

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 2

Sept 2006

Station No. 2 - Introduction and Aims

This station concerns the ability to review suicidality in a patient post overdose, to engage in discharge-planning and to incorporate cultural factors appropriately.

The main aim of this station:

The candidate must reassess and negotiate a discharge plan for a patient on a medical ward who was seen acutely on the previous day by an on-call registrar, and who the medical team feel is ready to be discharged. The patient is a refugee stressed by immigration difficulties who took an overdose.

Candidate must demonstrate

- Ability to carry out a focussed assessment regarding suicidality and safety if discharged;
- Ability to engage in sensible discharge planning regarding social supports, crisis back-up and appropriate follow-up;
- Ability to incorporate relevant cultural issues, especially refugee issues, into the discussion.

Requirements:

- Table and 2 chairs
- Actor for patient (male)
- Instructions for Candidate

Station No. 2 - Instructions to Candidate

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

You are a consultation-liaison registrar, seeing a patient Hassan – a 43 year old unmarried man living in a refugee hostel. Hassan was admitted 2 days ago after self-harming by drinking a cleaning fluid. He is now recovered and medically cleared and the medical team want to discharge him. He has gotten dressed and has been waiting to see you, as he is keen to go.

He was briefly assessed yesterday by the on-call psychiatric registrar, who felt that he was not depressed or otherwise mentally unwell and that his self-harm attempt was in response to life stressors, as a “cry for help”. From the records, you see that:

- Hassan is a refugee from an island near Indonesia and has no family in this country.
- In his own country there is civil strife between Muslim and Christian religious groups. He is from the Muslim community there.
- In his own country, he used to be a newspaper reporter and English teacher, but he has not been able to get such work in this country. He has been here for a year.
- He has no past psychiatric history and no history of any drug or alcohol use. He is generally medically well and takes no medication.
- He apparently has a good relationship with the manager of the hostel, who has been supportive and who visited him yesterday in hospital. If he is allowed to leave hospital, the manager will come and collect him.

Your tasks are to:

- **Review relevant aspects of Hassan’s history and mental state, focussing particularly on a risk assessment regarding self harm
(You can assume that risk to others is not a factor)**
- **Determine whether he is safe to be discharged today**
- **Negotiate a management plan with him**

Station No. 2 - Instructions to Examiner

The examiner will introduce the candidate to the surrogate patient, and will hand them the *Candidate's Instructions*.

“This is your patient, Hassan. This is a copy of your instructions. Please proceed with your assessment.”

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 proceed.”

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 2 - Instructions to Simulated Patient Hassan

You are a 40 year old unmarried man living in a refugee hostel. You were admitted medically 2 days ago after self-harming by drinking some sort of cleaning fluid (“in a purple bottle - it tasted very bad”).

You are not actually depressed but have become upset and frustrated about your immigration and social situation. You drank the cleaning fluid impulsively after your lawyer’s secretary told you he could not talk to you, and immediately regretted doing so. You are not sure if you thought it would be lethal - “I was confused and angry”. You then told the manager of the hostel what you had done and he called an ambulance. You had your stomach pumped and felt very sick for a day. You think the doctors kept you in the ward for 2 days as it took them some time to find out what chemicals were in the cleaning fluid.

You are well again now, with no after-effects, and the medical team want to discharge you. You very much want to be discharged. You have gotten dressed and have been waiting to see the psychiatric registrar, as you have been told that you cannot leave until they clear you.

You are very clear that you do not now have any suicidal thoughts or plans. You feel somewhat foolish about drinking the cleaning fluid, and will apologise for “wasting everyone’s time”. You were not intending to kill yourself at the time but were angry and upset. If asked whether you had any suicidal thoughts in the past, you will say “no, not really” and leave it at that. If pressed further about this, you will admit that you have had occasional vague suicidal thoughts of “taking something, maybe some tablets” when stressed or upset, but will be clear that you have had no plans to act on these thoughts, and that it would be against your religion to do so.

You are likely to be asked about depressive and anxiety symptoms:

- some initial insomnia, no early waking
- eating reasonably well, no weight change
- energy and interest are normal
- concentration is normal and you read a lot and enjoy this
- you feel guilty at times about leaving your family, even though they wanted you to go to safety

Other symptom screening:

- you worry about family and friends back home, but have no panic attacks, no OCD symptoms and no generalised anxiety symptoms
- you have no psychotic symptoms

You have no past psychiatric history and no history of any drug or alcohol use, which is against your religious beliefs. You are generally medically well and are on no medication.

You have few social supports. You are friendly with a couple of other residents at the hostel but they are not from your home country. There is not really an immigrant community from your country, or not from your religious group. You also have a good relationship with the manager of the hostel where you live, who has been supportive and who visited you yesterday in hospital. If you are allowed to leave hospital, the manager will come and collect you.

You are a refugee from an island near Indonesia and have no family in this country. In your own country there is civil strife between local Muslim and Christian religious communities. You yourself are from the Muslim community, and you have started attending a local mosque here.

You were under threat from extremists of the other faction in your home country, after speaking out against the conflict in a newspaper article. You have been worried about the safety of your parents and two brothers back home, but believe that your life would be at risk if you were to return.

In your own country, you used to be a newspaper reporter and an English teacher, but you have not been able to get such work in this country so you have worked part-time as a cleaner and this makes you feel dispirited. You have been here for a year. Reading and walking help you to cope.

You are frustrated by the slowness of immigration procedures and fear that your application for refugee status and permanent residency may be turned down. You have a legal-aid lawyer but you do not feel that he is very effective, and you think that he has been avoiding your calls.

