

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination
Station No. 2
September 2010

Introduction and Aims

In this station the main task is to:

Discuss a child's problem behaviour with a parent who is also an out-patient, and advise about further assessment and management.

The Main Assessment Aims are:

- Ability to manage an out-patient review appropriately
- Ability to advise a patient/parent regarding the assessment and management of their child's behaviour

The Candidate must demonstrate:

- Ability to relate to an out-patient/concerned parent appropriately
- Ability to gather assessment information
- Ability to provide appropriate advice to the patient/parent

Station resource requirements:

- Simulated patient/parent – female roleplayer in 30s-40s. Casually dressed.
- 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 a community team registrar are seeing Suzanne, who has a past diagnosis of post partum depression, for a follow up visit. You last saw her 6 weeks ago, and first saw her six months ago when she was referred to you by her general practitioner, who was seriously concerned about her depression.

Suzanne is a 31 year old mother of two children, Robert (four years) and Troy (nine months). She works as a homemaker, previously employed as a sales clerk before having her children. Her husband Hugo is a bank teller. She presented with a full depressive syndrome which has gradually responded to citalopram, especially over the past 4 months after the dose was raised to 40mgs daily. She has been cooperative with treatment and follow up, although she declined a course of CBT, saying that looking after her children would make it too hard to keep any extra appointments.

Suzanne is an only child. Her mother suffered post-natal depression. She described a 'normal' childhood, talking in warm terms about her father but her mother was always a little cold and more interested in her work. Suzanne met her husband Hugo at her local bank and has been married for six years. They had a social life with friends before the children but since starting a family, they now stay at home and rarely go out. Hugo has been busy at work and Suzanne has at times mentioned that they are arguing more in the last while. Suzanne did not bond well with Troy at first, when depressed, but this improved as she recovered.

You are planning to discuss discharging her back to her general practitioner, at today's review with Suzanne. This is planned to be the final review with her before you discharge her, and before you change rotations at the end of the year.

- **Your task in this station is to interview the patient and to conduct the follow up review, managing any issues which may arise.**
- **After at most 12 (twelve) minutes, discuss ongoing assessment and management with the patient.**

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 the review.”***

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 does not begin their second task (discussion of ongoing assessment and management) after 12 minutes have elapsed, say:

“Please move on to your second task 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'
 - 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 Patient “Suzanne”

Your name is Suzanne and you last saw this doctor at the clinic about 6 weeks ago. Your children are with your mother-in-law today. You are 31 years old, married to Hugo and have two children, Robert (aged 4 years) and a baby named Troy, who is 9 months old. You were diagnosed with depression when Troy was 3 months old and were referred to the clinic by your GP. You are on an antidepressant named citalopram, which did not really work until the dose was increased to 40 mgs daily 4 months ago. You have had some support from a nurse on the community team and were offered CBT but you felt unable to organise extra childcare so as to attend therapy sessions. When depressed, you were not a serious risk requiring hospital admission, although you did have some suicidal thoughts (but no plans to act on these) when most unwell. You never had ideas about harming either of your children back when you were most depressed, but in the past month you have come close to hitting Robert at times. This worries you, especially as you know it is against the law. You have not had any suicidal thoughts for the past 3 months. Currently, you have minor difficulties getting off to sleep at night due to worrying about your children and your marriage. Once asleep you get at least 7 hours and wake about 6.30am (usual for you), feeling reasonably refreshed. You are eating well and have regained the weight you lost when depressed. No diurnal variation. You enjoy caring for Troy, but are finding Robert a lot more difficult, as he often has tantrums and refuses to do as he is told. He runs about a lot and you find this exhausting. You enjoy some TV shows, and you like gardening and have reasonable energy for this, but Robert often interferes (e.g. pulls up plants). You have a couple of friends with small children but you don't see them much as you're all busy.

You and Hugo have been having more arguments, and you are worried that he will be losing patience with you, after your depression. You feel irritable and worried, and tend to take your frustrations with Robert out on Hugo after he gets home from work. Your sexual relationship is fine now, although you lost interest previously when depressed. You are medically well.

Robert has been increasingly badly behaved across the past month, refusing to do what you say, yelling and playing up when you go to the supermarket, and bullying Troy at times. You tried shutting him in the living room but he just turned on the TV really loudly so you had to let him out again. You are worried that you will lose your temper and slap him. The only time you really feel fondness towards Robert is when he's asleep. You are worried that there's something wrong with him, to make him so restless and difficult, but both your children seem healthy. You aren't sure if Robert can attend if he's interested in something.

