so.

Your tasks are to:

- **Carry out an acute psychiatric assessment focussing on history relevant to the assessment, and on Mrs Kumar's mental state**
- **Decide regarding the initiation of the Mental Health Act and whether to admit Mrs Kumar**
- **Liaise appropriately with the Crisis Team nurse accompanying Mrs Kumar**
(Note that one of the examiners will play the role of the Crisis Team nurse)
- **In the final 3 minutes, explain to Mrs Kumar your working diagnosis and initial management plan.**

(Note that you are *not* expected actually to complete any Mental Health Act forms or documents, and that the Crisis Team Nurse does not have any forms available)

Station No. 3 - Instructions to Examiners

The examiner playing the role of the Crisis Team nurse will be sitting alongside the patient Nita and will get up when the candidate enters and introduce themselves (use own name) and the patient (Mrs Nita Kumar). The “nurse” will hand the candidate the instructions for the station and an information sheet for patients about the Mental Health Act Process, and will say:

“Here’s a little initial background. The old notes are on their way and I know Nita from past Crisis Team contacts as well.”

If the candidate asks any other questions about their task, the other examiner (the one not playing a role) will refer the candidate back to the *Candidate’s Instructions* by saying

“You have your instructions, please proceed.”

At 14 minutes, if the candidate has not already begun to do this task, the examiner not playing the Crisis Team nurse role is to say

“In the last 3 minutes, please explain to Mrs Kumar your working diagnosis, and explain your initial management plan.”

If the candidate says they are finished and want to leave the room, the examiner not playing a role is to say:

“You may leave the room, but please make sure that you have completed the station 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 the second bell, the examiner keeping track of timing notes time on clock (for the 14 minute prompt)
- The other examiner directs the candidate to their task

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 3 - Instructions to Simulated Patient

Background history to be aware of, but that you will not be able to give in any detail at present: You are Nita Kumar, a 30 year old woman originally from Mumbai. You are married and run a dairy with your husband and mother-in-law. You have 2 children - a boy Krishna aged 7 and a girl Sita aged 4. You have been in the country now for 12 years since your families arranged the marriage to your husband. When your moods are stable, you are happily married and get on fairly well with your mother-in-law Lakshmi. You find her somewhat overbearing and bossy at times, and have had a few arguments with your husband about this, but in general you all get by and she is helpful in taking care of your children – which has been very important due to your bipolar disorder. You do miss your own family a great deal however, even after 12 years, and you look forward to your annual trips back to Mumbai to see them.

You have had 2 manic episodes and a serious depression in the past, starting in the post-partum period after your son's birth. You are supposed to take lithium and quetiapine regularly, and in general you do so although you dislike it as it sedates you. Recently however you have been more stressed and low in mood for 3 months due to some financial worries about the dairy. This caused heartburn and you ate less well. You returned to India hoping that the trip would make you feel better, but could not sleep properly and found the heat oppressive. In addition, while in Mumbai you learned that your grandmother was unwell with stomach cancer, which was distressing. By the time you returned home you were feeling very worried about your own health, and within a few days of being at home you became convinced that your mother-in-law was a witch who was trying to poison you, and that your husband was “under her spell” and would do nothing to help you.

Current state: You have (at present) a limited grasp of your past history. You know the doctors feel that you have “bipolar” but at present you don't agree with this. You are just convinced that your mother-in-law is using black magic against you and that she is putting poison into the food – so you are not eating. You can't sleep and can't seem to do much **“I'm not well...”**. You have for several days been hearing a voice saying “kill her, she's no good” and “give her cancer”. You are convinced that this is Lakshmi's voice. You have not taken any medication for over 2 weeks, and if asked about this, will say **“I don't want it...it's poison...it's all poison...”**

You have no current thoughts of retaliating against your mother-in-law or of harming anyone (specifically no ideas of harm to your children), but you have some vague suicidal thoughts, and feel hopeless. You won't be able to express this very clearly if asked about suicidal thoughts - just shake your head hopelessly and say **“I don't know... maybe, I can't say... it's all wrong”** etc.

How to Play the Role - and things that you must say at some point

Sit bent over at first, hugging your stomach with your arms and rocking slightly to and fro. Say nothing unless questioned – be unspontaneous and with an overall reduced amount of speech. When you speak, use short sentences, and speak somewhat slowly and with a little initial latency of reply (within reason - don't make it impossible for the candidate to extract any information at all). You can also at times rub your face distractedly, put your face into your hands, wring your hands or pull at your clothing. You won't get up at all but you will rock restlessly in your chair at times. Note that your English is good – you were educated in English and have been here 12 years, so do not need an interpreter despite being very unwell at present.

