RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Station No. 3

September 2009

Introduction and Aims

In this station the main task is to:

Provide an initial consultation and evaluation to a patient with a problem of substance use and depression

The Main Assessment Aims are:

- Evaluate the candidate's competence in conducting an initial assessment of alcohol and drug use in the setting of depression
- Assess the candidate's knowledge of alcohol /benzodiazepine dependency/abuse and associated depression
- Assess the candidate's ability to establish a treatment alliance

covers RANZCP curriculum sections A1, K2,K4,K5,S2,S3
References : Schottendfeld RS. Assessment of the Patient. In " Textbook of Substance Abuse Treatment"
Galanter M, Kleber HD. APA Press, 1994.

The Candidate must demonstrate:

- Ability to carry out a systematic review of usual symptoms of alcohol /benzodiazepine abuse and dependence
- Understanding of the links between alcohol use, depression, relationship and occupational problems
- Competency in interview skills relating to taking a history of alcohol and other drug use
- Ability to identify the relevant biopsychosocial problems, provide a precise formulation, and make a definite diagnosis of alcohol dependency

Station resource requirements:

- Male simulated patient, aged ~35 years. Neatly and casually dressed
- Paper, pen on desk
- Results of blood tests: patient will hold these
- 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 a psychiatry registrar in a community mental health clinic. A 35 year old man has been referred by his GP for assessment. The letter from Dr Thomas reads:

Thank you for seeing Jack Carter. He appears depressed since he lost his job as a real estate salesman 2 months ago. He has been having some relationship problems as well. He seems very depressed, has poor sleep and has been taking temazepam frequently. He has been on Citalopram 40mg a day for 6 weeks now and is not getting any better. He has a history of hypertension. I have sent off full blood count and biochemistry. He will bring the results with him. I would appreciate your advice about changing the antidepressant or any other suggestions.

Your tasks are to:

1. **Evaluate the presenting problem focussing on the history of substance use**

2. **Answer any questions the patient asks you**

3. **By 14 minutes, inform the examiner of your formulation, diagnosis and differential diagnosis, justifying your preferred diagnosis according to criteria.**

   (The examiner will ask you to present at 14 minutes if you have not done so)

You are not required to physically examine the patient

Station No. 3 - Instructions to Examiner

In this station, your role is to:

Observe the interview and evaluate the performance against the defined tasks.
At 14 minutes ask the candidate to provide a precise formulation and diagnosis/differential diagnosis.

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."

At <u>14 minutes</u> say:
"Please provide your formulation and diagnosis or diagnoses, justifying your diagnosis according to the key criteria."

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
- Give prompt as above at 14 minutes

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

Background History:
You are a 35 year old man (Jack Carter) who has been referred by your GP Dr Thomas to see the psychiatry registrar at the local community mental health clinic. You live with your partner and two Irish wolf hounds (Shane and Bono).
You have been seeing your GP for help with sleep problems on and off for the past year. You fall asleep early, but wake after a couple of hours and then wake frequently through night and have trouble getting back to sleep. Now, you are worrying about work and money, but at the beginning there was nothing particularly on your mind. Relaxation tapes and exercises are useless. By the morning when you should be getting up is when you get your best sleep. You have been using temazepam 10 mg for the past 9 months taking it if and when you wake around midnight. Your use has been escalating in frequency over the past few months, and occasionally you take two. The medication is becoming less effective, and you understand from what Dr Thomas has told you that you are becoming tolerant of it.

That is why you were prescribed citalopram 8 weeks ago. You know it is an antidepressant but 'in my case, it is being used for sleep'. It is not helping.

Because of never getting a good night's sleep, you feel tired all the time, and you can't concentrate on paperwork or the client's instructions or your golf game, so you have lost interest in most things. Golf used to be your main pleasure; now you just sit around the club.

Since losing your job you have felt worried about your future, about your finances, and feel that you are now "on the heap" with little prospect of work again. You sometimes feel that your life is worthless but have not been suicidal. You don't have much appetite, especially since starting the citalopram, but your weight is unchanged.

Occasionally for some years you have taken a diazepam tablet belonging to your partner and in the past two months have taken up to 2 per day, especially in the morning when you have been feeling agitated and "very nervous". On these occasions you have also felt "nauseous" and sweaty, and "a bit shaky". It is eased by the diazepam.

