

Objective Structured Clinical Examination  
**Mock Exam Auckland April 2005 - Station 1**

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**1. Introduction and Aims**

In this station, a Consultation-Liaison trainee has to manage a situation on a medical ward. The candidate's main tasks are to gather information and to advise the medical registrar appropriately about how to manage the situation. Background information about the patient involved has already been provided at the Bye station previously.

An appropriate interaction with a medical colleague must be demonstrated.

The station aims to assess the candidate's ability to:

- Assess a C-L situation in response to a referral.
- Formulate an appropriate management plan for a patient with borderline personality disorder and self-harm behaviour and explain this to a medical colleague.
- Suggest appropriate interventions to manage team dynamics.

Station Requirements:

- One male or female simulated medical registrar, appropriately dressed.
- Pen and paper.

## **Station 1    Instructions to Candidate**

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

You are a psychiatry consultation-liaison registrar, in a general hospital. You are aware of the background information on Alice, the patient in question, having just read the past psychiatric notes. You are responding to a referral (which you have also just read) written by a medical ward houseofficer on behalf of Alice's consultant, Prof Baker, a physician on the medical ward. Before you visit the ward, the medical registrar on the ward calls you and asks to have a discussion with you before you see Alice, in private. You have arranged to meet at the medical registrar's office.

Your tasks are to:

1.    Assess the situation regarding Alice from this discussion with the medical registrar
2.    Discuss with the medical registrar your formulation of the situation and Alice's diagnosis
3.    Discuss management interventions with the medical registrar

## Station 1

## Instructions to Examiner

As candidate enters the room, check their ID then ask them to proceed:  
**“Please proceed with your tasks as outlined.”**

No other prompts or interventions by the examiner are needed. If the candidate asks for any clarification, repeat:

**“You have your information. Please proceed with your tasks as outlined.”**

If the candidate says they are finished and wants 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 1

### Instructions to simulated Medical Registrar:

You are a medical registrar who has not done a psychiatry rotation during houseofficer training. You are very concerned about the situation on the ward with Alice. You are relieved that the psychiatric C-L team will be involved and are keen for them to “sort it out”.

After introductions, you begin by explaining why you needed to see the psych registrar first:

**“Look, I asked to have a word with you as it’s actually a bit of a mess here on the ward with Alice. I feel like the meat in the sandwich and I’m not sure what to do.”**

You go on to explain that Alice has been on the ward for a week after taking an overdose of paracetamol and lacerating her wrists. The wounds are not too deep but needed suturing and she is having regular dressings.

You further explain to the C-L registrar that Alice was last on your ward one month ago after a similar paracetamol overdose, and was discharged within three days to the local psychiatric inpatient unit. You have since learned that she was discharged home from there after 48 hours. Your consultant Prof Baker is displeased that she was allowed to return home so rapidly from the psychiatric unit and is now again admitted after another overdose. He has said that he will not discharge her from the medical ward until she ceases to be suicidal. However, matters are not going well: Alice has not been able to guarantee her safety and continues to say that she may self-harm. The day before, she was discovered by a nurse tying her dressing gown cord around a shower rail and afterwards Alice said she had intended to hang herself. She now has a 24 hour nursing watch with her.

You tell the C-L registrar that you are finding it very difficult as the charge nurse of the ward does not agree with Prof Baker. Shirley, the charge nurse, feels that Alice should have been discharged rapidly to the care of psychiatric services and that she is inappropriately blocking a bed on the medical ward. Shirley does not think that Alice will actually suicide and says all her actions are “attention-seeking”. Shirley feels that Prof Baker has been “conned” and many of the other nurses agree with her. Alice’s main day-shift nurse Kelly is however “on Alice’s side” and agrees with Prof Baker, as does Gavin, the houseofficer on the ward. Alice will now not let anyone do her dressings except Kelly or Gavin, and this is causing problems.

You feel caught between Prof Baker and Shirley. You do not feel that Alice should remain on the medical ward for a prolonged time, but you are worried that she may again self-harm and are unsure how to prevent this. You have to deal with considerable pressure from Shirley and most of the nurses about the whole issue as Prof Baker is not on the ward much, apart from ward rounds.

