

**RANZCP Auckland Training Programme**  
**Mock Objective Structured Clinical Examination**  
**Station No. 3**  
**September 2010**

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**Introduction and Aims**

**In this station the main task is to:**

Appropriately support and advise a more junior colleague who believes they are being bullied.

**The Main Assessment Aims are:**

- Ability to appropriately support and advise a more junior colleague
- Demonstrate understanding of workplace bullying and possible remedies

**The Candidate must demonstrate:**

- Ability to talk with a junior colleague appropriately
- Ability to help the colleague to assess a problem
- Ability to help the colleague consider possible remedies to a problem
- Knowledge of workplace bullying and harassment, and of actions regarding this

**Station resource requirements:**

- Simulated RMO – male roleplayer in 30s-40s. Casually dressed.
- Paper and pen
- Table and 2 chairs

### **Station 3: Instructions to Candidate**

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

You are a senior registrar on an inpatient complex of three wards where there are several more junior registrars and SHOs. You are the most senior registrar attached to the complex and are expected to mentor and support your more junior colleagues.

One of the 2<sup>nd</sup> year registrars who works on a different ward from the one where you are based has approached you and asked for a private meeting. He has briefly confided that he thinks he is being bullied at work, and wants to talk to you about what to do.

You have arranged to meet with this registrar (Dr Krishnamurthy / Dr Jauhari) across the lunch break, in your office. You don't know him well, but are aware that he originally trained in India and joined the training programme here after completing some RMO years in the UK. You are aware that he is attached to the professorial team.

You have not heard about any bullying behaviour, and worked on the professorial team yourself, in the past. You found the professor to be a somewhat demanding supervisor, but fair and a good teacher. You have not had time to make any other enquiries.

- **Your task in this station is to talk with the registrar about his concerns**
- **You are to assist the junior registrar to determine what action, if any, is to be taken next**

### Station No. 3 - 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 meeting.”***

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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.”***

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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)

## **(Info for Examiners: Excerpts from RANZCP Policy on Bullying and Harassment in relation to Trainees)**

### **1. Policy Statement**

The Royal Australian and New Zealand College of Psychiatrists (the College) has a zero tolerance stance on bullying/harassment in training. The purpose of this College policy is to ensure that Fellows, Trainees, International Medical Graduates and employees are provided with a working environment that is free from bullying and harassment.

This Policy reflects the College's expectations of Fellows as set out in the College's Code of Conduct and Code of Ethics.

The College recognises that for Trainees and International Medical Graduates, most instances of bullying or harassment will occur in their place of work and complaints will be most appropriately handled within that organisation. Thus, for Trainees and International Medical Graduates, this Policy relates primarily to incidents in the workplace which may involve a Supervisor, Director of Service, Director of Training or other person appointed by the College.

### **2. Bullying & Harassment in the Workplace**

The College expects training locations will:

- provide a working environment which is free from bullying and harassment where all Fellows, Trainees, International Medical Graduates and employees are treated with dignity, courtesy and respect.
- ensure that policies and procedures about bullying and harassment are available.
- provide an effective complaints procedure based on the principles of natural justice.
- treat all complaints in a sensitive, fair, timely and confidential manner.
- encourage the reporting of behaviour which breaches this Policy.
- promote appropriate standards of conduct at all times.

### **3. What is Harassment?**

Harassment may involve unwanted behaviour and can take many forms, including inappropriate actions, behaviour, comments or physical contact that is objectionable or causes offence. Unlawful harassment may relate to any of the attributes protected in various equal opportunity legislation.

It is important to note that it is irrelevant at law as to whether or not the inappropriate behaviour was intended. It is also important to understand that it is the person being subjected to the behaviour, who determines whether the behaviour is welcome or unwelcome.

Harassment may be seen to have occurred if the behaviour makes the victim feel:

- offended and humiliated,
- intimidated or frightened, and/or
- uncomfortable at work.

### **4. What is Bullying?**

Workplace bullying is repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety. Bullying behaviour includes, but is not limited to the following:

- Manipulation
- Intimidation
- Offensive remarks or behaviour
- Degrading remarks or behaviour
- Belittling remarks; ridiculing someone's opinion
- Unreasonable persistent criticism which is not part of the performance review process
- Nitpicking and fault finding without justification
- Verbal and physical abuse (for example shouting or throwing things)
- Isolation of colleagues
- Withholding information employees need to perform their job
- Setting of unachievable targets with the intent of causing individuals to fail
- Sabotaging someone's work

It is important to note at law that behaviour will only be defined as bullying if a reasonable person observing the situation would consider it to be bullying. The 'reasonable person' is identified as an 'objective third person'.

### **5. Where to report instances of bullying/harassment**

Anyone who experiences or witnesses bullying or harassment within the training environment should report it as soon as possible. In the event that a Trainee, International Medical Graduate or other person associated with the College is harassed or bullied in the workplace, the employer has primary responsibility to address the conduct and provide a safe workplace. (Policy then goes on to detail that it can also be reported to the College directly, and explains the processes to investigate any such allegations fairly, that would ensue.)

