

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 1

Sept 2008

Introduction and Aims

In this station the main task is to:

Manage a difficult consultation with a patient with elevated mood (hypomania) who receives a cell phone call and spends some time dealing with financial issues during a follow-up consultation with the candidate.

The Main Assessment Aims are:

- Evaluate the candidate's ability to take a tailored history about the patient's mood and medication adherence
- Deal with a talkative and irritable patient
- Communicate a reasonable treatment plan to a patient in a limited time period.
- Manage risk that patient will overspend and make unwise financial/business decisions.

These cover the CANMEDS domains of:

- Medical professional
- Medical expert

The Candidate must demonstrate the ability:

- to deal with a talkative and irritable patient
- to take an appropriate history of mood in a patient who suffers from a Bipolar Type I disorder
- to deal with a disruption during a consultation
- to make changes to a care plan and medication in negotiation with the patient
- to display high index of concern about the patient's mood state and the consequences to them of impaired judgement, and to make suitable plans to monitor and treat this.

Station resource requirements:

- Patient aged 30s-40s (female, from Indian subcontinent in this version of script)
- Patient carries their own cellphone into station
- Cell phone call to patient (from invigilator outside room) at 5 minute mark of interview - lasts max. 4 minutes unless the candidate intervenes.
- Table and 2 chairs
- Instructions for candidate and copy of material from preceding Bye

Station 1: Instructions to Candidate

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

You are working as an advanced trainee in a community mental health service. You have an appointment scheduled with Ranjeeni, who has a Bipolar Disorder.

You have just been refreshing your memory about Ranjeeni's background history from her notes, and have managed to locate the recent Lithium level which has just arrived before your appointment with Ranjeeni. You compare this with the past levels in her file.

The serum lithium level from 2 days ago (taken in the morning, 12 hrs post dose) is 0.5 mmol/L.

This is a drop from the previous levels across the past 6 months which have been between 0.7–0.8 mmol/L. They all seem to have been taken at the correct time, 12 hours post dose.

Two months ago she had thyroid function and renal function checked as well, and these tests were all normal.

Ranjeeni is sitting in a consulting room waiting to see you. The receptionist says that she is here by herself today, without her son. She was a bit early and seemed to have gotten the appointment time muddled, but has kept herself busy flicking through magazines, and chatting on her cellphone with friends while she waited.

Your tasks are to:

- **Briefly assess Ranjeeni's mental state & current risk**
- **Deal with any issues that emerge in the context of the consultation**
- **Discuss your care plan and treatment options with Ranjeeni**

<p><i>You are not required to take any further personal history or to physically examine the patient.</i></p>
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Station No. 1 - Instructions to Examiner

In this station, your role is to:

- Observe and evaluate the quality of the doctor-patient interaction according to the defined tasks and assessment aims.
- You are not to interrupt the candidate during the examination - there are no prompts for time keeping in this station. Candidates must ensure that they have sufficient time to address both components required for this assessment. The candidate has been instructed to *address the care plan to the patient*.

At the commencement the candidate may simply start the consultation, or you can indicate their chair and say: ***“Please proceed with your tasks as instructed”***

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 tries to present the care plan to the examiners, say

“Please discuss your proposed treatment plan with the patient.”

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’.
 - 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 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 1: Instructions to Simulated Patient

Opening Statement:

Smile at the candidate and let them start it off. You can say ***“Hello again doctor”*** – no need for their exact name.

Background information for your role: *(you don't need to memorise it all, just try to be familiar with the main points especially recent history and current social situation. You'll have this with you as a laminated sheet)*

You are a 36 year old married Indian woman with two children aged 4 and 2. You are originally from Mumbai but have lived in New Zealand for 10 years. Your husband Sanjay is supportive and your relationship has endured a number of strains during your periods of mood elevation or depression.

Your mother helps with the children's care as you and Sanjay both work. You work part-time as a salesperson in a sari shop owned by Sanjay's uncle. You have come for a regular appointment with your doctor. You always regularly attend appointments, and can take time off from work as Sanjay's uncle understands about your illness.

You have a Bipolar Disorder. You know about this illness as you've had quite a lot of education in the past, and also your father's mother had the same condition.

Psychiatric History

You first became manic at the age of 27 (9 years ago) and have had 4 past admissions when manic, and a further 5 depressions treated in the community. The last manic episode was 18 months ago, precipitated by your father's death from a heart attack. After this manic episode you had a depression and were on citalopram 40mg mane in addition to your usual lithium carbonate 1200 mgs (3 tablets taken at bedtime). You are aware that your serum levels are usually about 0.7-0.8 mmol/L.