### How to play the role

You are concerned about the situation and feel out of your depth. You at times say **“I haven’t done much psychiatry except at med school”** and ask for advice. You have heard of Borderline Personality Disorder but are not clear quite what this implies, but you believe that such people are disruptive, self-harm a lot and are hard to manage. Shirley refers to Alice as “a Borderline”. You are not familiar with psychodynamic concepts such as splitting or idealisation/devaluation but are interested and able to understand these if they are explained. You are open to management suggestions made by the C-L registrar but tend to repeat your concerns about Alice’s risk of harming herself again.

If you are asked further questions about Alice’s coping, you are aware that:

- she is eating well
- she says she does not sleep but the nursing watch reported that she slept all night
- she has no psychotic features and is coherent and able to express herself well
- You did a MMSE which was 30/30. She reads magazines and books in the day.
- Her visitors included 1 or 2 friends, no family and no mental health staff.
- When interviewed by Prof Baker, Alice weeps and seems depressed, but often she seems cheerful and chatty, with friends or a nurse she likes. With Shirley she tends to be sullen.
- Alice’s behaviour tends to be more difficult on the afternoon and evening shift when there is no specific nurse assigned to her, with more talk of self-harm then.
- Alice talks of having felt depressed and suicidal “all her life” and says she has thoughts of cutting herself “a lot”. Since the episode with the shower rail she has denied any further specific suicidal plans however, just repeating “I don’t know” when directly asked about this.
- Her lacerations are healing well and can be managed at home.
- She is medically cleared and the only reason she remains on the ward is Prof Baker’s concern that she may suicide.
- You are aware of some aspects of her history (see attached brief history) from the medical notes and from your assessment of Alice.

If you are asked other questions about Alice or the situation on the ward, say **“I’m not sure”** rather than inventing entirely new information.

**Brief History about Alice which you have gathered from the past medical files.**

*(You can refer to all this when being questioned, as though you had her medical file with you.)*

Alice is a 27 year old European woman. She lives alone in a rented flat. She is estranged from her family, being an only child whose father died of cancer when she was 6 years old, and who has a very difficult relationship with her mother. Alice has a history of sexual abuse in childhood but you do not know the details of this.

Alice has had a number of relatively short-lived jobs in the past as a caregiver for the elderly in rest homes. She resigned from her last job after an argument with the manager and has been unemployed for 2 months.

She has a small number of close female friends, but says that people often let her down so she does not have a wide social network. She has a history of brief unstable relationships, at times with men who were physically abusive. She has not been in a close relationship for several months.

She does not drink alcohol, smoke cigarettes or use illicit drugs. She is not on any psychotropic medications currently. In the past she used to abuse zopiclone but was weaned off this 2 years ago. She is well apart from the lacerations, with no significant medical history. She has scars on her arms from past superficial lacerations. You are aware that she has had several past psychiatric admissions for self-harm or suicidality, across the last few years. She does not have a GP but uses emergency private A&E services at times. Alice herself is not able to explain why she has recently been admitted with overdoses twice in the last month. "I'm just fed up and I can't go on."

She is supposed to be having follow-up from the local CMHC as far as you are aware. She is currently saying that the CMHC has abandoned her and don't care. You were not able to talk to a staff member at the CMHC who knew Alice, as the receptionist said that both her doctor and therapist were away on leave. You have not seen any mental health services Management Plan for Alice. You have requested her mental health file but there was a delay in this arriving.

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Candidate No.:

**MARKSHEET**

**Station 1**

**1.0 APPROACH**

**Did the candidate demonstrate an appropriate professional approach to their medical colleague?  
(Proportionate value - 10%)**

Category : Approach to colleague	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>professional and helpful approach</li> <li>listens well</li> <li>empathises with the difficult situation the registrar is in and with their concerns</li> <li>adopts a collaborative approach rather than "taking over"</li> </ul>	Manages this particularly well, with sophisticated ability to empathise and advise, explain and work collaboratively.	Manages this quite well. Possibly the balance of collaboration is a little off, with too little help or too much "taking over", but not too seriously.	Manages this poorly but is clearly trying to help. Does not listen well or empathise well. Is either unhelpful or "takes over" too much.	Manages this very poorly. Attitude is unprofessional, rude or dismissive. Fails to work collaboratively, is either unhelpful or over-involved
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

