Committee for Examinations
Objective Structured Clinical Examination
Station 11
Sydney April 2018

The Royal Australian & New Zealand College of Psychiatrists

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1.0 Descriptive summary of station:

This is a short core skills station that examines the abilities of a candidate to present a Mental Status Examination (MSE) of a patient, and correctly interpret observed psychopathology in the context of what appears to be a psychotic disorder with hallucinations and behaviour associated with persecutory thinking.

1.1 The main assessment aims are to:

- Demonstrate an ability to clinically observe a non-communicative patient in order to describe a mental state examination.
- Present a systematic mental status examination.
- Present an interpretation of the patient's psychopathology.

1.2 The candidate MUST demonstrate the following to achieve the required standard:

- Attempt to engage the patient using both open and closed questions.
- Accurately present the patient's appearance and behaviour.
- Accurately interpret response to unseen stimuli being driven by hallucinations.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category**: Clinical Assessment Skills
- **Area of Practice**: Adult Psychiatry
- **CanMEDS Domains**: Medical Expert, Communicator
  RANZCP 2012 Fellowship Program Learning Outcomes: Medical Expert (Assessment – mental state examination, examination accuracy); Communicator (Conflict management).

References:

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), American Psychiatric Association Press. (2013).
- Kaplan HI, Saddock BJ. Synopsis of Psychiatry, Eighth Edition, Williams & Wilkins. (1998).
- Scully JH. NMS Psychiatry, Third Edition, Williams & Wilkins. (1996).
- Endicott J, Spitzer RL. A diagnostic interview: the schedule for affective disorders and schizophrenia. Arch Gen Psychiatry 35:837-844 (1978).
- Nurnberger JI Jr, Blehar MC, Kaufmann CA, York-Cooler C, Simpson SG, Harkavy-Friedman J, Severe JB, Malaspina D, Reich T. Diagnostic interview for genetic studies. Rationale, unique features, and training. NIMH Genetics Initiative. Arch Gen Psychiatry 51:849-59 (1994).
- Trzepacz, P, Baker R. The Psychiatric Mental State Examination, Oxford University press (1993).

1.4 Station requirements:

- Standard consulting room.
- Four chairs (examiners x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: healthy looking male in his early 20's of average build; he must look dishevelled, with dirty hair, nails and clothes.
- Pen for candidate.
- Timer and bateries for examiner.

2.0   Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are working as a junior consultant psychiatrist in a public hospital.

Your ward registrar has requested that you review a 20-year-old patient, Sam, as the registrar was unable to establish any rapport with the patient. The patient did not want to engage or talk to the registrar. You are seeing the patient for the first time.

No further details of the patient are available.

Your tasks are to:

- Assess the patient to be able to complete a Mental Status Examination (MSE).
- Present the MSE of the patient **to the Examiner.**
- Interpret key findings of the MSE **to the Examiner.**

You are not expected to physically examine the patient.

You will be given a time prompt to commence the second task at **five (5) minutes**, if you have not already done so.

Station 11 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
  - o A copy of 'Instructions to Candidate'.
  - o Pens.
  - o Water and tissues (available for candidate use).
- Do a final rehearsal with your simulated patient.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE of the scripted prompt you are to give the candidate at **five (5) minutes**.
- DO NOT redirect or prompt the candidate.
- If the candidate asks you for information or clarification or if the candidate touches the patient say:
  'Your information is in front of you – you are to do the best you can'.
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your mark sheet in an envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

If a candidate elects to finish early after the <u>final task</u>:

- You are to state the following:

  'Are you satisfied you have completed the task(s)?
  If so, you <u>must</u> remain in the room and <u>NOT</u> proceed to the next station until the bell rings'.

- If the candidate asks if you think they should finish or have done enough etc., refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Observe the activity undertaken in the station, and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room, briefly check ID number.

You have no opening statement.

There is NO opening statement for the role player.

If the candidate has NOT commenced the second task, at **five (5) minutes** you are to give a time prompt. This is your specific prompt:

> *'Please proceed to the second task.'*

3.2 Background information for examiners

In this core skills station the candidate is expected to assess a primarily non-communicative patient, and demonstrate their observational skills in their ability to present a Mental Status Examination (MSE) for someone who displays mostly non-verbal psychopathology.

In order to 'Achieve' this station the candidate **MUST**:

- Attempt to engage the patient using both open and closed questions.
- Accurately present the patient's appearance and behaviour.
- Accurately interpret response to unseen stimuli being driven by hallucinations.

