RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Station No. 1

September 2009

Introduction and Aims

In this station the main task is to:

Develop, explain and initiate a management plan for a patient with longstanding Bulimia Nervosa using a cognitive behavioural model.

The Main Assessment Aims are:

- Assessing knowledge of the eating disorder bulimia nervosa
- Assessing ability to develop a comprehensive management plan with a patient with newly diagnosed bulimia nervosa
- Assessing capacity to initiate appropriate elements of the management plan in the first therapy session

Covers RANZCP curriculum sections A2, K3, K4, S2 and S3

References: Management of Mental Disorders – second edition, World Health Organisation. Collaborative Centre for Mental Health and Substance Abuse, Darlinghurst, NSW, Australia 1997

The Candidate must demonstrate:

- Knowledge of the cognitive behavioural approach to treatment of Bulimia Nervosa
- Ability to educate the patient regarding the condition and the key issues in management
- Ability to engage the patient in the process of developing and initiating the management plan and to incorporate new material as raised by the patient

Station resource requirements:

- Simulated patient – female, 30s
- Paper and pen
- Copy of the patient's Eating Behaviour Assessment form on desk.
- Table and 2 chairs
- Instructions for candidate and copy of the preceding Bye

Station 1: Instructions to Candidate

You have seventeen (17) minutes to complete this station after reading time. You will not be given any prompts.

You are working as a psychiatry registrar in a community mental health centre. You are taking over the care of a patient from the previous registrar who did an initial assessment interview and left the following summary:

Penny Williams is a 34 year woman in a stable defacto relationship of 18 months. She has a permanent job as a check-out operator at a local supermarket. Her GP referred her for management of clear-cut bulimia nervosa of eight years' standing. She is physically well with a BMI of 24. Full blood examination, liver function tests, renal function tests, thyroid function tests and ECG are all normal. The patient is ambivalent - she is attending mainly to please her boyfriend. She binges, vomits and uses laxatives but does not use diuretics or exercise excessively. I found no other psychiatric co-morbidities. There is a good description of her current condition in the Eating Behaviours Assessment Form which I filled out with her.

Your tasks are to:

1. **Explain the nature of bulimia nervosa and its treatment**
2. **Develop a medium term management plan with the patient using a cognitive behavioural therapy framework**
3. **Carry out appropriate elements of this program in this first appointment**

- ***You are not to carry out a fresh initial assessment (although some additional history may well be needed)***
- ***You are not required to discuss details of pharmacological management***
- ***You are to assume that there is no specialist "Eating Disorders team" locally which would take over the care of this patient (i.e. you are to provide the treatment and follow-up via the community team)***

Station No. 1 - 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"***

There are no prompts for you to give– the candidate needs to manage their own time and process.

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'
    - Copy of the preceding Bye information
    - 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 1: Instructions to Simulated Patient "Penny"

Background History:
You are Penny Williams, a 34 year old living for the past 6 months in rented accommodation with your boyfriend of 18 months. You have worked in the same supermarket since high school. You work fulltime as a checkout operator and act up into the manager's position at times. You expect to marry your partner, Ben, who is a courier with casual shiftwork employment. He is supportive but you are still embarrassed about discussing your problem with him. His irregular employment can be a problem. Your family is supportive but don't realise that your problem with eating still continues. You are not depressed or anxious. You sleep well. You have some other friends and socialise with them and with Ben.

Eating Habits:
You were "chubby" as teenager. You felt self conscious about this and dieted on and off.
You never became underweight, stopped menstruating or had physical illness because of this dietary restriction.
You played sport at school but not since you left after Grade 11 (age 16).
You started to binge and vomit after eating larger meals/fattening foods in the last years of school. Friends also did it.
Throughout the last five years you have not eaten regular meals. You try to eat only fruit, diet yoghurt, and vegetables.
When hungry you try to see this as positive ("I'm burning up fat").
You avoid eating with others ("I'm not hungry. I've just eaten") and resist your partner setting you a place and giving you a normal meal ("Do you want me to get fat?").
You binge almost daily, when Ben is not at home. You sometimes binge if you're upset with him or stressed by work.
You take things from the supermarket (buns, biscuits, chocolate, and ice cream –'out of date, not moving'), eat them and vomit them before Ben gets home.
Ben caught you recently and confronted you about your odd eating patterns and your worries about feeling fat. You did not reveal the true extent of your problem.
He is now watchful and wants you to seek help. He tells you he finds you attractive and you are not overweight, but you don't believe him. You are worried about your eating because you know it is "bad for my body" but you cannot imagine eating more normally without weight gain.
You have been using laxatives (coloxyl and senna tablets, currently six/night) for some years. You have some daily diarrhoea and mixed feelings about this. On the one hand it is inconvenient and sometimes embarrassing and on the other hand you feel more empty inside and thinner. For a few weeks after you started living together, your binging and use of laxatives was much less; you became very constipated and gained several kilos over a few days.
You have been stealing food from the supermarket for binges to avoid the cost, which your partner would notice. You believe a co-worker has seen you stealing and you are worried you will lose your job.