You have been with your partner Chris for 15 years, mostly quite happily, 'till the last couple of years'. There are a lot of arguments now. Your partner complains that you aren't interested in anything anymore, are irritable all the time, and "too negative about everything". You have lost interest in sex, have been impotent on a number of occasions and now feel "it's not much use trying". Your partner works as a clerk in a local law office.

You lost you job as a real estate salesman 2 months ago in a company takeover and restructure. Prior to that you had been called to see the senior executive of the company who had received complaints about your punctuality and your "attitude" to your work. One staff member had mentioned that you would sometimes come back from lunch smelling of alcohol, so that they could not book appointments for you then. You feel pretty let down by your co-workers and that the company has just used this as an excuse to 'move in their own people.

You say you feel a bit better when you have had a few beers, and since losing your job, have found yourself drinking earlier in the day "to pass the time", or will go up the golf club for a few beers. Your partner has complained about this, saying it "makes you irritable… not yourself", but you believe your intake is no more than many of your friends at golf. At times recently you've felt sick in the morning and started drinking early in the day. At work you would often have a "few beers" at lunch between appointments. You currently drink about 6-8 full strength beers per day, and 'sometimes' a bottle of wine at night (when asked specifically, 3-4 nights a week). At the end of the day you might also have a whisky ('or two') with your partner after work. You had a drink driving charge 2 years ago after a night at the golf club, and lost your license for 2 months – 'it was just a random check, unlucky'. You stopped drinking then for 4 months. You admit you can drink much more heavily now without feeling affected by it, and you rarely go a day without a drink. You say you are 'in control' of your drinking, and know when you have had enough.

You have no history of seizures, no past history of any psychotic symptoms (e.g. any form of hallucinations or persecutory ideas). The night you were charged with drink driving, you "lost a few hours" when drinking -

you were unable to find where you left your car or recall what you were doing and where you had been while you were drinking, even though you were apparently behaving and speaking normally during that time. You have been treated for high blood pressure for 2 years: 'not a problem' - on enalapril 5 mg daily. You also have a history of having a "stomach ulcer" 5 years ago, cured by a course of ranitidine.

Your father was a violent alcoholic, in and out of work and died from a stroke at the age of 60. Your mother is alive and well (age 65). Your have two brothers, one of whom has had trouble with drinking and now attends Alcoholics Anonymous. You have little contact with your brothers.

Your GP has talked with you about your drinking. You agree 'on paper' you are drinking heavily and that it could be reduced. You have felt concerned at times yourself that your drinking is "getting out of hand". On the other hand, you believe the fact that you stopped for 4 months after losing your licence proves you can give up and are not alcoholic. You think your partner overstates the case because both your fathers were alcoholic and is 'whinging to Dr Thomas'. You feel: *"If I just got back on track and got some sleep I'd be OK".*

How to Play the Role
You are tired, flat and mildly irritable. You are superficially cooperative but uncertain about why you really need to see a psychiatrist. You are hoping for some new medication to help you sleep better.
You should be reticent to discuss your alcohol use, and focus on your concerns about your sleep. You should be inclined to give other explanations for concerns by other people about your drinking – e.g. your partner's father had alcohol problems as well, making your partner very sensitive about the issue. Your partner has been under pressure too. Your previous employer *"had it in for me for some reason".* When asked why that might be - *"you'd need to ask him".*
You should ask the candidate whether they enjoy a drink – e.g. *"of course I drink a little… don't you?… I'm sure you like a drink too?"* Nevertheless if the candidate maintains focus on these areas and is not deflected you should provide the details of your history when asked.
If the candidate's manner is problematical – e.g. brusque, critical or confronting, you are to get more defensive and demanding: *"You're not really helping – isn't there anything you can do to help me?"*

Opening Statement: After the doctor introduces themself, say: ***"Dr Thomas sent me here to sort out my medications."***

What to Expect from the Candidate
The candidate should introduce themselves, endeavour to establish rapport, outline the areas that they wish to cover.
The candidate should focus on the history of alcohol use and related problems, while also conducting a brief evaluation of key depressive symptoms.
The candidate should launch the exploration of alcohol use symptoms from the base of actively listening to and expanding upon your sleeping problems. They should sensitively address your tendency to minimize your alcohol use, and continue to explore this aspect of your history despite your wish to focus on your sleep and mood problems.
They should be using an approach which gives you hope of symptomatic relief as well as further defining the problems and establishing a motivational approach to the substance use problem.

