

**RANZCP Auckland Training Programme**  
**Mock Objective Structured Clinical Examination**  
**Station No. 3**  
**Sept 2008**

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**Introduction and Aims**

In this station the main task is to:

Meet with a patient who has recovered from a depression, to discuss starting Cognitive Behavioural Therapy (CBT) for depression.

The Main Assessment Aims are to evaluate the candidate's ability to:

- Assess the patient's suitability for CBT therapy
- Exclude psychodynamic therapy as an option in this case
- Explain to the patient about CBT
- Negotiate a plan for CBT therapy

These cover the CANMEDS domains of:

- Medical professional
- Medical expert
- Communicator

**Station resource requirements:**

- Actor for patient aged 30s-40s (male)
- Table and 2 chairs
- Instructions for Candidate

### **Station 3: 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 John, a 35 year old married man who is recovering from a major depression. John is now doing quite well on fluoxetine 40mgs mane, and is almost fully recovered. You have been treating him for two months now and have seen him several times. This is his first psychiatric illness and his first episode of contact with mental health services.

John developed the depression after losing his job as a middle manager in a produce supply company. At its peak, his depression was moderate to severe and he was suicidal and overdosed on aspirin, requiring treatment in the ICU. He is no longer at all suicidal and regrets the attempt now, and is keen to avoid any recurrence of the depression. As a result of the job loss and depression he has lost confidence and finds it very hard to contemplate job interviews. He says he is anxious whenever he thinks about trying to get a job again.

John is married to Anna who is supportive and works as a hairdresser. The couple are happy and have no children as yet. They have been married for 2 years. John's background history is unremarkable, with a happy childhood described, reasonable success at school and a degree in Business Management. He has several good friends and had not previously had trouble finding or keeping a job, but the financial situation worsened and his company unexpectedly went into recession. He was then unable to find another position readily, and developed the depression. He has been off work for four months and is receiving income support insurance payments.

John says he was always a little timid and "a worrier". He describes himself as a practical person and says he is something of a perfectionist and likes things to be well organised. However, he has no OCD symptoms, and no symptoms of an anxiety disorder as such. You are aware of the overall outline of his case, but have never talked with him in detail about therapy options as he was not previously well enough.

**Your tasks are to:**

- **Assess John's suitability for CBT therapy**
- **Explain to John about CBT**
- **Negotiate a plan with John for CBT**
- **At about 13-14 minutes, present your assessment and plan regarding CBT to the examiners as though to a psychotherapy supervisor**

<p><b><i>Note that a comprehensive psychological formulation is not required as part of your presentation of John's assessment</i></b></p>
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### Station No. 3 - 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.
- Ask the candidate to present their assessment and plan as though to a psychotherapy supervisor.

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”***

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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.”***

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At **14 minutes**, if they have not already started, say:

***“Please present your assessment and plan regarding CBT for this patient”***

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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 Simulated Patient “John”

#### Opening Statement:

Smile at the candidate and let them begin. You can say **“Hello again Dr x”** (use their name if you can read this).

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

You are John, a 35 year old married man who is recovering from a major depression. You are now doing quite well on fluoxetine 40mgs mane, and are almost fully recovered. You have been seeing this doctor for two months now at the community clinic. This has been your 1st episode and 1st contact with MH services.

You developed the depression after losing your job as a manager in a produce supply company. At its peak, your depression was quite severe and you were suicidal and overdosed on aspirin, and were admitted to the ICU. You're longer at all suicidal and you regret the attempt now, and you're keen to avoid any recurrence of the depression. As a result of the job loss and depression you've lost confidence and find it very hard to contemplate job interviews. You get anxious whenever you think about going for a job again. Other than this your sleep is normal now, your appetite good, your energy “8/10” and your interest in life pretty good. You can read and concentrate OK, and mostly your mood is good, but there are still occasional times when you feel anxious and a bit low. These are transient and often linked with worry about job-finding. Candidates are likely to check how well you are now, and to check these residual symptoms and cognitions.

You've been married to Anna for 2 years – she works as a hairdresser. You are a close couple who are generally happy and have no children as yet. You feel bad about the worry and pain you've caused Anna. Your personal history is “pretty normal”, with a happy childhood, reasonable success at school and then you completed a degree in Business Management. You have several good friends and had not previously had trouble finding or keeping a job, but the financial situation has worsened and your company unexpectedly went into recession. You were then unable to find another position readily, and developed the depression. You have been off work for four months and are receiving income support insurance payments. Anna is working as well. You do not abuse alcohol or illicit drugs – don't drink at all. You do smoke 20/day.

You were always a little timid and “a worrier”. You see yourself as a practical person and think you're something of a perfectionist and like things to be well organised. However, you have no obsessions or compulsions, and no symptoms of an anxiety disorder as such. You like making things, and do carpentry as a hobby. Think about what a “normal day” might be like for you currently as the candidates may want to discuss your activities. You probably go out less and are still a bit more socially isolated than before.