How to Play the Role
You are a little anxious and cautious and have mixed feelings about coming along to the clinic. You would like to stop bingeing and vomiting but you cannot imagine not gaining weight with normal eating. You should *interrupt and ask somewhat anxiously about your fear of weight gain* more than once during the OSCE.

Your weight has been fairly steady. You would like to be thinner but your main wish is just to not gain any weight.
You think feeling very hungry means you are *'burning up calories'* and don't understand the physical effects of starvation.
You believe dieting and bingeing to be all about willpower.
You misunderstand the effects of laxatives – *'they get rid of the extra calories'.*

The candidate is expected to educate you about all this in an understandable and empathic way. If they don't cover these issues you need to ask questions to get them to explain these matters to you.

The candidate is not expected to take a personal history or spend time asking about your mood. Bring the discussion back to the eating if they get onto these topics: *"I just want something to help me with my eating."*

Opening Statement:
Expect the candidate to introduce themselves and their role. Then say: *"First I have to tell you something I'm really worried about. I've been taking food from work and I think I am going to be caught. I'll lose my job."*

What to Expect from the Candidate:
At the conclusion, you should have the following information
1) An understanding of what is wrong and how your actions make the problem continue.
2) A plan to stop stealing from work.
3) A plan to start eating regularly and to self-monitor binges, vomiting and laxative use.
4) Some basic understanding that your thinking about yourself and your reactions to stress play a role which will be monitored, examined and addressed as you go along.
5) Maybe an outline of the possible role and needs of your partner.

You should be have discussed with you:
How starving leads to bingeing and vomiting and then to increased hunger.

Of the ill effects of bingeing/vomiting on your body (teeth, minerals and possibly heart) and of side effects of laxatives, and the adverse effects of stopping.

Psychological factors that make you want to binge (learned associations, stress, etc.)

A management plan starting with you defining some goals and including things directly and indirectly related to the eating problem. *You nominate to stop stealing and stop bingeing as important goals.*

This should then lead to a plan for restoring a normal eating pattern that will involve 3 main elements: monitoring your eating, bingeing and laxative usage via some sort of diary/record; eating three regular meals per day (eg. eat with partner and workmates); and ways to avoid stealing food (eg. avoid opportunities where you'd be tempted, buy some binge foods in normal groceries, take some money to work to buy cheapest, bulkiest binge foods if you must binge).

If it's not gone over by the candidate, ask about:
- What to do if you feel that you have to take food and then binge
- Weighing yourself (e.g. Should you, and how often?)
- Dealing with constipation and fluid retention
- Exactly how to monitor food intake and bingeing
- How to manage your fear of gaining weight.

Responses you are to make:
Give any details readily as long as you're asked about them accurately.

If asked about a symptom or problem not in the script, answer *'No'* or *'Its not a problem'.*

If asked to explain/describe something that is obviously relevant to eating and/or how it is affecting you that is not covered here, make up a response but be sure you then say the same thing to any other candidates who ask for the same information.

If asked about how your eating disorder is adversely impacting on your life you must mention fear of losing your job.

Ask more than *once "Won't this make me fatter/gain weight?"*
Say *that you do not think you will be able to tolerate this because you have feared it for so long.* Allow yourself to be calmed if you feel that the candidate has adequately informed you and reassured you.

Ask somewhat anxiously whether the doctor wants you to have medication. You do not want this.

Ask somewhat anxiously whether the doctor wants you to be admitted to hospital. You would refuse this.

Answer *"No"* to any questions on drug and alcohol abuse or self-harming behaviour.

You do not want the problem discussed with your boyfriend Ben or your family at this stage.

Responses you Might Make:
If the candidate does not give a full overview (all 5 points mentioned above) of how this disorder is treated in the short and longer term, ask questions to elicit this like: *"Is this all there is to it?"* or *"What else can you do for me?"*

If the candidate only talks about education about good nutrition and monitoring your eating, bingeing, vomiting and laxatives ask *"So I just monitor my eating and it all goes away?"*

You do not have to lead the candidate to address the shoplifting as an area of urgency if he/she is not helping you make a plan for this particular issue.

If everything has been covered in an understandable way and there is still time you could ask whether you will be "cured" of the eating problem.

The candidate should educate you using readily-understood language. If they don't, look baffled and get irritated, saying things like *"I don't know what all that complicated stuff means"*

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate Initials:

MARKSHEET
Station 1

1.0 APPROACH

Did the candidate demonstrate an appropriate <u>empathic yet professional approach to the patient</u>? (Proportionate value - 20%)

Achieves the standard by demonstrating the following:
- Candidate should recognise, acknowledge and pursue areas of distress (fear of weight gain, fear of job loss, worries about relationship) and poor understanding;
- Candidate should endeavour to form a partnership using language and explanations tailored to the functional capacity of the client;
- Candidate should respect confidentiality (partner and family).

Any errors or omissions to be minor and not to materially adversely impact on the therapeutic alliance.

Surpasses standard if they manage the interview and discussion especially well – sensitively yet with good organisation.

Does not achieve the standard if – candidate is too interrogative and unempathic, or is disorganised and unsystematic. Or if candidate fails to acknowledge and respond appropriately to patient's fears about weight-gain, job loss or the relationship with boyfriend.

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 <u>appropriately detailed and focussed additional history</u>? (Proportionate value - 20%)

Achieves the standard if adequate questioning is done using a tailored bio-psycho-social approach regarding key issues including – shoplifting; patient's understanding of weight control; thoughts and environmental triggers that reinforce behaviour or allow patient to resist behaviours; patient's supports and strengths. Any omissions should be minor and not materially prevent the development of a specific and prioritized management plan

A candidate who surpasses the standard will elicit the necessary additional history especially thoroughly, focusing on the key issues.

Does not achieve the standard if any of the following occur - fails to elicit behavioural and psychological triggers to eating disordered behaviours or fails to elicit sufficient detail of shoplifting (when, how, what prevents it), so as to enable a specific management plan.

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

(Station 1)
3.0 MANAGEMENT PLAN

Did the candidate <u>develop and discuss a relevant initial management plan</u>? (Proportionate value - 30%)
Achieves the standard by demonstrating ability to prioritize and implement the key components of a CBT model of care. Avoidance of job loss and re-establishment of normal eating patterns are highest priorities. Key management plan planks are: 1) patient's goals are elicited and incorporated into plan; 2) appropriate psychoeducation occurs (the nature of bulimia, the role of laxative abuse and an adequate explanation of the need to establish a normal eating pattern); 3) behavioural monitoring is organised (re eating, bingeing, vomiting and laxative usage) 4) use of a problem-solving approach is evident - especially re prevention of stealing and in achieving goals to reduce eating disordered behaviours; 5) personal strengths and resources are identified and used.
Any errors or omissions are to be minor and not to materially impact adversely on patient care.

A candidate who surpasses the standard will manage this very well, with a better than average ability to develop a sensible plan using a CBT approach, in partnership with the patient.

Does not achieve the standard if any of the following occur – the key priorities above are not addressed; the management plan does not contain the key components of a CBT model; the management plan is insufficiently tailored to this patient or more suited to anorexia nervosa.

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

4.0 KNOWLEDGE OF BULIMIA AND THERAPY

Did the candidate <u>demonstrate an adequate knowledge of relevant biological issues and psychological/social interventions, especially CBT</u>? (Proportionate Value - 30%)

Achieves the standard by demonstrating adequate knowledge of: 1) the biological issues (starvation, laxatives, physical sequelae etc.) and biological factors in management; 2) the behavioural and cognitive factors to be addressed (environmental triggers/inhibitors for bingeing, vomiting and stealing, fear of fatness, stress management); 3) appropriate social interventions (inclusion of partner or family, social and sporting activities, support groups); 4) Appropriate advice about other specific interventions eg. dietician, fitness program, medication.
Any errors or omissions are to be minor and not to materially impact adversely on patient care.

A candidate who surpasses the standard will demonstrate above-average grasp of Bulimia Nervosa and its treatment, and especially tailored CBT for this condition.

Does not achieve the standard if any of the following occur - knowledge about bulimia or about basic CBT interventions is inaccurate or lacks detail so as to prevent the engagement of the patient in the management plan (eg. If providing insufficient rationale or misleading information, if details too sketchy for patient to adequately self monitor or use a problem solving approach).

Category: Knowledge	**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**