**2.0 HISTORY**

**Did the candidate collect appropriately focused information from the registrar?  
(Proportionate value - 30%)**

Category : Information gathering	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>takes history of Alice's coping in the last week</li> <li>specifically checks her self-harm and suicidal ideas and actions</li> <li>asks questions to assess Alice's mental state</li> <li>asks about the ward dynamics</li> <li>asks whether there has been liaison with Alice's CMHC team</li> </ul>	Manages this particularly well, gathering a lot of useful information in a brief time.	Manages this quite well. Possibly does not take quite enough history about all these aspects, but gets enough to grasp the main issues.	Manages this poorly. Does not get enough information or enough detail of her suicidality. Does not explore ward dynamics well	Manages this very poorly. Misses that splitting is occurring and does not clarify this. Does not ask about her suicidality. Poor listener.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 3.0 DIAGNOSTIC FORMULATION

**Did the candidate develop and explain to their colleague an appropriate diagnostic formulation regarding Alice? ( Proportionate value - 20% )**

Category : Diagnostic formulation	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>discusses the likely diagnostic formulation</li> <li>explanation of Borderline personality disorder</li> <li>explanation of splitting, regression, idealisation and devaluation as common defences and processes</li> </ul>	Manages this particularly well, with sophisticated grasp of the issues and ability to convey these	Manages this quite well. Reasonable understanding and ability to explain the issues. May not cover all aspects as fully.	Manages this poorly. Does not really explain the dynamics/ defences of borderline PD even if states this is the diagnosis	Manages this very poorly. Gets the diagnosis wrong, no real explanation of borderline PD, or focusses on another possibility such as depression.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 4.0 MANAGEMENT REGARDING WARD DYNAMICS

**4.1 Did the candidate discuss with their colleague appropriate interventions to manage the splitting on the ward? ( Proportionate value - 15% )**

Category : Management of ward dynamics	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>grasps dynamic processes occurring on the medical ward (splitting, idealisation and devaluation) and explains these to Medical registrar</li> <li>suggests interventions such as a consistent approach by all staff</li> <li>suggests Alice has a definite primary nurse on each shift to reduce acting out to elicit care</li> <li>suggests communication with key players - Shirley and Prof Baker - re the above and overall Plan so all are in agreement</li> </ul>	Manages this particularly well, with sophisticated grasp of useful interventns, explaining these well to the medical registrar with good plan to implement suggestions	Manages this quite well. May not quite cover all the issues or deal with them quite as fully, but covers the main aspects competently	Manages this poorly. Does not really explain the dynamics well, only covers these issues partially. Plan is not well developed or is impractical.	Manages this very poorly. Misses that splitting is occurring and does not really address the ward dynamic properly. Focus may be entirely on Alice, not ward team.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

**4.2 Did the candidate develop and discuss relevant management suggestions regarding Alice herself with their colleague? (Proportionate Value - 25% )**

Category : Management of patient	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>• explanation of best management of patients with borderline PD</li> <li>• explains problems with regression to medical registrar and is realistic re need to discharge Alice soon</li> <li>• aware of need for an overall Crisis Management Plan and conveys Plan to medical registrar</li> <li>• discusses risks of self-harm vs risks of prolonged admission</li> <li>• Discusses liaison with usual CMHC team and their role</li> <li>• May mention the usefulness of therapies such as DBT</li> </ul>	Manages this particularly well, explaining aspects of plan fully and in a competent manner	Manages this quite well. Possibly does not cover quite all these aspects as fully, but does cover the main points.	Manages this poorly. Does not cover many of these points, or Plan is unrealistic. Does not mention need to liaise with usual CMHC team.	Manages this very poorly. No real Plan discussed, thinking in this area seems vague and with no awareness of issues e.g. of regression, of need for an overall Plan.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

**Global Proficiency Rating**

Did the candidate demonstrate adequate overall knowledge and performance of the task?

<i>Circle One Grade to Score</i>	<b>Definite Pass</b>	<b>Just Below</b>	<b>Definite Fail</b>
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