Background:

Your mother suffered from depression after your birth and was hospitalised on two occasions with depression. There's no other family psychiatric history (no ADHD as far as you know, but only give this detail if specifically asked). You are an only child and had a generally happy childhood. You grew up very close to your father but the relationship with your mother was strained. As a result, you don't often ask your own parents to help looking after the children, although your mother-in-law helps at times. You left high school aged 16 with no qualifications and used to work as a sales clerk, before Robert. You are married to Hugo, a bank teller who, since the boys were born, has been quite busy at work, leaving you nearly all the housework and childcare. You tried to get Robert into a kindergarten, but they are all full. You're of average intelligence, and largely read magazines and watch TV to get your information. Hugo has a laptop but you're not very confident with it. You occasionally buy things on-line, with his help.

Opening Statement: None - the candidate should initiate the interview

Responses you must make to the doctor are:

“What's wrong with Robert? Do you think he's hyperactive?” (you saw a TV programme about this)

“Do you think that Hugo doesn't love me any more? We always seem to be fighting.”

“I'm not a good mother, or Robert wouldn't be like this.”

How to Play the Role

You don't have to remember all of the facts above and can 'ad lib' if questions are asked that are not covered here (if you do, keep the details the same for all candidates). Be cooperative, but a bit frazzled and irritable at times. You can give some of the information as above freely if it seems appropriate in terms of how the candidate is relating to you, but mostly allow yourself to be questioned about the details of Robert's behaviour and the marital relationship. When the doctor suggests discharging you to your GP, you will be upset and will protest, as you're aware that you're not coping well with Robert.

MARKSHEET
Station 2

1.0 APPROACH TO PATIENT

Did the candidate demonstrate an appropriate empathic yet professional approach to the patient?

(Proportionate value - 15%)

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, taking regard of culture, gender, ethnicity etc. Candidate picks up cues appropriately, and follows these, and there is a good balance of control versus letting the patient talk.

Surpasses the standard if this is managed at an above-average level, with sophisticated tailoring of language and explanations for the patient, forming a balanced partnership without condescension.

Does not achieve the standard if: candidate is rude, impolite 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 – OF PATIENT'S PROGRESS

Did the candidate undertake an appropriately detailed out-patient assessment review?

(Proportionate value - 15%)

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 review. Key issues are: an adequate review of the patient's progress, their current symptoms and coping, possible side-effects, etc. Risk issues MUST be covered for an "achieved", both re self-harm and any thoughts of harming others.

Surpasses the standard by an above-average assessment, eliciting all the relevant information about the patient's progress at the review.

Does not achieve the standard if the patient's progress is not adequately reviewed, if depressive symptom screening is not done, or if risk assessment is not done re self, others and self-care.

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

3.0 ASSESSMENT – OF CONCERNS ABOUT CHILD'S BEHAVIOUR

Did the candidate take appropriately detailed and focused history of concerns about child's behaviour? (Proportionate value - 35%)

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 breadth of the information obtained. Relevant issues are: an assessment of the reported behaviour re precipitants and consequences, screening for ADHD, assessment of the marital difficulties, assessment of patient's (and her husband's) general skills, coping strategies and social supports in managing the children's behaviour.

Surpasses the standard by an above-average assessment, eliciting all the relevant information as above about possible causes of the behavioural problems, including supports, parenting skills and marital issues.

Does not achieve the standard if the candidate does not seem to know what to ask so as to assess problem behaviour in a child, if the assessment is inadequate – e.g. focuses solely on ADHD with no regard for the wider social and marital situation, or if the candidate seems judgmental about any problems with parenting skills, etc.

Category: Assessment of child's behaviour problems	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 MANAGEMENT – ADVICE TO PATIENT/PARENT

Did the candidate appropriately discuss further assessment and management for both the child's behaviour and for the patient ? (Proportionate value - 35%)

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: provision of information about possible causes of the behaviour described, discussion of further assessment e.g. referral of the child at the local child psychiatric service or suggesting a meeting with the patient and her husband to discuss the problems and assess their relationship. Should be discussion of provision of more social support (grandparents, friends), etc. The candidate should delay discharging the patient until these concerns are further resolved. Appropriate reassurance should be provided.

Surpasses the standard by an above-average management discussion, covering the key issues very well and sensibly, reassuring the patient. Good advice, e.g. on proper use of time out, may be provided.

Does not achieve the standard if the candidate continues planning to discharge the patient nonetheless, seems insensitive regarding the distress caused by the behavioural problems, provides no useful (or inaccurate) information about possible causes, seems judgmental, or does not suggest sensible ways to further assess the situation.

Category: Management and advice	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
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