

Objective Structured Clinical Examination
Mock Exam Auckland April 2005 - Station 3

Introduction and Aims

In this station, a known patient divulges history of a gambling disorder. The candidate's main task is to take a detailed history of this problem, focussing also on the underpinnings of the problem and its consequences, and briefly to address possible interventions that may assist.

An empathic approach to the patient must be demonstrated.

The station aims to:

Assess candidate's ability to take a history on a focussed issue (gambling as a problem)

Assess candidate's ability to empathize with the patient.

Assess candidate's ability to recognise social consequences and discuss interventions

Station Requirements:

- One male actor/simulated patient, aged 30-40, casually dressed and neatly groomed.
- Pen and paper.

Station 3

Instructions to Candidate

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

You are a psychiatry trainee, in a Community Mental Health Centre (CMHC). You are about to see a patient Gerald who you have known for three months, who initially presented with work stresses and a major depression, and who has partly responded to citalopram 20 mgs. From your last contact he still had moderate anxiety and had poor sleep. He had thoughts of “not being able to go on” at first presentation but was never actively suicidal. He has no past psychiatric history and is medically well. He is a 30-40 year-old sales manager for a suburban newspaper, married and with two young sons and living in his own home. You are aware that he had a difficult childhood with an alcoholic father and that his brother also has alcohol problems. The patient is working currently and is also seeing a therapist at the CMHC for CBT. He has arranged an urgent appointment to see you but you do not know the reason for this.

Your task is to:

1. Take a focused history of main presenting problem today and relevant other history. You are *not* required to take a full developmental history.
2. Discuss with the patient possible interventions for the main problem and its consequences.

Station 3

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 3

Instructions to Simulated Patient

You are Gerald, a 30 to 40 year-old married sales manager for a local suburban newspaper. Three months ago you were referred for a psychiatric assessment to the local CMHC by your general practitioner. You were feeling quite depressed, with some thoughts that you “couldn’t go on” but no actual suicidal ideas or plans. You were felt to have a major depression when first assessed by the CMHC staff, and were treated with citalopram 20 mgs daily. You have been somewhat better but are not fully recovered and still have considerable anxiety and poor sleep. You have been concealing from your registrar at the CMHC, your CBT therapist at the CMHC, your wife and your GP that you have a serious gambling problem. Your wife has just discovered that you have run up debts of \$10,000 on Pokie machines and at the Casino, and has insisted that you make an urgent appointment to “get this sorted out”.

Opening statement:

“I’m sorry to be bothering you, but it’s a bit of a crisis. My wife Rena insisted that I come in. There’s something I haven’t been telling you or anyone about which I guess is tied up with my depression.” “... this is hard to talk about ... I have a bit of a gambling problem.”

You live with your wife Rena and two sons. You have been married for 8 years, and your sons are aged two and five. You own your own home but unknown to your wife you have taken out a loan from the bank against the house, to try to cover your gambling debts, and if you cannot manage the payments your ownership of the house may be threatened. Your job is secure but you do not earn enough to pay off the debt rapidly.

You had a difficult upbringing. Your father was an alcoholic who hit your mother at times, and you recall being frightened of him and hiding under the table. He died in a motor vehicle accident when you were aged 10. You were the middle of three boys and always felt overlooked and left out, as your mother was preoccupied with the problems with your father and with your elder brother who had severe asthma. Your younger brother tended to withdraw and be solitary and went overseas some time ago - you have not seen him for years. Your older brother now also abuses alcohol and is unemployed. You do not see much of him. Your mother lives locally and you visit her at times but do not feel close to her.

You are medically well, have no forensic history and no other past psychiatric history. You yourself do not drink alcohol, having seen what happened to your father and brother. You have never used illicit drugs, and are on no medication other than the citalopram.

You recall always feeling that something was missing in your life – always somewhat unhappy and dissatisfied. You think that this is why you gamble, as it seems to make you feel better and more alive for a while. You find it hard to pass bars with pokies, and feel drawn to play on them. The more you lose, the lower your self-esteem becomes, but that seems to just make you need to gamble more. You have not previously told anyone about the gambling and have not contacted anyone for help with this. It has gradually become more of a problem, especially in the last year when there has been more pressure on you at work. You have never before been in debt to this extent. Your wife is not aware that you have sold an expensive set of golf clubs that she gave you for your birthday a year ago, to pay gambling debts. You feel guilty about this. If interventions, e.g. attending Gamblers Anonymous are suggested, you will want to try anything.