You will mostly have a troubled and worried expression, and will occasionally look about and become preoccupied as though responding to unseen stimuli (this is a voice that you are hearing, abusing you and telling you that you are being poisoned). At one point you will look up into space (not at the candidate or the nurse) and say **“go away you old witch! – why are you doing this?”**. The candidate is likely to ask you what you heard – allow them to elicit the phenomena of the voices you hear, which you believe are your mother-in-law Lakshmi tormenting and threatening you. **“She wants to poison me, I know it. She is an evil witch.”**

When telling the candidate about your belief that your husband is not helping you as he is under his mother's spell, you can become briefly upset and close to tears, and when saying that his mother wants you dead and is a witch you may get a little angry or distressed, but in general you appear blunted, preoccupied and worried. If offered water by the nurse, refuse this and appear suspicious.

If the candidate asks anything not in the script just shake your head miserably and say **“I don't know...I don't know...it's all gone bad...”** - ad lib freely as above, repeating the ruminative concerns about your health worries, your belief about being poisoned, the ‘horrible’ voices, etc.

If the candidate talks to you about admission and the MHAct you will not be interested in the MHAct information, but will be prepared to come into hospital so as to get away from **“that witch”**. You can't really establish rapport but you do want help - e.g. say **“help me, she's killing me”** at some point.

Station 3 - Instructions to Examiner playing Simulated Crisis Team Nurse

You will be sitting alongside the patient Nita and will get up when the candidate enters and introduce yourself (use your own name and say you're from the Crisis Team) and the patient (Mrs Nita Kumar). You will hand the candidate the instructions for the station and will say:

"Here's a little initial background. The old notes are on their way and I know Nita a bit from past Crisis Team contacts as well."

If asked by the candidate to provide some extra history, you can refer to this script as though to some notes brought in with you. Note that the candidate should ask you if an interpreter is needed before trying to talk with her – say that this isn't necessary as Nita speaks good English. You are aware that after Krishna's birth Nita developed a post-partum manic psychosis and subsequently a severe post-natal depression. She was twice admitted to the psychiatric unit for treatment, across several months. Following those admissions, she has been treated with lithium carbonate and quetiapine, but she has complained that they cause her to feel sedated. Two years ago she became low in mood and was treated with citalopram, which led to a further manic episode and another admission. The citalopram was stopped, and her moods stabilised again. Her last lithium level was taken 6 weeks ago and was 0.7mmol/L. You understand that when stable in moods, Nita copes well and is cheerful and hard-working. As far as you know she is physically well, with no significant medical history.

You are aware that when acutely manic in the past Nita behaved in a very disinhibited and irritable manner, and developed persecutory beliefs about some customers coming into the shop – behaviour very unlike her usual self. She has not ever used alcohol or drugs nor did she act so as to harm others, but when significantly unwell she has been incapable of working or of caring for her children safely. When depressed she once tried to cut her wrist with a kitchen knife, requiring sutures. There have been no other self-harm attempts.

The recent history from the family is that in the last week since she returned from India Nita has been withdrawn, not eating much but drinking some bottled water, and getting hardly any sleep at night. She has been found trying to make herself sick in the toilet and has shouted at Lakshmi her mother-in-law, calling her evil and a witch and accusing Lakshmi of poisoning her. Nita has been a little suspicious with her husband as well but he has been able to get her to drink some fluids. The family think that she is hearing voices as she argues with unseen people. She has shown little interest in her children and they have largely been cared for by Lakshmi. The family have not been able to locate Nita's medication – she did not seem to have any with her on her return from India. They got more from her GP but Nita has refused it, saying it is "poison".

How to Play the Role

Be pleasant and professional in manner, concerned for Nita and trying to reassure her and encourage her to answer the candidate's questions at times. You may pat her on the shoulder or get her a tissue if she seems especially upset. Try to get her to drink some water at one point - she will refuse this.

When asked to give additional history as above, don't provide all of this at once - provide the brief summary of her past history at first, but don't give all the risk history and the current mental state and behaviour information until further questioning by the candidate. You can intermittently focus on calming and supporting Nita in between providing information to the candidate.