### Station 3: Instructions to Simulated Junior Registrar

Use your own name. You were born in Agra and are aged 35. You did your schooling and medical degree in New Delhi, India. You did two years there (PGY1-2), gaining registration, then moved to the UK and completed your PGY3-4 years in London, at Hackney Hospital. Following that you emigrated to Australasia as the immigration and employment laws in the UK altered so that it became harder for non-EU immigrants to find work, or to be re-employed in British training programmes.

You joined the local training programme here 1 year ago, having completed your 1<sup>st</sup> year of psychiatric training as an SHO in the UK. Overall you like it here, but the transition to a new country and training system has been somewhat stressful and it took you a few months to adjust. You find the electronic records here difficult and time-consuming, as they did not have this in India or your UK hospital. You have arranged to talk to the senior registrar attached to the 3-ward acute inpatient complex where you work. The senior registrar is supposed to act as a mentor and advisor, and works on a nearby ward, in a different clinical team. You don't know the senior registrar very well but they seem OK.

**What you want to complain about:** You have been in your current post for 3 months, and don't feel that you have gotten off to a good start with your supervisor the professor, in fact, you feel bullied by him. You were looking forward to this post as he is the head of the academic department and you are interested in doing research at some stage. However, you were also nervous of working with such a senior supervisor. The professor is a local graduate and has worked here for over 30 years. He has headed the ward team where you work for over 10 years.

You find the professor intimidating as he tends to be brusque and in your initial supervision session you felt that he was criticising your past training and experience. You feel that he does not listen to you and that he treats you "like a new 1<sup>st</sup> year" and does not give you much responsibility. He gave you a contact number for the half-days when he was off the ward but you don't feel comfortable disturbing him at the academic department, so you tried to cope in his absence but on his return to the ward he criticised several decisions you had made. This made you more anxious and you made a prescribing error, which did not cause any serious consequences, but resulted in the professor insisting that you talk to him or call him before prescribing anything. You feel that this has undermined you with the other ward staff.

You expressed an interest in doing an audit of clozapine prescribing in ward patients but the professor was not supportive, telling you that you needed to work on your "basic clinical skills" before undertaking any special projects. You are scheduled to do a Case Conference in 3 weeks, and wanted to present an interesting man with NMS, but the professor felt that this was not a suitable case and directed you to do a patient with psychotic depression and hypothyroidism instead. You feel that this is because the professor's interests are in mood disorders, and that this is unfair, as you will be the one "doing all the work".

Recently, you commenced your psychodynamic long case, which requires you to see the patient and to have supervision at a local CMHC during working hours. You feel that the professor has not been supportive of this, and he complained that with all the College training tasks now required, registrars were away from the ward too much. This has meant that you have not felt able to complete any "annual activities" (NGO visit etc.) as yet. The professor often cannot manage the 1:1 supervision times that you have arranged, and calls to postpone them. You tried to protest about this but felt that he was bullying you, and that your training is a low priority for him. You now dread supervision sessions as you feel that he badgers you and puts you on the spot about your knowledge base – "it's like a mini-exam each time." You don't feel comfortable discussing complex cases with him, as you feel he will criticise your diagnoses and management plans. In addition, he criticised your clinical judgement in front of other staff at a recent ward round, and you feel very upset about this.

So far, you haven't talked to anyone else apart from your wife at home. You haven't felt able to approach the local Director of Training as you're afraid it might mean "a black mark" on your record if you complain. Also, you're afraid that the professor has a lot of power locally, and might make things difficult for you in the future. But on the other hand, you're afraid of failing the rotation if you don't do something. The SHO on your team mentioned to you that he thought the professor was "being too tough" on you, and after that you decided to talk to the senior registrar.

**Personal Information:**

Although you are to mention feeling stressed, do not volunteer any symptoms of depression or anxiety unless these are enquired for. If they are asked after, say that you are not depressed, and deny any vegetative symptoms, apart from some initial insomnia (you lie awake worrying). You are not suicidal and have never self-harmed. You have, however, had some anxiety symptoms in the last month, with mild generalised anxiety, anticipatory anxiety before supervision sessions and ward rounds, and you have had a couple of panic attacks before work on recent mornings, one of which made you late for work (for which you were criticised). You have not told anyone at all about these symptoms.

You have no prior psychiatric history, no family psychiatric history and are medically well. You are married with no children, and are close to your wife. Your wife works as a dental hygienist and is requalifying as a dentist here. There are no other social stressors, apart from you being relatively recent immigrants and socially isolated, e.g. your finances are OK. You have a few friends among the other registrars, but haven't known them for long. You occasionally email 2 or 3 close friends or siblings in India and the UK. You are the middle of 2 brothers and 2 sisters, one in the UK, two in India and one in Australia. Your father is dead and your mother lives with your eldest brother in London.

**Opening Statement:**

"I wanted to talk about my supervision with the professor. I just can't seem to do anything right and I'm starting to feel really stressed."