Responses you Must Make You should provide the details of your patterns of drinking and benzodiazepine use and alcohol-related problems as detailed in the history with ease of disclosure directly proportional to the rapport and sensitivity of approach provided by the doctor.
You become mildly irritable with the candidate's questioning about your drinking, and say that you are *"not an alcoholic like my father".*
If they do not ask for the investigation results you have brought along, remember them at some point several minutes into the interview and produce them. Then ask the doctor what the results show.

Responses you Might Make: If the candidate is persistently confronting, critical, blunt or denigrating about your alcohol or benzodiazepine - e.g. uses words such as 'addict' or 'hooked', become defensive and more irritated, and say crossly that you are not getting the help you need.
If the candidate suggests that the primary problem is that you have a depression that requires more intensive treatment, OR that you need an increased dose of benzodiazepines, accept that 'as long as it means I will be getting some sleep'.

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate Initials:

MARKSHEET
Station 3

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 an empathic yet systematic approach to the interview, being professional in gathering the history despite some denial and avoidance in the patient.

Surpasses standard if they manage this balance particularly well.

Does not achieve the standard if – candidate is critical or confronting, overly generic, or unsystematic. e.g. if they are interrogative or too brusque, or if candidate is too disorganised or passive and does not manage their assessment 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 <u>appropriately detailed and focussed history</u>? (Proportionate value - 30%)

Achieves the standard if adequate questioning is done using a bio-psycho-social approach regarding key issues including - presenting sleep problems; the alcohol/benzodiazepine overuse; all relevant social, relationship, occupational, forensic, and physical health issues linked to substance abuse. Candidate must specifically screen for physical dependency/withdrawal and for mood and cognitive disturbance.

A candidate who surpasses the standard will cover this very well, with a better than average exploration of alcohol and drug history and sequelae, and of mood disorder, plus key psychosocial issues.

Does not achieve the standard if does not ask about these areas adequately, including benzodiazepine use. Does not achieve the standard if uses only closed or only open questions; or if does not cover the presenting sleep problem; or if does not follow-up relevant patient disclosures or unnecessarily pursues irrelevant information.

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

(Station 3)
3.0 INVESTIGATIONS

Did the candidate communicate the investigation findings to the patient sensitively, appropriately and accurately? (Proportionate value - 15%)

Achieves the standard by accurately interpreting the results and correctly communicating these to patient, using appropriate language/lay explanations, with reasonable detail and sensitivity.

A candidate who surpasses the standard will manage this very well, with a better than average ability to share the results with the patient and to explain these. They should be able to include information about possible SSRI effects as well.

Does not achieve the standard if is unable to explain the relevance of macrocytosis and/or raised liver enzymes, or if seems to have misunderstood/misinterpreted the results.

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

4.0 DIAGNOSIS

Did the candidate formulate and justify a relevant diagnosis /differential diagnosis? (Proportionate Value - 35%)

Achieves the standard by adequately prioritizing conditions relevant to the obtained history and findings, using a biopsychosocial approach. The diagnosis of alcohol dependency should be definite and justified using correct key criteria. Errors or omissions should be minor and not materially adversely affect the diagnostic conclusions.
A brief formulation should ideally cover relevant predisposing (family history, occupation) precipitating (possible depression, psychological defences) perpetuating (workplace and relationship stress, job loss, financial problems and depression) and protective factors.

A candidate who surpasses the standard will manage all this particularly well with a proper formulation, and with above-average ability to explain and justify their diagnosis and differentials.

Does not achieve the standard if makes a diagnosis of alcohol abuse or of problem or hazardous drinking, but does not include the benzodiazepine overuse/abuse as a differential (or additional diagnosis); and/or if does not include possible depression to be differentiated. Does not achieve standard if fails to make a definitive diagnosis of alcohol dependence. The correct diagnosis without adequate supporting criteria can only achieve a "just below" score.

Category: Diagnosis	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