Your past admissions generally lasted 1-2 weeks and have responded to going back onto lithium and getting the levels right again. You have reduced or ceased your lithium across the years for a number of reasons. Initially you didn't think you really needed it, then you worried it might make you fat, then **more recently you read somewhere that the level could go high if you became dehydrated and as you have started jogging to keep fit, you thought you should take less lithium to avoid getting toxic after jogging. You have thus reduced your dose to 800 mgs (from 3 tablets to 2) across the past month.**

In the past when manic you also had olanzapine and zopiclone for a while, but you don't like these, especially the olanzapine, and tend to come off them as soon as you can. You worry that the olanzapine makes you fat. When you have been manic your mood is excitable and over-cheerful and you talk fast. You don't remember to eat and you tend to lose weight. You don't feel tired or need much sleep and have lots of energy with many plans and tasks on the go but often not completed. Your thoughts get speeded up and a bit disorganised but you don't become psychotic when manic or depressed. In the past when manic you have planned unrealistic business ventures and have at times spent too much money on clothes and gifts for the children and yourself and others in the family. Sanjay has been upset about this so he now controls the savings account. You were also charged by the police once in the past once for speeding and for driving under the influence of alcohol, when manic. You lost your licence for 6 months and paid a fine.

When depressed you get the usual symptoms of depression and find it hard to care for the children properly. You tend to mope about and need time off work. At these times you have some suicidal ideas but have never acted on these so as to self-harm as you “could not hurt the family”. You had a post-partum depression after both of your sons were born. You have had SSRIs for your depressions, most recently citalopram but no antidepressant for the past 6 months, just Lithium.

You've never used drugs, and are a non-smoker. When manic you sometimes drink wine or spirits in clubs or restaurants, but you have never been dependent. When well you don't drink alcohol regularly.

Background History

You grew up in Mumbai. Your father worked in an import/export company and the family were reasonably well off. You were the 2nd of 3 children and the only girl, with 2 brothers.

You married Sanjay (an arranged marriage) and came to New Zealand aged 26. Your parents and younger brother later also emigrated. Your older brother is still in Mumbai, running his own business. Your younger brother is married and lives locally.

Sanjay's family are still in Mumbai, except for his aunt and uncle and several cousins, who live locally (his uncle owns the sari shop where you work). Sanjay works as an accountant. You have a good relationship, other than some stress about your overspending at times when you were manic.

Since your father died your mother has lived with you and Sanjay. You are close to her and rely on her for help with the children. You have two boys aged 4 and 2 years old (Krishna and Perminder) .

You recall a happy childhood in Mumbai, and being spoilt by your father as the only girl in the family. You miss him. You went to school in Mumbai and were an average scholar, tending to socialise with your friends more than to study. You worked in a family friend's business after leaving school, as a salesperson. You have worked off and on since, with breaks caused by your illness and having your children. At present you work half-time in the sari shop and enjoy this, as you like chatting to customers and your co-workers.

You and Sanjay have your own house, in the same suburb where your younger brother and Sanjay's uncle and aunt also live. You drive and have your own small car (a Subaru), so you can get herself to appointments and take the children around. You have a number of friends, from your work and also other mothers you've met taking your sons to pre-school.

You see herself as "friendly" and a "family person". You know you probably talk too much but you like to find out about people. You like nice things so enjoy your work, although you don't yourself dress in saris other than at work, and prefer modern clothing. Your family matter a lot to you, and you see yourself as an honest person who means well. You're not especially religious.

How to Play the Role

Dress in smart casual style and quite colourfully, but not looking disorganised. You are to seem confident and chatty - you are pleased to see your doctor and to prove that you are "OK" to everyone. Your speech is a bit faster than usual and you are quite animated in your expressions (gesture quite a bit – wave your hands about). You are rather physically restless and will move about in the chair and fiddle with your bag at times.

At about 5 minutes into the interview, you will receive a phone call on your mobile phone.

You are to apologise and say that it's an important phone call that you have to take. ***"I'm sorry – I just have to take this, it's really important, just a moment..."*** etc.

The conversation will be with your bank manager about a "business opportunity" that may allow you to move from selling saris for Sanjay's uncle (a job you now feel is a bit tedious) into your own clothing sales business. You are to be quite assertive in your discussion with the manager and after a while, start to get irritable with her.

"Yes, yes... hello? You're the business loans manager isn't it? Did you get my proposal for a loan?"

"It's a great idea isn't it?..... well you need to read the information I left there. Yes, I left it for you yesterday, with the staff there. Well please go and locate the folder then..." etc.

Intermittently, pretend to be listening to some long explanation that the manager is giving you, with a few interjections like ***"but..."*** ***"no I haven't..."*** ***"no I don't..."*** etc.

From what you say out loud, especially towards the end of the call, it will be apparent that you aren't getting what you want – the manager is not agreeing or is stalling.

"what do you mean you can't authorise it – aren't you in charge there? Well, who is and can I talk to them?"... "I don't see why this is so complicated, it's a great business opportunity and you should be able to see that..." etc.

The first time the candidate tries to cut you off and resume the interview, just wave him or her off or put your hand over the phone and say ***"just a moment, sorry, sorry, I'm almost finished here, it's important"*** etc. then return to your call. Or you could get up and walk about in a small circle while talking into the phone. If the candidate tries again to stop your call, reluctantly end it ***"Look, I can't talk any more just now, I'll call you back soon."*** Shut the phone or throw it in your bag, in an angry manner.