Your marriage has been a bit troubled of late. Since you have been depressed the relationship is not as close, and you have not been able to talk to your wife Rena as before. She has been focussed on your 5 year old adjusting to starting school and you have felt somewhat left out. The more indebted you have become, the guiltier you have felt, and this has also led to you isolating yourself from her to some degree. She was very shocked and angry when she discovered the gambling debts (she found a credit card statement you had been hiding from her) and you feel that the marriage is quite shaky. You do not want to lose her but don't know how to solve this or how to talk to her. If couples counselling is suggested, you will be keen to try this but unsure if Rena will agree. You would be happy for the registrar to see you and Rena together.

How to play the role

You appear worried and at times uncomfortable but there is no latency and you are not clearly depressed. Some hesitancy in speech at times, but otherwise normal rate and flow of speech. You are prepared to talk about the gambling problem when asked, but are initially somewhat ashamed and need to be drawn out by the registrar. Say **“I find this quite difficult to talk about...”** initially, but your ability to discuss the problem, your view of its origins and the consequences improves as you develop some rapport with the registrar (or not, if they handle it very badly!)

You are quite worried about your wife's reaction and whether the marriage will survive, and appear more distressed when talking about this, but you are not tearful.

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Candidate No.:

MARKSHEET

Station 3

1. APPROACH

1 Did the candidate demonstrate an appropriate professional approach to patient? (Proportionate value - 15%)

Category : Approach	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
Demonstrates appropriate manner <ul style="list-style-type: none"> • Empathic • Non-judgemental • Responds appropriately if patient seems distressed 	Handles the approach to the patient very well. Empathic and supportive yet sensible manner.	Handles the approach to the patient quite well – reasonable blend of empathy and common sense. A little less polished at times.	Handles the approach to the patient poorly – somewhat insensitive, seems not to be aware of distress. Little support offered.	Handles the approach to the patient very poorly – may be rude or abrupt in responses. No real support offered.
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 HISTORY

2.1 Did the candidate collect history of gambling from the patient? (Proportionate value - 30%)

Category : Core history	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> • Gathers history of extent of the gambling and modalities used • gathers history of length of time patient has gambled and its temporal association with depression (preceded or followed this, etc.) • gathers history about consequences of gambling re debts and possible losses resulting from these 	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 details.	Manages this poorly. Does not get enough information or misses out large parts. Variable follow up of cues and may not address marital relationship.	Manages this very poorly. Misses out important aspects. Does not follow up cues and does not discuss marital relationship or other consequences.
ENTER GRADE (X) IN ONE BOX ONLY				

**2.2 Did the candidate collect other important history from the patient?
(Proportionate value - 15%)**

Category : Other key information	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> • checks substance abuse history to clarify whether this is also a problem • checks whether patient is more at risk re depression and suicidality due to this crisis emerging • gathers some underlying history of patient's understanding of why he gambles – links to developmental history 	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. Does not follow up cues or remember to ask about these aspects. Does not recheck suicide risk.
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 MANAGEMENT

**3.1 Did the candidate discuss appropriate interventions for gambling problem itself?
(Proportionate value - 25%)**

Category : Plan re the gambling and debts	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> • discusses support organisations such as Gamblers Anonymous • discusses importance of divulging this to CBT therapist and using CBT to assist • discusses additional supports currently as needed, re further appointment, possibly support calls from CMHC short-term etc. • discusses possible practical interventions re debts – social work assistance, use of a counsellor re debt consolidation, negotiations with bank, etc. 	Manages this particularly well, with sophisticated grasp and ability to negotiate these issues well.	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 think to cover many of these aspects – perhaps just suggests GA contact and nil else. Does not talk of liaison with his CMHC therapist.	Manages this very poorly. Seems to have no real knowledge about possible interventions for gambling problems.
ENTER GRADE (X) IN ONE BOX ONLY				

**3.2 Did the candidate address psycho-social interventions re patient's marriage?
(Proportionate Value - 15%)**

Category : Marital issues	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> grasps that marriage may be under threat discusses need to assist in communication with wife regarding the problem raises possibility of couples counselling to assist 	Manages this particularly well, touching on all these aspects sensitively and offering appropriate interventions	Manages this quite well. Possibly does not cover these aspects as fully, but at least offers to see patient with wife and help with communication.	Manages this poorly. Does not offer any real assistance in this area or recognise its importance. No mention of seeing wife with patient.	Manages this very poorly. Does not seem to have grasped that marriage may be under threat, let alone suggest any interventions
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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