

## **Objective Structured Clinical Examination**

### **Mock Exam Auckland Sept 2005 - Station 2**

---

#### **Introduction and Aims**

In this station, a trainee conducts a training session with a houseofficer in how to carry out frontal lobe testing.

The station aims to:

- Assess candidate's ability to teach and train junior staff
- Assess candidate's ability to interact appropriately with a junior colleague with anxiety and performance problems
- Manage a possibly impaired colleague/junior re safety
- Assess candidate's grasp of frontal lobe testing as part of cognitive assessment

Station Requirements:

- One female simulated houseofficer, aged 30-40 in current scenario, casually dressed and neatly groomed
- Pen and paper
- Tissues

## **Station 2: Instructions to Candidate**

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

You are a psychiatry trainee, working on a Psychiatry of Old Age inpatient unit. You work alongside a houseofficer and have arranged to train her in the administration of frontal lobe testing which you want her to carry out in addition to the Folstein's MMSE on all ward patients from now on. You have an informal mentoring and supervisory role with the houseofficer, who has completed 1 of their 3 months rotation on your ward. You have some concerns regarding the progress made by this particular houseofficer (Jody) as despite being in her second houseofficer year she seems quite anxious and seems to need more advice and guidance than previous houseofficers you have known.

Your task is to:

1. Train Jody in the administration of several appropriate frontal lobe tests (not requiring any special equipment) to be carried out with usual cognitive testing.
2. Demonstrate how to carry out such testing by using Jody as a "patient" in the tests.
3. Interact appropriately with her as a senior colleague who is in a supervisory and mentoring relationship.

**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 Houseofficer 'Jody'

You are a second-year houseofficer, 1 month into your first psychiatry rotation (old age psychiatry inpatients). You are somewhat intimidated by psychiatry. You are keen to learn how to carry out frontal lobe testing but are afraid that you will not do well and will get it wrong in some way, and be criticised. You have not prepared for this training session, and have little idea of how frontal testing is done. You have carried out basic MMSEs quite often and are familiar with doing these. You are worried that the registrar will ask you to say what the frontal lobe tests are and that you will be unable to. You are aware that you have not performed very well in this psychiatric run to date.

You are a 30 y.o. young woman, separated and with no children, living alone in rented accommodation. Your parents live nearby. You are going through a difficult time, as you separated from your husband in the last three months, after a year of frequent arguments. In addition, you are worried about your mother who you suspect may be developing early Alzheimer's disease. She is increasingly forgetful and has left stove elements turned on at times by mistake. You feel anxious and very stressed, and are quite sensitive to criticism at present. You do not have symptoms of a depression but do have some initial insomnia, tending to lie awake worrying. You are not suicidal and have no past psychiatric history or history of self-harm. There is no family psychiatric history other than a maternal aunt who developed dementia, and possibly your mother.

### How to play the role

Be cooperative initially with the registrar's training session. If you are asked questions about frontal lobe testing to see how much you already know, become defensive and make excuses **"I'm not really familiar with frontal testing, we weren't taught it in med school..."** etc. You will not be able to name any tests or to say which parts of the MMSE might be affected by frontal deficits. If pushed on this you become irritable and flustered.

Follow along with direct teaching and demonstration about specific tests, but after 5 minutes you make a mistake (either in trying to administer the test, or in carrying out the test as a "patient") and react badly to this - becoming distressed and close to tears (put your face in your hands and simulate being close to crying). Appear fairly anxious and tense after this, verging on tears and with a lot of

sighing. **“I’m sorry, I just can’t do this... I’m not having a good day....It’s all been a bit much lately...” “I don’t think I’m cut out for psychiatry... I’m not coping with this run...”**

In response to the registrar sympathising and checking what the problem is, you tell them about your marital separation, and that doing the testing has made you worry more about your mother and whether she is developing a dementia like her sister. Say how stressed you feel and that you are not sleeping well at present. Respond freely to any questions to check if you are depressed, making it clear that you do not have depressive symptoms, but are anxious and tense. Express concerns about doing medicine as a career, let alone psychiatry **“I don’t know if I can cope with being a doctor...it’s more stressful than I thought. I’m not doing well, maybe I should give up on it...”** etc.

