RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Station No. 2

September 2009

Introduction and Aims

In this station the main task is to:

Assess capacity for informed consent for surgery in a patient with a history of chronic schizophrenia and advise a concerned senior surgical colleague appropriately.

The Main Assessment Aims are:

- Ability to assess capacity to consent
- Ability to give appropriate advice to a surgical colleague

Covers RANZCP curriculum sections: A1, A2, K5, K6, K9, S2, S4
References : Bloch, Chodoff & Green Psychiatric Ethics 3rd ed Oxford.pp254-256

The Candidate must demonstrate:

- Ability to assess the patient's judgement
- Ability to assess the patient's understanding of what the surgery involves, and whether there are any delusional or otherwise psychotic phenomena associated with his surgical problem
- Ability to provide a succinct and clear direction for the consultant surgeon

Station resource requirements:

- Simulated patient – man in 50s with diagnosis of chronic paranoid schizophrenia. Casually dressed.
- Simulated consultant surgeon – an examiner
- Paper and pen
- Table and 2 chairs

Station 2: Instructions to Candidate

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

You are working as a psychiatry registrar in a hospital Consultation-Liaison team. You have been consulted by surgical team "A" in regard to a patient's capacity to provide informed consent.

You are about to see the patient in an interview room on the surgical ward. He is a 55 year old man who has been admitted for surgery for cancer of the colon.

The consultation note is as follows:

"Please assess Mr Joseph Liu, who is booked for a sigmoid colectomy tomorrow for bowel cancer. He has chronic paranoid schizophrenia and is followed by the local community mental health service. We would be grateful for your opinion on his capacity to provide informed consent. As surgery is booked for tomorrow, would you kindly assess asap? (The last patient like this went really crazy post-op!) With thanks, Dr Andrew Beckett (houseofficer, Surgical Team A)".

Your tasks are to:

- **Interview Mr Liu and assess his capacity to consent to the operation**
- **By 14 minutes, advise the Consultant Surgeon from Team A of your opinion, INCLUDING your reasons for your opinion.**

You will be prompted to discuss your findings with the surgeon at 14 minutes if you have not already begun this. The surgeon is an examiner.

Station No. 2 - Instructions to Examiner

In this station, your role is to:

Observe the interview and evaluate the performance against the defined tasks and assessment aims.

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 has not proceeded to the second task at 14 minutes, Examiner 1 is to interrupt and say ***"It is now 14 minutes, please proceed to the second task"***

Examiner 2 acts as the Surgical Consultant and introduces him as Mr (own Name) Consultant Surgeon: Opening statement (at 14 minutes):
"Thanks for seeing Mr Liu, but I don't see how we can operate with his consent, don't we need a legal order or something like that?"

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 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)
- Check candidate's name-badge and put candidate's initials on marksheet

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 2:

Instructions to Simulated Surgeon from Surgical Team A (Examiner 2 – use own name)

You are a busy surgeon with a public and private practice. When the registrar told you that Mr Liu had a history of chronic paranoid schizophrenia, you told her to get a psychiatric consultation as you were concerned someone with a psychotic disorder would not be able to give informed consent.

When the candidate meets you to give you their opinion, start with ***"Thanks for seeing Mr Liu, but I don't see how we can operate with his consent, don't we need a legal order or something like that?"***

If the candidate advises you that Mr Liu has the capacity to provide consent and the candidate is satisfied that Mr Liu understands the nature of his surgical problem and the reasons for surgery, and could understand further information provided by the surgeon and the anaesthetist as regards the procedures, risks and benefits, and that there is no need for a Guardianship order or similar, then be reassured.

A good candidate may explain that Mr Liu has no active psychotic symptoms and no psychotic symptoms that involve his attitudes or beliefs about his physical problems. The candidate may want to check with the community mental health team that there are no other symptoms or concerns, but they should be able to say that they would do this straight away and they doubt this would change their opinion on the patient's present competency.

If the candidate advises in a convincing way, accept it and say something like *"Well that's good then, I will go and see his now myself and will organise things for tomorrow".* However, if the candidate advises you that further action such as a Guardianship Application or other similarly involuntary procedure is required, then agree with this course of action as well and say something like *"Well, we had better get on with it then".* If the candidate's advice appears to be otherwise unhelpful, e.g. saying that they need to talk with their Consultant, then accept this as well and say something like *"Well, you'd better get on with it then, hadn't you?"*

If the candidate does not present their opinion clearly, or does not justify/explain this, feel free to ask questions to clarify this or to challenge their view.

You are a competent and thorough surgeon who has had no contact with patients with psychiatric illness since you were a fifth year medical student. You are anxious to "do the right thing" and to ensure that you have followed all legal and ethical procedures that are necessary for someone with a psychotic illness who is having surgery. You are a decisive person and want clear direction from the psychiatry registrar that is delivered succinctly within one or two minutes.

