

Objective Structured Clinical Examination
Mock Exam Auckland April 2005 - Station 2

1. Introduction and Aims

In this station, a patient for whom spirituality and church involvement are important is admitted acutely with psychosis. The candidate's main task is to liaise with her pastor and to negotiate a plan which combines the traditional bio-psycho-social approach with the spiritual input wanted by the pastor, in a realistic but sensitive way.

An appropriate, courteous approach to the pastor must be demonstrated.

The station aims to:

Assess candidate's ability to negotiate a treatment plan where differing viewpoints exist

Assess candidate's ability to liaise appropriately with a caregiver

Assess candidate's ability to weigh up risk-benefit issues regarding a management plan

Station Requirements:

- One male or female actor/simulated pastor, aged 30-40 in current scenario, casually dressed and neatly groomed.
- Pen and paper.

Station 2: Instructions to Candidate

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

You are a psychiatry trainee, working on an acute psychiatric ward. You are caring for a 45 year old female patient (Kathleen) with a definite history of schizophrenia who became lost to follow-up via her CMHC and who ceased her medication. She was admitted in an acutely psychotic state a week ago, initially to the ICU of your ward, but is now back on olanzapine medication and much improved. She has just returned to the main ward. She has always been a religious woman, and was recently involved with the local Assembly of God church. However, when unwell, she had hallucinations of demons talking to her and was paranoid about church members. She was acutely admitted from the church, where she had caused a disruption. Currently she has no delusional ideas about church members and no intent to harm herself or others, but she remains intensely religious with some religious (and other) delusions still evident. She has told you about some 'laying on of hands' ceremonies that the pastor performed in the last few months when she was relapsing, and you have misgivings about whether contact with church members again may make her more unwell. Currently all visitors have been banned, particularly those from the AOG church. Kathleen lives alone and has no other friends or family locally – the AOG church and mental health services are her only supports. Kathleen is keen to see the pastor, and has given you permission to discuss her psychiatric care with him, as she regards him as her main caregiver. Her pastor has arranged an appointment with you.

Your task is to:

1. Take a focussed history from the pastor about his knowledge of Kathleen and the recent presenting history of her relapse and interactions with the church
2. *Briefly* explain to the pastor her diagnosis and the current and likely post-discharge management plan, from mental health services' perspective
3. Negotiate a plan with the pastor about him and other church members visiting Kathleen at present, touching on their role in future support as well

Station 2: 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 2:**Instructions to Simulated AOG minister**

Opening statement:

“Thanks very much for seeing me today doctor, I know how busy you must be. I’m(use own 1st name), Kathleen’s pastor from the Epsom Assembly of God church, and I wanted to talk to you about us visiting her to provide some spiritual comfort.”

You are a young and enthusiastic Assembly of God pastor. The patient, Kathleen, a 45 year old European woman, has been part of your AOG congregation for six months. She has been causing some concern across the last three months as her behaviour has become gradually more extreme, although initially you and other AOG members felt that she was spiritually troubled and was mainly in need of spiritual healing. You and many of your congregation feel that she is genuinely “battling with demons” and that the forces of Satan are a real entity to be combated, for many people. You have tried to heal Kathleen twice in the past three months by a ‘laying on of hands’ prayer ceremony, but although briefly calmer after these ceremonies she has continued to deteriorate. You do feel the ceremonies helped a bit, however. In the last month in particular her behaviour has been very erratic, with angry paranoid accusations about other members of the congregation, speech often illogical and hard to follow, and she has seemed to be hearing voices. She has looked dishevelled and has lost weight and said that she was hearing “devils and angels”. This culminated a few days ago when she arrived at the church and smashed windows there, then threatened to kill herself if the demons did not stop tormenting her. You and other church members restrained her, police and the mental health crisis team were called, and she was admitted acutely to the local psychiatric ward.

You know little of Kathleen’s background except that she is estranged from family, lives alone in rental accommodation, receives a sickness benefit from her GP and has, as far as you know, no support network other than the AOG church. You were not aware until the day of her admission that she had a past psychiatric history or that she was supposed to be taking medication and having follow-up with a mental health community team.

You have asked to see the registrar treating Kathleen, as initially she was not allowed any visitors in the ICU part of the ward. She has now improved enough to be on the main ward but you and other church members have still been restricted from visiting her. You do not understand why this is, and as you are aware that she has no supports apart from the church members, you want to offer her support and to assist in her recovery. You do feel that she has become unwell and that this has not been normal behaviour, but you see it more as a spiritual than a medical problem. However, if you are given more information by the registrar **you are open to a combined medical and psycho-social-spiritual approach in order to help her.**

You are keen to bring in a couple of other church members and to have a group prayer session with Kathleen on the ward, as you feel that this will help her to heal and will address her spiritual needs. **You ask the registrar how soon you can do this.**

How to play the role

You are well-meaning about helping Kathleen, shocked by her recent behaviour, but forgiving. You maintain a firm view of her condition as largely caused spiritually, but acknowledge that medical staff have other names for this and view the cause differently. You maintain a wish to work together:

“I think we all just want to help Kathleen recover don’t we, even if we are coming at this from different perspectives.”