Try to play this as a usual exchange of information between an experienced psychiatric nurse and an assessing doctor, while the nurse is also caring for a moderately unwell patient so is somewhat distracted. Also, be aware of how Nita might react to the history you are giving, so use tact at times in how you express some of the details.

Things to say at some point:

Mention that you can arrange for the Crisis Team's psychiatrist to come to the ward and do a further assessment in about 30 minutes' time, as there are no other psychiatrists on the ward right now. You will be prepared to help organise an admission bed and to stay with Nita while further assessments are carried out. Wait for the candidate to mention admission and further MHAct assessments before you raise these issues, however.

If the candidate is *not* planning admission and is considering OP treatment (unlikely) you will be concerned and will state your opinion that Nita is very unwell and needs admission via the Act.

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate No.:

MARKSHEET
Station 3

1.0 APPROACH TO PATIENT DURING ASSESSMENT

Did the candidate demonstrate an appropriate empathic yet professional approach to the patient? (Proportionate value - 25%)

Achieves the standard - by a supportive yet pragmatic approach to the interview, while attempting to gain some rapport even if only minimally. Candidate needs to be sensible in their use of language and to use more direct and simplified questioning overall, so as to elicit some information. Candidate also needs to use tact when obtaining additional information from the nurse in the patient's presence, regarding not discussing the patient as though they were not present. Ideally, candidate is to check that patient does not need an interpreter before trying to talk with them.

Surpasses standard if they manage this balance particularly well. Checks that patient does not need an interpreter before trying to talk with them.

Does not achieve the standard if – candidate is interrogative or brusque, inadequately supportive, or is rigid and formulaic in their approach and does not tailor this to the degree of unwellness of the patient.

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

2.0 INFORMATION GATHERING AND MENTAL STATE ASSESSMENT WITH PATIENT

Did the candidate gather sufficient information from the patient, and adequately assess their mental state? (Proportionate value - 25%)

Achieves the standard if - adequate questioning is attempted regarding recent problems, symptoms and functioning, within the limits imposed by the patient's unwell state. There must be an attempt to check risks to others including the children, and also self-harm/suicidality assessment.

A candidate who surpasses the standard will cover this fully, with a better than average coverage of risks and self-care, and of recent events and adherence to medication.

Does not achieve the standard if - the risk assessment is inadequate or not completed, or if very little attempt is made to elicit the main symptoms and phenomena, and to check basic self-care and at least some vegetative symptoms.

Category: History taking and mental state with patient	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 INTERACTION WITH THE CRISIS TEAM NURSE

Did the candidate interact in an appropriate and professional manner with the Crisis team nurse and gather additional history adequately from her? (Proportionate value - 25%)

Achieves the standard if - candidate's manner with the nurse is professional, helpful and appropriate, and they work cooperatively to assemble the necessary information from the nurse where the patient cannot provide this. The nurse is to be included in the final discussion about the outcome of the assessment and next steps.

A candidate who surpasses the standard will interact particularly professionally and with sensitivity regarding how they gather information from the nurse in the patient's presence, and will establish a very good working partnership with the nurse.

Does not achieve the standard if - candidate's manner with the nurse is impatient, brusque or dismissive, or they largely fail to relate and to gather information from the nurse, focussing almost entirely on the patient.

Category : interaction with crisis team nurse	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 DISCUSSION OF WORKING DIAGNOSIS, PLAN AND MENTAL HEALTH ACT PROCESS

Did the candidate adequately discuss the results of their assessment and the Mental Health Act process with patient? (Proportionate value - 25%)

Achieves standard by - carefully explaining their working diagnosis to patient in simplified terms, and outlining the next steps re further MHAct assessment and admission to the ward. Candidate is to be clear that the diagnosis is a relapse of the patient's bipolar disorder, i.e. a severe depression, and that the patient requires admission via the Mental Health Act. Candidate is to appropriately attempt to persuade the patient to accept the management plan. The need for medication does not need to be addressed at this stage.

A candidate who surpasses the standard will discuss all this clearly yet particularly sensitively, in the context of the patient's recent stressors and with appropriate supportive language and avoiding use of the term "psychotic".

Does not achieve the standard if - the candidate does not explain their assessment results clearly yet sensitively. Standard not achieved if candidate fails to diagnose a depressive relapse or does not plan to admit the patient. Candidate must plan to commence the Mental Health Act even if the patient agrees to admission, as patient is clearly not competent.

Category : Discussion of assessment and MHAct	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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