The candidate should initially attempt to verbally engage the patient in a gentle manner, and when it is clear that the patient does not want to communicate, the candidate should take a respectful approach to the patient in order to complete the task, in order to complete a mental state based on observation. From time to time, the candidate may try to engage the patient by asking them questions, making suggestions or appealing to the patient.

The candidate is expected to present a comprehensive mental status examination in a standard format, providing the observable features, in a structured manner. Positive findings and relevant negative or aspects of the MSE that cannot be determined should be mentioned.

A surpassing candidate is likely to contain their own anxiety in a professional manner. A better candidate will clearly note the aspects of the MSE that are observable but at the same time also correctly identify those aspects that cannot be determined without communicating with the patient.

The following is a description of the patient:

- 20-year-old male who looks his age, and generally looks physically healthy.
- He is fully conscious.
- He is dishevelled (but not malodorous), hair, hands and cloths are dirty as if he has neglected himself.
- He does not respond to social cues, does not shake hands and essentially ignores candidate.
- He mainly maintains a sitting posture with his hands on his knees – jiggles his knees a little from time in an agitated fashion.
- He mainly keeps a downward gaze and tends to look around him as if looking for someone or something; but has little eye contact with the candidate.
- He is silent except for the period of mumbling, where he makes minimal monosyllabic sounds / grunts vaguely in response to the candidate's efforts to engage then returns to focussing on internal experiences.
- It is not possible to engage him in conversation or to obtain any information from him.
- He occasionally looks a bit suspiciously / fearfully at the candidate, and around the room (*so the candidate can postulate paranoid ideation).*
- On at least two separate occasions he seemed to be responding to unseen stimuli: looks up and mumbles to himself as if he is hearing voices or responding some type of non-apparent stimulus.

- At about 3 minutes he gets up, walks to the door, appears to be listening and abruptly says 'stop that at once' clearly and angrily, and then returns to his seat, and to his uncommunicative state.
- He has a restricted affect with minimal reactivity displayed, making it difficult to fully evaluate.
- It is not possible to determine his form of thought, mood, content of thoughts including delusions / passivity phenomena.
- It is not possible to determine major aspects of risk to self or others, but his non-verbal communication does not indicate any imminent risk.
- It is not possible to evaluate the cognitive functioning.
- Insight is likely poor given a person who is probably psychotic, and in the midst of an acute phase.

3.3 The Standard Required

Surpasses the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

i.   they have competence as a ***medical expert*** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).

ii.   they can act as a ***communicator*** who effectively facilitates the doctor patient relationship.

iii. they can ***collaborate*** effectively within a healthcare team to optimise patient care.

iv.   they can act as ***managers*** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.

v.   they can act as ***health advocates*** to advance the health and wellbeing of individual patients, communities and populations.

vi.   they can act as ***scholars*** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.

vii. they can act as ***professionals*** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Does Not Achieve the Standard – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

4.1 This is the information you need to memorise for your role:

You are a young 20-year-old male named Sam, who is about to be interviewed by a psychiatrist, but you will not actively engage with them. The key aspect is to be as quiet as possible except for the brief periods of activity as explained below.

You are playing the role of a person who is acutely psychotic, which means that you are not in touch with your usual reality but are experiencing things that have led you not to speak or engage with anyone, as you are completely involved (preoccupied) with what is going on in your head. You are also feeling quite suspicious of others and so may look a bit fearful. As a result of your psychosis, you have not looked after your grooming over the past week or two.

Your main and most prominent experiences are that you are hearing a voice that is doing the following – please imagine how this would make you feel and act:
- the male voice is talking to you all the time.
- the voice describes what you are doing in a continuous manner, like a commentary.
- from time to time, the voice also instructs you on how to behave.
- the voice has been telling you not to talk to the doctor.
- it is instructing you to sit quietly on a chair, look downwards and maintain that posture (your hands are on your knees, as if you are holding your knee caps).

4.2 How to play the role:

It is important to look dishevelled: poor grooming is a clinical feature of this patient and your clothing should look dirty. Your hair has to be obviously untidy and not recently washed. Consider applying wax or gel in hair to make it look dirty.

Your clothes should not be matched, and look haphazard. Do not wear any cologne. It is crucial not to smell in any way either pleasant or unpleasant (malodorous).

When the candidate walks in, do not get up from your chair, shake their hand or acknowledge them. Keep focussed on your own internal world.