Things that you must say at some point:

At the start of the assessment, when the registrar introduces themselves:

- **“Doctor, I am so sorry to trouble you - can I go home please?”**

Later in the 17 minutes, after some rapport has been established, or if asked about this:

- **“I think I would feel better if I had someone to talk to. My lawyer is avoiding me and I don't have a lot in common with the people at the hostel.”**

If contact with a support person from your homeland is suggested you will not be keen, and will say:

- **“No - I cannot trust them not to have links with the extremists.”**

However you will accept the suggestion of support from the imam at your mosque, the hostel manager and/or the Refugee Service.

How to Play the Role: (neat casual clothes please, or a suit jacket worn with no tie over jeans etc.)

- Be well organised and polite. Be slightly formal in manner - this is a doctor and you respect them and are anxious to convince them to let you leave hospital.
- Appear sad at times when talking of your home country and family, but be reactive in affect overall, not flat, and more cheerful at other times.
- Your English is good. If asked whether you want an interpreter you will say that you used to teach English so you do not need this. If asked what your native tongue is say “a local dialect - you wouldn't have heard of it”.
- You will be cooperative with any discharge plans such as Crisis team contact or phone numbers, or arrangements for Community Mental Health Centre or home-visit follow-up. You have a GP, arranged via the hostel, and will agree for him to be informed.
- You will agree to the manager at the hostel being contacted and involved as a support person or for collateral (also your imam, if they ask about this).
- If counselling or psychotherapy is suggested or otherwise explored you will be interested in this, as you feel that you need someone to talk to. If the registrar mentions it as a possibility, you can say that you think that the Refugee Service which runs the hostel may provide some counselling, and that the manager at the hostel may know about this.
- If you are offered medication (e.g. for depression or for sleep) you will refuse this, saying that you don't feel you need it.
- If you feel that the registrar is not relating to you well or if they upset you (e.g. if they are too brusque or unsympathetic) you should react by withdrawing more, and by saying that you just want to go home and do not wish to “answer a lot of questions”.
- If the registrar appears to be reluctant to let you go back to the hostel or says that you will have to stay in or go to a psychiatric unit or to respite, you will become angry and say “you cannot keep me here, I know my rights” and will become more uncooperative and demand to see “another doctor”.

Candidate No.:

MARKSHEET
Station 2

1.0 APPROACH

Did the candidate demonstrate an appropriate professional approach to the patient?
(Proportionate value - 20%)

Achieves the standard by a systematic and focussed approach while maintaining empathy. Candidate should demonstrate respect, acknowledgment and understanding of the patient's concerns. Reasonable handling of the assessment - gathering necessary information and discussing discharge management plan while displaying empathy.

Does not achieve the standard if – lacks empathy, is dismissive of the patient's situation or insensitive, or dictates management plan without involving the patient in the process.

Category: Approach to patient, interview technique	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 SELF HARM RISK ASSESSMENT

Did the candidate conduct an appropriately focussed assessment with the patient?
(Proportionate value - 35%)

Areas to be explored include the circumstances around the self-harm attempt, patient's mental state at that time and currently, current suicidal ideas, past history of self-harm, suicidal ideas and any psychiatric or substance abuse history. Also, socio-cultural stressors or exacerbating factors, and protective factors or supports - including relevant personal history. Any omissions to be minor and not significant regarding the adequacy of the assessment.

A candidate who surpasses the standard will perform a very competent risk assessment while sympathetically eliciting the patient's cultural and social situation in above average detail.

Does not achieve the standard if the assessment is inadequate to determine self-harm risk, or is not linked to an adequate understanding of the socio-cultural situation.

Category: Self-harm risk assessment	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 DISCHARGE PLANNING

**Did the candidate carry out sensible, comprehensive discharge planning?
(Proportionate value - 35%)**

Areas to be covered include where the patient will go to, what supports they will have there and the presence of any risk factors there (e.g. access to harmful items). Also, plan for support and reviews from MH Services (e.g. Crisis team or CMHC contact or follow-up). A specific Crisis plan should the patient feel worse again and have further suicidal ideas *must* be addressed (who to call after hours, phone number). Possible need for hypnotic medication should be addressed but not pushed. With patient's consent, candidate should arrange to talk with the hostel manager as the main local support, and their GP.

Additional supports *may* be covered e.g. therapy or counselling, social worker, possible assistance with immigration/lawyer, possible contact with religious leader to arrange support, etc. Any omissions to be minor and not significant regarding the adequacy of the plan.

A candidate who surpasses the standard will develop a very comprehensive plan collaboratively, including the aspects as above.

Does not achieve the standard if the plan is imposed rather than collaborative, or fails to address the management of future suicidality (Crisis planning), or consent is not sought in order to make contact with hostel manager or religious leader.

Category : Discharge planning	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 CULTURAL ISSUES

**Did the candidate acknowledge possible cultural issues and raise these appropriately?
(Proportionate value - 10%)**

Candidate should demonstrate a reasonable understanding of the patient's refugee status and the stresses following from this, their culture/country of origin and religious involvement, their present involvement with local people from their culture and/or religion. Ideally, candidate should ask if patient needs an interpreter (not essential as patient's English will be obviously good).

A candidate who surpasses the standard will sensitively explore all of these aspects and include them in discharge plan as well.

Does not achieve the standard if a poor grasp is gained of the above or major issues regarding culture and religion are missed, such that the patient's situation is not really understood.

Category : Awareness of cultural factors	Surpasses Standard	Achieves Standard	Just below standard	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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