After 4 minutes maximum, end the phone call abruptly in an irritated manner, and recommence the interview.

At this stage you are irritable and rather curt in your responses. You will disagree that you are elevated and becoming manic, and will try to explain to the doctor why this is such a great business proposal and how boring your old job has become, and how short-sighted the bank are being. Describe the usual manic symptoms when asked about these, but say ***"it's just because I'm excited about this business deal though, that's all"***. If the doctor suggests an admission, you will insist that this is not necessary – at this stage you will apologise for your behaviour and be prepared to consider to treatment suggestions. Calm down a bit if faced with an admission, and admit that you have been a little irritable lately.

What to Expect from the Candidate

Expect the usual introduction to a review appointment. The candidate should focus in on your current symptoms and coping, especially typical warning signs of a possible relapse and on your lithium level and why it's low. **Explain about the jogging and why you reduced the dose.** Be a bit sulky when the doctor suggests that this isn't a good idea, but be prepared to go back to your usual dose. ***"Oh all right!"*** Expect different responses to the phone call - this station assesses how the candidate deals with an unexpected interruption in the interview and there is no one correct response. Those candidates who don't intervene at all will have less time to manage the rest of the interview.

MARKSHEET
Station 1

1. APPROACH

Did the candidate demonstrate an appropriate empathic yet professional approach to the patient?
(Proportionate value - 30%)

Achieves the standard by a supportive yet firm approach to the interview, while attempting to gain rapport and to use the past relationship developed with the patient. Candidate needs to be sensible in their use of language and to use more direct interactions overall, after realising patient is not fully well. They need to try to close down the phone call, yet not to be overly aggressive or angry in doing so.

Surpasses standard if they manage this balance between support yet firmness particularly well. Good handling of the phone call and good ability to settle the patient down after this and to manage her irritability.

Does not achieve the standard if – candidate is interrogative or too aggressive/brusque, is inadequately supportive, or does not tailor their approach to the degree of unwellness of the patient. Or if candidate is too disorganised or passive and does not manage to complete their tasks in the time available.

Category : Approach to patient	Surpasses Standard	Achieves Standard	Just Below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 HISTORY

Did the candidate take an appropriately focussed history?
(Proportionate value - 20%)

Achieves the standard if adequate questioning is carried out regarding key issues including symptoms of mania, exclusion of mixed symptoms, checking early warning signs of pending relapse and screening for risks such as overspending, driving safety and other risky behaviour. Alcohol use and current adherence to medications must be covered. Suicidality is not likely but should ideally be touched on.

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

Does not achieve the standard if there is no or poorly focussed questioning – e.g. not tailored to typical symptoms indicative of early warning signs of relapse or checking for high risk behaviours. Overspending risk and unrealistic business plans must be covered in light of the phone call and past history. However, there must also be general screening for other manic symptoms.

Category: History , Content Selection	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 ASSESSMENT ACCURACY

Did the candidate interpret the relevant history and mental state findings accurately?
(Proportionate value - 20%)

Achieves the standard by accurately identifying the main mental state and history findings and responding to these in the discussion with the patient. The candidate is able to interpret the signs of a manic relapse from behaviour seen and early warning signs elicited and communicates this to the patient clearly and effectively.

A candidate who surpasses the standard will manage this very well, with a better than average ability to share this interpretation with the patient and to help them see that a relapse is occurring.

Does not achieve the standard if the candidate does not communicate their findings and conclusions clearly and sensitively to the patient – e.g. is vague or disorganised in explaining this, or not very convincing. Or if candidate appears not to have understood the meaning of the information elicited.

8. Category : Examination Accuracy	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 MANAGEMENT

Did the candidate formulate and describe a relevant initial management plan?
(Proportionate Value - 30%)

Achieves standard by appropriately attempting to persuade the patient to accept a sensible management plan for a manic relapse. The need to return to the usual lithium dose must be addressed, with other practical measures such as talking with her family, avoiding major decisions and financial plans in the short term, staying at home, possibly the addition of a medication to help her sleep, or of olanzapine. Other possibilities are discussion about Crisis Team/Homecare visits on a regular basis, or having a respite nurse at home or even admission to hospital, although admission should not be insisted on if the patient calms down and becomes cooperative.

A candidate who surpasses the standard will negotiate all this particularly well and fully, and will achieve the patient's cooperation with the plan. Ideally, the issue of her safety to drive home should be addressed, with an offer to arrange for her to be driven home instead, e.g. by the Crisis Team.

Does not achieve the standard if the candidate does not engage the patient well in treatment planning, or there are mistakes in the management of this relapsing state, or if candidate does not arrange short term follow-up and monitoring etc. Or if the candidate did not have sufficient time to discuss the treatment plan because of poor organisation and control of the assessment.

Category: Management Plan	Surpasses Standard	Achieves Standard	Just below	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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