**Things you must say to the senior registrar at some point are:**

"Do you think I'm being bullied? Is this what the College means by 'Bullying and Harassment?' "

"I'm feeling very discouraged. Sometimes I think I should give up on psych training and be a GP."

"What's your advice? What do you think I should do about 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 and speak reasonably freely, but be a bit hesitant at first. Become more vocal about the professor as your account progresses, and let some irritation and mild distress show. Overall, be somewhat anxious in manner.

Objective Structured Clinical Examination  
Mock Exam Auckland

Candidate Initials:

**MARKSHEET**  
**Station 3**

**1.0 APPROACH**

**Did the candidate demonstrate an appropriate supportive yet professional approach to the junior registrar? (Proportionate value - 20%)**

Achieves the standard by demonstrating the following – any errors or omissions are minor and don't seriously adversely impact on the mentoring relationship or on empathy: Candidate listens well and picks up on cues appropriately, allowing their colleague to ventilate but also helping them to think the situation through. Reasonable balance of support while maintaining appropriate boundaries.

Surpasses the standard if this is managed at an above-average level, with an especially good balance of support and advice without taking over the discussion. Ideally, candidate should facilitate their junior colleague problem-solving, rather than just telling them what to do.

Does not achieve the standard if: candidate is brusque or condescending, unsympathetic or ignores their colleague's concerns. Or if they are not able to be objective or maintain professional boundaries.

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

**2.0 ASSESSMENT OF THE COMPLAINTS**

**Did the candidate appropriately assess the substance of their junior colleague's complaints? (Proportionate value - 30%)**

Achieves the standard by managing a reasonably comprehensive review of the situation – any errors or omissions are minor and don't seriously adversely impact on the evaluation of the issues. Key issues are: allowing the junior colleague to explain details of what has occurred, evaluating whether actual bullying behaviour may have occurred, and gaining some information as to how stressed the junior registrar is, re depressive and anxiety symptoms. Self-harm/suicidality does not need to be enquired after (as there are not depressive symptoms), but a brief checking for depressive and anxiety symptoms is expected.

Surpasses the standard by an above-average eliciting of the details of the situation, including a sensitive evaluation of the colleague's stress-level and presence of depressive or anxiety symptoms. It should be clear that the candidate knows what to look for regarding a bullying/harassment complaint.

Does not achieve the standard if the details are not well elicited, if it is apparent that the candidate does not know what to ask about or look for regarding possible bullying, or if they miss the cue about their colleague's stress level and from that, fail to ask about depressive or anxiety symptoms.

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

### 3.0 KNOWLEDGE ABOUT BULLYING AND HARASSMENT

**Did the candidate demonstrate reasonable knowledge about workplace bullying and harassment, and allied policies? (Proportionate value - 10%)**

Achieves the standard by demonstrating a reasonable grasp (through their discussion with the junior colleague) of what constitutes bullying behaviour in the workplace, or harassment. Should demonstrate awareness of the need to take the allegations seriously while also needing to be fair to the supervisor regarding natural justice in being able to reply to any allegations in a complaint process.

Surpasses the standard by appearing to have a detailed grasp of this, with knowledge that there is an RANZCP policy (and that there are workplace policies regarding this) and a good understanding of the content of such policies.

Does not achieve the standard if the candidate does not seem to know what to ask so as to evaluate the complaint of bullying/harassment, and does not seem to have a clear grasp of what workplace bullying and harassment are, or the type of policies in place in the workplace and College.

Category: Knowledge about Bullying and Harassment	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

### 4.0 ABILITY TO DISCUSS AND GUIDE COLLEAGUE RE POSSIBLE ACTIONS TO TAKE

**Did the candidate appropriately discuss and guide colleague re possible actions to take? (Proportionate value - 40%)**

Achieves the standard by taking a sensible and blanked approach – any errors or omissions are minor and don't seriously adversely impact on the outcome discussed. Sensible interventions would be: provision of information about bullying and harassment policies and encouraging the junior to problem-solve and decide what next steps to take without imposing choices. Need to see the candidate guiding their junior and helping them to look at options re next steps, without being too directive or too passive. Actual options discussed will vary but may include: encouragement to talk to Director of Training and reassurance re "no black mark", encouraging junior colleague to talk to a neutral party such as free counselling via Occupational Health - for support and to decide if they want to take action, etc. May be sensible advice about "managing the professor", based on candidate's own past experience.

Surpasses the standard by an above-average options discussion, covering the key issues very well and sensibly, with an excellent balance of advice vs encouraging the junior colleague to problem-solve and decide for himself. Ideally, will be sensitive advice about monitoring the anxiety symptoms and maybe the colleague seeing his GP about these.

Does not achieve the standard if the candidate is either too didactic and directive, or too passive, just listening and not offering any real guidance to their junior colleague. Or if the advice offered is extreme or unrealistic. e.g. lodging a formal complaint now with the College or with the Service Manager before discussing the problems with the Director of Training (or Training Facilitator) would be too extreme.

Category: Actions and Guidance	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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