You listen politely to any explanations about her psychiatric diagnosis and need for treatment, and do not disagree with this, but clearly view it as secondary to her spiritual needs. You are accepting however that she would benefit from psychiatric follow-up after hospital however. **“The more support she has the better.”** You are very keen to negotiate that you and other friends of Kathleen’s from the church can visit her in hospital to provide comfort.

At some stage you will ask the registrar about their own spirituality:

“Can I ask if you are a religious person, doctor?”

If the registrar adopts a rigid and unhelpful or rude approach or bars you or your church colleagues from visiting, you will become more irritable and forceful about the damage that you believe this is doing to Kathleen in terms of her spiritual needs. You will remind the registrar that the AOG church is her only real support and will say that you feel that restricting visiting is morally wrong. You may (rather grudgingly) agree to postpone any healing or ‘laying on of hands’ ceremonies or group prayers until the registrar feels that Kathleen can cope with this, but you will want to **negotiate a quieter 1 on 1 prayer session** with her by yourself. You would accept her nurse being present if this is suggested. If you are blocked from access to Kathleen you will ask if Kathleen has been asking to see you and other friends from the church, and if you continue to be blocked, you become angry and say that you will be **complaining to the registrar’s “superiors”**.

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Candidate No.:

MARKSHEET

Station 2

1. APPROACH

**1 Did the candidate demonstrate an appropriate professional approach to caregiver/pastor?
(Proportionate value - 15%)**

Category : Approach	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
Demonstrates appropriate manner <ul style="list-style-type: none"> - open attitude, prepared to hear pastor's point of view - courteous manner - empathises with concerns - sets any appropriate boundaries, as needed 	Handles the approach to the pastor very well – very good blend of empathy and professionalism. Responds well to personal enquiry into own beliefs.	Handles the approach to the pastor quite well – reasonable blend of empathy and professionalism. May be a little less polished at times.	Handles the approach to the pastor poorly – doesn't get the mix right re empathy vs professionalism. May be thrown by the personal enquiry into own beliefs.	Handles the approach to the pastor very poorly – may be overly rigid or rude. Likely to be thrown by the personal enquiry into own beliefs.
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 HISTORY

**Did the candidate collect appropriately focused information from the pastor?
(Proportionate value - 25%)**

Category : Information gathering	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> • asks about pastor's knowledge of Kathleen and her history • gathers presenting history of her relapse and recent symptoms • gathers history about the church and pastor's interventions such as faith healing sessions • assesses pastor's understanding and beliefs about Kathleen's diagnosis 	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 misses out large parts. Variable follow up of cues.	Manages this very poorly. Is a poor listener or talks across the pastor. Misses out important aspects. Does not follow up cues.
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 PROVISION OF INFORMATION/PSYCHOEDUCATION

**Did the candidate explain to the pastor information about patient’s diagnosis and treatment?
(Proportionate value - 20%)**

Category : psychoeducation	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> discusses patient’s diagnosis and explains briefly how this relates to the symptoms/behaviour seen explains her past and current treatment with medication, and future need for this explains about long-term nature of the condition talks about need to address psycho-social and spiritual needs in her care (holistic approach) 	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 convey need for a holistic approach- may be too focussed on one aspect over others, may not convey the information very well.	Manages this very poorly. Unclear or inaccurate explanations, or very focussed on one aspect over others, e.g. just on her need for medication.
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 MANAGEMENT

**4.1 Did the candidate negotiate an appropriate combined approach with the pastor?
(Proportionate value - 25%)**

Category : Negotiation of differing approaches	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> is able to negotiate a reasonable compromise with pastor re the overall plan addresses the issue of intensive group prayers in patient’s current state and negotiates a solution to this covers plan re visiting by pastor and church members covers plan re future follow-up and support by church and mental health services together 	Manages this particularly well, with sophisticated grasp and ability to negotiate these issues sensitively.	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 get the balance right re combined approach – either too permissive re spiritual interventions or too ‘medical” re excluding these.	Manages this very poorly. Is far too rigid, or is rude and dismissive with pastor. Seems unable to negotiate differing views. Gets balance wrong.
ENTER GRADE (X) IN ONE BOX ONLY				

**4.2 Did the candidate address risks and benefits in the negotiated plan?
(Proportionate Value - 15%)**

Category : Risks vs Benefits in Plan	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> • addresses risks of worsening patient from prayer sessions with her • addresses risks to patient if is prevented from receiving support and spiritual comfort from church • weighs these up and discusses appropriately with pastor • negotiates an appropriate solution 	Manages this particularly well, touching on all these aspects sensitively and negotiating a sensible compromise	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. May put too much emphasis one way or the other.	Manages this very poorly. Does not really consider these issues at all or touch on them. May be focussed entirely on one side or the other.
ENTER GRADE (X) IN ONE BOX ONLY				

Global Proficiency Rating

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

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