You haven't really thought much about psychotherapy as you've been concentrating on just getting better day by day. However, you will be aware if asked that there are certain thoughts that crop up a lot for you, especially when you were getting depressed. These tend to be negative and undermining, like “I'll never get a decent job again” “I'm on the scrapheap” and “I'm a failure”. Although you haven't thought about it before, you will be able to see if this is discussed that you have tended to be troubled by similar thoughts at any difficult points in your life (e.g. at University when you struggled to cope to begin with and failed an exam).

Feel free to ad lib around these themes if the registrar explores them with you. You don't think these doubts and worries come from your childhood if asked – you recall a happy childhood and were close to both mother and father who were supportive. At school you were sometimes anxious and you were bullied once or twice but not too badly. You were a fairly average student and have been aware of anxieties about “making the grade” for many years, but you've tried hard and feel you have overcome these undermining worries, and have achieved well as an adult. However at present it all seems to have “fallen apart again”.

While you can see some of these issues as developing across your earlier years, you will not want an insight-orientated therapy. The candidate may check if you would be suitable for psychodynamic therapy, or may just focus on CBT. **If the candidate does not explore your suitability for a psychodynamic approach, at some stage you must ask them about this. Say: “Anna said I should have ‘analysis’, whatever that is. What do you think? Do you think some sort of analysis is what I need?”** But once this is explained you will not be keen – you'll want more practical help. You will like the idea of a CBT approach once this is explained. You have not previously heard about CBT so this will be new information – feel free to ask sensible questions, as a lay person would. e.g. how long will it take and how often are the sessions, what actually happens in a session, what would you have to do yourself, etc. You will be keen to do something to: 1) recover fully from the depression, 2) protect yourself from it returning again, and 3) to feel less anxious about job-finding right now. These will be your main goals for the therapy.

**If candidate doesn't explain well about CBT feel free to get more anxious and ambivalent about it.**

**MARKSHEET**  
**Station 3**

**1.0 APPROACH and ENGAGEMENT**

**Did the candidate demonstrate an appropriate approach to the patient and engage them?**  
**(Proportionate value - 25% )**

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 needs to be collaborative not imposed.

Surpasses the standard if they manage this particularly well, with a good balance of support and realism, and good professional boundaries - e.g. being clear about therapy and not making unrealistic promises so as to "soothe" patient.

Does not achieve the standard if – candidate lacks empathy, is dismissive or insensitive to the patient's concerns, seems not really to understand the patient's issues, or dictates a plan and goals without involving the patient properly in the process.

Category: Approach to patient and engagement	Surpasses Standard	Achieves Standard	Just below	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 CBT therapy?**  
**(Proportionate value - 25% )**

Achieves the standard by covering explanations about how CBT can help and how it is carried out. Also (ideally) covers the difference between psychodynamic therapy vs CBT, and why a CBT approach would be better in this instance. Explanations and language 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 thoroughly and will communicate the information clearly to the patient. A psychodynamic approach will definitely be covered as a mode of therapy but CBT will be preferred and recommended, with the reasons made clear.

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

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

#### 4.0 ASSESSMENT FOR CBT AND PRESENTING THIS ASSESSMENT TO “SUPERVISOR”

**Did the candidate carry out an adequate assessment for CBT and present this adequately?**  
(Proportionate value - 25% )

Areas to be covered include identification of depressive/anxious cognitions likely to be amenable to CBT, and checking that the patient has some ability to work with psychological concepts. The overall state of recovery from depression and current risks need checking (e.g. suicidality/safety and are memory and concentration sufficiently improved). The patient's motivation for therapy and ability to do required tasks such as keep a diary need exploration. Ability to define clear goals for therapy is also important. Any omissions to be minor and not significant regarding the adequacy of the assessment.

A candidate who surpasses the standard cover the above aspects very well. They will be clear about how to assess for CBT suitability and this will be apparent in their presentation.

Does not achieve the standard if the candidate appears not really to know how to assess a patient for CBT, or does a few aspects as above but then cannot present this clearly to sum up the assessment and demonstrate that they have understood the issues.

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

#### 4.0 NEGOTIATING THE THERAPY PLAN AND PRESENTING THIS TO “SUPERVISOR”

**Did the candidate adequately negotiate the plan for CBT with patient and present the plan?**  
(Proportionate value - 25%)

Areas to be covered include mention of the practical arrangements for weekly therapy - time, day, importance of regularity. Confidentiality and the registrar having supervision should be covered. Overall length of therapy course must be addressed, and there should be discussion of the goals of therapy. Any omissions to be minor and not significant regarding the adequacy of the plan.

A candidate who surpasses the standard will negotiate a comprehensive plan collaboratively, including defining (with the patient) clear goals for the therapy. The trainee should also mention how the CBT fits in with the patient's usual psychiatric follow-up - i.e. will the registrar provide both of these, and if so how will this be structured - e.g. some time at start of a session perhaps, to discuss depressive symptoms and medication.

Does not achieve the standard if there are significant omissions, if the plan is imposed rather than collaborative, or is loose and disorganised.

Category: Negotiating and presenting therapy 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 tasks?

Circle One Grade to Score:	Definite Pass	Marginal Performance	Definite Fail
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