Note: Your patient will have a general anaesthetic and laparotomy for the colectomy. You cannot be sure until you perform the surgery how extensive the resection will need to be and whether nodes will also need to be removed, but you feel that the tumour is small and that a colostomy is unlikely. Mr Liu will also have blood and urine tests, a chest X-Ray and ECG later today. Your Registrar (Dr Susan Marsh) has previously explained some of this to Mr Liu by phone.

You may like to "dress up" a bit for this role – i.e. wear a suit.

Station 2:

Instructions to Simulated Patient "Mr Joseph Liu"

Background History:

You are a 55 year old man with chronic paranoid schizophrenia. You live alone in supported accommodation. You are isolated from your family (none live in this city), have few daily activities and it has been many years since you saw any family members or any friends from earlier years. Your main social activity is going to the local drop-in centre on Tuesdays and Thursdays.

Your case worker (John) from the mental health team usually arranges your appointments with your Psychiatrist and takes you to them. In the past you have been on involuntary treatment orders, both for hospital admissions and for community treatment, but for the last five years you have been a voluntary patient. You take Zyprexa (this is the trade name, the scientific name is olanzapine; you have heard of this "proper" name, if asked by the candidate but otherwise give your medication as Zyprexa). You take 15mg a day and no other medications. You have taken Zyprexa for the past six or seven years and prefer it to other medications you used to be on. The other medication used to give you a lot of side-effects, i.e. feelings of restlessness, stiffness and tremor that you don't get with Zyprexa. You have, however, gained some weight on it – around 5kg if asked.

If asked about specific symptoms of schizophrenia, for example if asked if you hear voices when there is no-one around or have other hallucinations, or have unusual thoughts, e.g. having thoughts inserted in your head or taken out of your head, or the belief that you have being persecuted, or the belief that there is someone controlling you, or any other disturbing or strange ideas, answer that you have "nothing like that now". If asked about specific symptoms earlier in the course of your illness, be vague but indicate that you "had some voices – and I felt like people were watching me" in the past, "I was sick then, but I'm OK now". Say that you have not been experiencing any symptoms since taking Zyprexa over about the past five years, since your most recent admission to hospital. You have been in hospital about four or five times since the age of 25 with schizophrenia, but, as above, not for the past five years.
Specifically you have never had any unusual beliefs or similar about your bowels or about operations.

Around three months ago you began to have constipation and noticed some bleeding from the bowels. You avoided seeing your GP about this problem initially as you dislike seeing doctors and thought it "would go away with time". However, you did tell John, your case worker about it, about six weeks ago, on a day in which you noticed the blood again and you did not want to attend your psychiatrist appointment because of this. Your case worker arranged for you to see attend Surgical Outpatients at the hospital and you saw, you think, a Surgical Registrar (a "nice young lady"). The doctor arranged for you to have blood tests and various investigations such as a Barium enema, a CT-scan and a colonoscopy as a day-patient. You were then phoned by the Registrar who organised with you to come to hospital today for the operation scheduled tomorrow. You have not met the Surgical Consultant yet but understand he is coming into the hospital later today, after doing an operation list. You understand you need the operation as you "have a cancer in my bowel and it is important to operate to prevent the cancer spreading and also to stop the bleeding". You think it is a good idea to have the operation, but you are always a bit anxious about being "put to sleep" - however you had a general anaesthetic in the past for an appendicectomy when you were 20, and you think it will be OK. You understand that the Registrar thought your cancer was at an early stage so the chances of removing it all the cancer are good. However, you were not given very much information by phone and were told the surgeon will tell you more, later today.

If asked any other specific questions, be very vague and say *"I don't know"* or *"not sure about that".* Decline to talk about your family or details about your past history as *"it's all in my file"* or *"ask my case worker, he knows me really well"* (your case worker's name is John; he has been your case worker for the past three years and you see him weekly when he drops by, or more frequently if he takes you somewhere, e.g. to your Psychiatrist appointment).

If pressed, you are not depressed, not very anxious and have no other particular physical or mental health problems. You smoke 10-12 cigarettes per day and never drink alcohol. You are not religious. You have never had a sexual relationship and do not have diabetes. You have never been married and have no children.

How to Play the Role

Be generally reticent and reserved, giving minimal information and brief responses while allowing the candidate to take a history of your attitudes towards the surgery and the cancer. You are to appear indifferent rather than frightened of having cancer, but you would like to have the problem sorted out as it's caused some constipation.

If asked, you are a voluntary patient, not under the Mental Health Act. You have reasonable insight into your illness (know it's called schizophrenia but have limited knowledge of what this is) and are cooperative with medication and follow-up.

i.e. you are to play the role as a patient who is in remission and reasonably well in terms of their schizophrenia, except for negative symptoms, and who is competent to consent to the surgery.