Do not look at the candidate or move about too much. Mainly keep a sitting posture with your hands on your knees, you can jiggle your knees a little from time in an agitated fashion. Spend most of the time looking blankly down towards the floor; or looking around the room as if you are searching for someone or something. Do not respond to the candidate's questions, except briefly acknowledge the candidate with a few grunts, otherwise try to ignore the candidate.

In the first four minutes, with each candidate, you must briefly look up to your right, as if you are listening to someone on the roof:
- without uttering any sensible sounds, mumble by moving your lips in response to that someone.
- do this for about 5-10 seconds then stop.
- please do this twice during the first four minutes.

At these times when you will mumble below your breath – it should appear as if you are saying something, but the words should not be able to be understood or heard properly by the people in the room.

Occasionally briefly look a bit suspiciously / fearfully at the candidate and around the room. At about 3 minutes get up, walk to the door, appear to be listening and abruptly whisper '*stop that at once*' clearly, and then return to your seat and to your uncommunicative state.

4.3 Opening statement:

There is no opening statement for you to make; you are not required to acknowledge the candidate as they commence the station.

4.4 What to expect from the candidate:

The candidate will greet you, introduce themselves and clarify your name. The candidate may want to shake your hand, but they are not expected to touch you in any other way at all.

They will try to engage you and obtain details of why came to the clinic. The candidate will endeavour to obtain information from you by asking various questions, possibly in a repetitious manner.

The candidate may become quiet and observe you: maintain you sitting posture, mainly staring down throughout, no matter what the candidate does.

4.5 Responses you MUST make:

With each candidate the role player must look up to the right, twice during the first four minutes. Mumble for about 5-10 seconds, without making any sensible sounds, while looking up.

Remember to also stand up, go to the door and say, "*stop that at once*" in a clear voice such that the candidate knows you are not mute.

4.6 Responses you MIGHT make:

None

4.7 Medication and dosage that you need to remember:

None

STATION 11 – MARKING DOMAINS

The main assessment aims are to:

- Demonstrate an ability to clinically observe a non-communicative patient in order to describe a mental state examination.
- Present a systematic mental status examination.
- Present an interpretation of the patient's psychopathology.

Level of Observed Competence:

2.0   COMMUNICATOR

2.3   Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:
effectively tailors interactions that aim to facilitate rapport; constructively aims to de-escalate the situation; treats the patient with positive regard throughout.

Achieves the Standard by:
recognising challenging communications; attempting to form a partnership using language and explanations tailored to the situation; demonstrating capacity to apply alternative engagement strategies; effectively managing the situation with due regard for safety and risk; utilising a non-confrontational style.

To achieve the standard *(scores 3)* the candidate **MUST:**
a.   Attempt to engage the patient using both open and closed questions.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):
scores 2 if the candidate does not meet (a) above or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
any errors or omissions reduce likelihood of attaining any positive outcomes; inadequate ability to manage responses to the situation.

2.3. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

1.0   MEDICAL EXPERT

1.3   Did the candidate demonstrate adequate proficiency in assessing the mental state examination, including a cognitive assessment? (Proportionate value - 40%)

Surpasses the Standard (scores 5) if:
MSE is presented at a sophisticated level; clearly notes all aspects of MSE that cannot be accurately determined without verbal communication.

Achieves the Standard by:
demonstrating capacity to: present an organised and accurate mental state examination; describe key aspects of observation of rapport and affect, postulating on content and control, considering perceptual abnormalities; succinctly present accurate use of phenomenological terms; comment on likely insight and judgement, including appropriate positive and negative findings.

To achieve the standard *(scores 3)* the candidate **MUST:**
a.   Accurately describe the patient's appearance and behaviour.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1):
scores 2 if the candidate does not meet (a) above or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
significant deficiencies in organisation, accuracy and presentation.

1.3. Category: ASSESSMENT – Mental State Examination	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

1.6   Did the candidate report on the physical findings accurately for this case? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

overall physical findings are accurately elicited.

Achieves the Standard by:

correctly identifying key physical findings in relation to the mental state; identifying the unkempt nature and poor self-care of the patient; observing the patient's level of consciousness; recognising that the patient does not pose an imminent risk, seems afraid and preoccupied with internal experiences, does not respond to stimuli from the outside.

To achieve the standard *(scores 3)* the candidate **MUST**:

a.   Accurately interpret response to unseen stimuli being driven by hallucinations.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most elements.

Below the Standard (scores 2 or 1):

scores 2 if the candidate does not meet (a) above or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

incorrectly interprets observations; errors or omissions of findings affect the conclusions.

1.6. Category: ASSESSMENT – Examination Accuracy	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail