RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Station No. 1

September 2010

Introduction and Aims

In this station the main task is to:

Assess and manage a patient referred to a consultation-liaison service with a possible neurological or conversion disorder.

The Main Assessment Aims are:

- Ability to assess a patient with an apparent neurological deficit
- Ability to develop a differential diagnosis and discuss a management plan

The Candidate must demonstrate:

- Ability to take a focussed history
- Ability to assess a patient with an apparent neurological deficit
- Ability to present the case together with an appropriate differential diagnosis
- Ability to discuss an appropriate initial management plan

Station resource requirements:

- Simulated patient – male roleplayer in 40s. Casually dressed.
- Paper and pen
- Table and 2 chairs
- Tendon hammer beside the table. No other examination equipment.

Station 1: Instructions to Candidate

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

You are working in a consultation-liaison team in a general hospital. You are about to see a patient, Mr Andrew McKay, who is aged 42 and who has been referred by the neurology service with a suspected conversion disorder.

You have just read a referral letter written by the neurology houseofficer, and have had access to a summary of the case from the medical file, with a record of the earlier physical examination and some summarised investigation results.

The houseofficer has just called and said that Mr McKay's problems have worsened while he was being reviewed at their out-patient clinic today, and that he can now no longer walk. They have asked that you assess him urgently, as they do not want to admit "a psychiatric case" to their ward, and the neurologist feels that he should be admitted to a psychiatric unit. Mr McKay is apparently "being difficult" about this, although he has agreed to see you.

You are seeing him at the C-L base where there is only minimal physical examination equipment (just a tendon hammer). The houseofficer has sent an updated record of today's physical examination with the patient.

Your tasks are:

- **Do a focussed assessment relevant to the presenting problem and review the latest physical examination record provided.**

No later than 13 (thirteen) minutes into the time:

- **Present the case to the examiners and provide your diagnostic formulation and differential diagnosis**
- **Present a brief initial management plan regarding the next steps in this case**

An updated physical examination sheet from today's neurology out-patient clinic will be available to you at the assessment.

You are not expected to properly re-examine the patient physically, and the patient will not be disrobing, but you can do what is possible with the patient's clothing still on, with the limited equipment that is available.

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 meeting, or you can indicate their chair and say: ***"Please proceed with your assessment."***

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 has not commenced presenting the case, differential diagnosis and management plan by 13 minutes, say:
"Please proceed to your second and third tasks now."

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 station
    - Latest sheet of physical examination findings from neurology OP
    - 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 Mr Andrew McKay

You are Andrew McKay, a 42 year old man, with no children. You have been married for three years. Your wife is a teacher and you work as an accountant.

You and your wife (who is aged 32) are planning a family, and you were devastated when she had a miscarriage 2 months ago. She was 4 months pregnant then. The doctors have not told you any specific reason why your wife had the miscarriage.

You were due for elective surgery to repair a torn cartilage in your right knee, and this was due shortly after your wife's miscarriage. For reasons you don't fully grasp, it needed to be done under a general anaesthetic. Your wife encouraged you to go ahead as otherwise you would lose your place on the waiting list, even though she had only just been discharged herself.

After you woke up from the surgery, you felt ill and your leg was quite painful. You slept again for a while. By evening your knee felt "very strange". The nurse gave you a "sleeping pill" (you do not know the name or the dose), but you slept poorly.

The staff then tried to get you to start exercises and to weight-bear, but you were unable to do so, as your right leg felt weak and numb. The doctors examined you and said that nothing appeared to be wrong with the knee and that it was healing normally. You found this hard to believe as your leg was now numb below the knee, and you were unable to weight-bear on it at all, but you tried not to think about it as you said your main concern was for your wife after her miscarriage.

You were referred to the neurologists who also examined you, and who said that they could not find any physical cause for your symptoms. However, you cannot feel your leg below the knee so obviously something is wrong. The leg is not, however, painful so you try not to think about it.

After a few days the doctors discharged you home, and you have been using crutches to get about. Your right leg has remained numb from the knee down. You feel guilty about worrying your wife on top of the recent miscarriage, and are mainly concerned about her wellbeing, and whether you will ever be able to have children in future.

You do not have any other medical problems including diabetes or thyroid problems. You have not had a head injury or injury/disease to your spine. You do not have any other symptoms or complaints.

You have not had any mental or psychiatric illness before. You did not have any problems with mood, sleep, appetite, energy or libido prior to this surgery. You are on no medication.

There are no other major stresses in your life. Your relationship with your wife is good. You feel that she is loving, caring and supportive. You are aware that she also wants to start a family. You are not depressed and you are not aware of feeling anxious, just naturally concerned for your wife.

How to Play the Role

You are not very keen to see a psychiatrist as you're sure there's a physical cause for your problems, but you are a polite person. You should look relaxed and show a lack of concern or worry about the fact that you cannot move your right leg below the knee. You are more worried that the miscarriage may have compromised your wife's ability to have children. Wear trousers that allow free movement of your legs (not too thick or stiff fabric) and remain seated, with your shoes off, in just your socks.

Your physical symptoms:

- You cannot move your right leg, from the thigh down. Your leg should appear limp, incapable of voluntary movement. You can raise your thigh a little in the chair, using your hip muscles, but not bend the knee or move your foot. The candidate will not examine you formally but you can lift your leg at the hip and show that the knee and foot will not move, and point out the area where you have lost sensation.
- You can describe feeling sensation normally in your left leg, and can move it normally. You cannot feel sensation or pain in the right leg, from the knee down.
- The rest of your body is normal and you have no symptoms or pain in any other part of your body.
- Although you were able to use crutches before today, you became unable to do so while at the neurology out-patient clinic today, feeling that you were unable to balance. If you are asked to try to walk, say: "I can't walk as I can't move my right leg and I can't balance". You have been using a wheelchair since feeling unable to walk at the clinic today. The wheelchair is outside the room.

Opening Statement: None. Let the candidate begin the assessment.

What to Expect from the Candidate:
The candidate is likely to ask a number of questions about your physical symptoms.
The candidate will not carry out a proper physical examination of your lower legs but they may do what is possible with you wearing trousers and seated in the chair – getting you to move as much as you can, trying to test power, tone or reflexes in your "good" left leg, etc. If you are asked to take off any clothing or your socks, refuse and say: "the other doctor did all that, just read his notes."
If asked, you will be able to say what position your right leg, foot or toes are in, with your eyes closed.
The candidate may ask you questions about your mood, sleep, appetite, etc. Answer according to the script. You do not have any other psychiatric or "mental" symptoms. You are not suicidal.

Responses you MUST make:
At some point, mention that "the other doctor" said you needed to be admitted to a psychiatric ward. Say that you refuse to allow this, as there's nothing "psychiatric" wrong with you. You plan to go home, but you are quite worried about the strain that your wife will be under, with you in a wheelchair.
If a suggestion is made that you are "putting it on" or that your leg problems are caused by a psychiatric disorder or "stress", deny this earnestly.

Responses you MIGHT make:
If asked about anaesthesia at the time of surgery, say that you had general anaesthesia.
If asked about "Lumbar Puncture", say that you have not had it.
Respond non-specifically to any other questions, consistent with the script.
Deny any litigation, compensation or any other suggested material gain from your symptoms.
If further physical investigations or physiotherapy are suggested you will be keen to have these.
If a further appointment is suggested you will be prepared to go along with this – "I'll take any help possible". You would be happy for your wife to attend and for her to talk to the candidate.

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Candidate Initials:

MARKSHEET
Station 1

1.0 APPROACH TO PATIENT

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 – any errors or omissions are minor and don't seriously adversely impact on the therapeutic relationship or on empathy. Candidate listens well and manages to form a partnership using language and explanations tailored to the level of understanding of the patient. Candidate picks up cues appropriately, and follows these, and there is a good balance of control versus letting the patient talk. Handles any physical interactions well re asking before laying hands on, etc.

Surpasses the standard if this is managed at an above-average level, with sophisticated tailoring of language and explanations for the patient, very good engagement and rapport while achieving the assessment tasks.

Does not achieve the standard if: candidate is rude or condescending, seems unsympathetic or ignores the patient's concerns.

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

2.0 ASSESSMENT and HISTORY

Did the candidate undertake an <u>appropriately detailed assessment and history gathering</u>? (Proportionate value - 40%)

Achieves the standard by use of a sensible and comprehensive bio-psycho-social approach – any errors or omissions are minor and don't seriously adversely impact on the thoroughness of the assessment. Key issues are: a focussed review of the presenting symptoms and concerns, but including the wider social and marital situation, stressors, etc. A brief evaluation of the patient's mental state re mood and anxiety symptoms is expected, and of their plans regarding going home. Note that while candidates will commonly do a little physical evaluation of the affected leg, e.g. reflexes or tone, a physical examination is not mandatory as this information is provided to them.

Surpasses the standard by an above-average assessment, eliciting all the necessary information about the patient's symptoms, problems and life situation in a prioritised manner.

Does not achieve the standard if the patient's symptoms are not adequately assessed, if no questions to clarify the mental state are asked, or if the wider social and marital situation is not covered.

Category: Assessment of patient	**Surpasses Standard**	**Achieves Standard**	**Just below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 PRESENTATION OF DIAGNOSTIC FORMULATION AND DIFFERENTIALS

Did the candidate present an adequate diagnostic formulation and differentials? (Proportionate value - 20%)

Achieves the standard by use of a recognised diagnostic system together with a brief formulation of the likely causes of this patient's current presentation. The formulation does not need to be detailed but should cover psycho-social factors that might have led to a possible conversion disorder. Diagnostic differentials must include conversion disorder, and should mention ruling out an organic cause (although this will have been fairly well excluded by the investigations and physicals to date).

Surpasses the standard by an above-average and sophisticated presentation of the formulation and diagnostic differentials, taking a bio-psycho-social approach.

Does not achieve the standard if the candidate does not present any formulation of the issues alongside their differentials, leaves out a conversion disorder as one differential, or over-emphasises the need to rule out organicity, despite the physicals and investigations already done.

Category: Diagnostic formulation and Differentials	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 PRESENTATION OF MANAGEMENT PLAN

Did the candidate present an adequate management plan ? (Proportionate value - 20%)

Achieves the standard by use of a sensible and comprehensive bio-psycho-social approach – any errors or omissions are minor and don't seriously adversely impact on the plan suggested. Sensible interventions would be: arranging a further review appointment, arranging to meet with the patient's wife as well, for collateral and in a joint session(s), offering supportive therapy (or supportive follow-up with the candidate) while arranging something acceptable to the patient such as physiotherapy as well. There should be mention of appropriate liaison with the referring neurological team.

Surpasses the standard by an above-average management plan, with a good blend of pragmatism and interventions likely to assist such as joint sessions with patient's wife to allow issues re the miscarriage to be discussed, physiotherapy as an "acceptable reason for recovery", etc.

Does not achieve the standard if the candidate's management planning is not tailored to this patient, is impractical or inappropriate – e.g. suggesting further expensive scans or investigations, suggesting psychodynamic psychotherapy, or not planning to continue follow-up with the patient. Planning to admit the patient is inappropriate as it is not essential clinically, patient is unwilling and compulsory admission is not warranted.

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