Opening Statement:

None - the candidate should initiate the interview

What to Expect from the Candidate:

The candidate should ask you about your attitudes and beliefs about the surgery and any current disturbing or unusual ideas or experiences you may have. The candidate should not be advising you about the surgery, its outcome or getting your consent (that is the role of the surgeon). They should ask you if the surgeon has discussed the operation with you.

Responses you Must Make

None, but your replies should be consistent if any questions are repeated, and you should be clear about your symptoms and your views about the surgery, as over.

Responses you Might Make:

What do you think – should I have the surgery?

I'm not sure what this is all about, can't I just sign somewhere now?

Why am I talking to you, don't I need to see the surgeon?

What about the anaesthetic doctor – they said he'd be up as well?

Have they told you about the cancer? How bad is it? Do you know if I'll end up with one of those colostomy bags? I wouldn't like that but they didn't seem to think I'd need one.

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate Initials:

MARKSHEET
Station 2

1.0 APPROACH TO PATIENT

Did the candidate demonstrate an appropriate <u>empathic yet professional approach to the patient</u>? (Proportionate value - 10%)

Achieves the standard by demonstrating the following – any errors or omissions to be minor and not materially adversely impact on alliance: empathy; endeavouring to form a partnership using language and explanations tailored to the functional capacity of the patient, taking regard of culture, gender, ethnicity etc; accommodating minor inappropriateness.

Surpasses the standard if this is managed at an above-average level, with good tailoring of manner/language to the patient without condescension.

Does not achieve the standard if : is rude, impolite or breaches boundaries or tells the patient they must have the surgery, whether he gives consent or not. Or if candidate seems muddled and unclear about patient's ability to talk with surgeon and give consent, or defers the decision to someone else such as their supervisor.

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

2.0 APPROACH TO SURGEON

Did the candidate demonstrate an appropriate <u>professional approach to the surgeon</u>? (Proportionate value - 10%)

Achieves the standard by demonstrating the following – any errors or omissions to be minor and not materially adversely impact on alliance. Provides succinct and accurate advice (courteously) to the surgeon, covering the major aspects of informed consent. Clearly synthesises all of the information, and specifically includes the reasons supporting the conclusion that patient <u>has</u> capacity to consent.

Surpasses the standard if this is managed with above-average skill and professionalism.

If reasons are not provided the best possible mark is "just below".
Does not achieve the standard if – tells the surgeon consent is not needed as the patient has schizophrenia, that the patient should be admitted involuntarily for the surgery, or that he is otherwise not capable of providing consent. Or if candidate seems muddled and unclear about this, or defers the decision to someone else such as their supervisor.

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

(Station 2)

3.0 APPROACH - EXPLANATION

Did the candidate <u>appropriately and adequately explain their role and assessment/treatment purpose to the patient?</u> (Proportionate value - 10%)

Achieves the standard by clearly conveying their role as a consultation-liaison registrar to the patient. It would be appropriate for the candidate also to offer to alert the surgeon to Mr Liu's queries to facilitate the later anticipated interview between the patient and the surgeon. Candidate should explain that the issue is about consent and that they believe Mr Liu is competent to decide this, after talking to surgeon later on.

A candidate who surpasses the standard will handle this aspect especially professionally and thoroughly.

Does not achieve the standard if – does not explain their role and leaves the patient potentially thinking they are a member of the surgical team or similar confusion; also unlikely to meet the standard if they start to give explicit or inaccurate surgical information e.g. say "*you definitely won't need a colostomy"* etc. as outcome cannot be predicted, and the patient should be encouraged to obtain this information directly from the surgeon.

Category: Approach - explanation	**Surpasses Standard**	**Achieves Standard**	**Just below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 HISTORY

Did the candidate take <u>appropriately detailed and focused history, including collateral history</u>? (Proportionate value - 25%)

Achieves the standard by demonstrated use of a tailored bio-psycho-social approach – any omissions to be minor and not materially adversely impact on the obtained content of the patient's capacity to give informed consent. Key issues in this station - taking an adequate history of the patients psychiatric illness, and their surgical problems, and their understanding of the reasons for surgery and outcome.

Surpasses the standard by an above-average handling of eliciting relevant history as required.

Does not achieve the standard if - omits taking a history in either of the two key areas - e.g. focuses on the surgical history solely or the psychiatric history solely.

Category: History taking	**Surpasses Standard**	**Achieves Standard**	**Just below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 COMPETENCY ASSESSMENT

Did the candidate carry out an appropriately focused and relevant examination as per examiner's instructions? (Proportionate value - 25%)

Achieves the standard with an organized and systematic and focussed mental state examination, including judgement, perception, thought form and content, and brief cognitive state (a complete mental state examination not required).

A candidate who surpasses the standard will manage this very well, with a clear grasp of the main issues to be assessed in determining competency.

Does not achieve the standard if – omits any key aspect of the mental state examination relevant to the assessment of capacity to consent. Does not seem to know how to do a proper competency assessment.

Category : Competency assessment	**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**