At some stage you should ask the registrar: **“Do you think I should just chuck it in – give up on medicine?”**

If the registrar is sympathetic and interacts appropriately with you (gets you a tissue, maybe suggests you see the Occupational Health counsellor or your GP, encourages you not to make sudden decisions in a stressful period, etc.) you calm somewhat and respond well to this. Apologise to them - **“sorry for being silly – I’m afraid I messed up the training session”**

If the registrar ignores your distress and tries to continue training you in frontal testing despite your divulging your personal situation and being obviously distressed, or is abrupt or unsympathetic or quite critical, you will get worse, becoming more distressed and covering your face with your hands, appearing to weep. You will not be able to engage in any more training. Occasionally say **“sorry...I’m sorry”** between crying bouts. If they then interact more supportively after this you will be able to calm and respond more appropriately – but this will depend on how they treat you.

If at the end the registrar asks whether you will be all right to continue working, say you feel better now and will be able to cope. Reassure them that you feel safe to work with patients and can concentrate OK.

If session has gone badly and registrar has not been sympathetic, say that you will be OK but do so crossly, and seem irritable and sullen.

Objective Structured Clinical Examination  
Mock Exam Auckland Sept 2005

Candidate No.:
----------------

**MARKSHEET**

**Station 2**

**1. APPROACH**

**1 Did the candidate demonstrate an appropriate approach to their junior colleague?  
(Proportionate value - 25%)**

Category : Approach	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
Demonstrates appropriate manner <ul style="list-style-type: none"> <li>- supportive and encouraging</li> <li>- practical approach</li> <li>- responds appropriately to distress</li> <li>- sets appropriate boundaries re their involvement with houseofficer's problems</li> </ul>	Handles the approach to houseofficer very well. Very good blend of empathy and professionalism. Avoids advice about career, but suggests avenues for getting help.	A reasonable blend of empathy and professionalism. May be a little less polished and a bit thrown by houseofficer becoming distressed and having personal problems.	Handles the houseofficer poorly – doesn't get the mix right re empathy vs professionalism. May be very thrown by distressed houseofficer. Boundaries may be poor.	Handles the approach to houseofficer very poorly – e.g. overly rigid or critical, or trying to ignore distress and press on with training session. May be poor boundaries.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

**2.0 FRONTAL TESTING - TRAINING**

**Did the candidate begin appropriate training in frontal testing?  
(Proportionate value - 25%)**

Category : Frontal Testing training	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>• initiates discussion about this testing / explains testing</li> <li>• uses accurate terms for tests and information about them is accurate and appropriate</li> <li>• demonstrates some tests using houseofficer as "patient" and tries to get her to practice these</li> <li>• explains how frontal deficits affect results of testing</li> </ul>	Manages this particularly well, provides information well, good grasp of principles behind tests and frontal deficits.	Manages this quite well. Not quite as accurate or effective in demonstrating and explaining these.	Manages this poorly. Does not seem very sure about these tests, is rather disorganised and has poor grasp of likely deficits.	Manages v. poorly. Seems at sea re how to teach these tests, vague re terminology and clearly lacks knowledge in this area.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 3.0 SUPPORT AND INFORMATION GATHERING

**Did the candidate provide the houseofficer appropriate support and elicit cause of their distress?**  
( Proportionate value - 25% )

Category : Support	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>• supportive and responds appropriately to distress</li> <li>• does not try to continue training session in face of distress</li> <li>• elicits reasons for distress</li> <li>• briefly checks that risks are not high – e.g. able to determine that houseofficer is not depressed and is safe at end of session</li> <li>• checks that houseofficer feels safe to continue working – able to manage work vs needing to take time off and recover.</li> </ul>	Manages this particularly well, with empathic manner and elicits key issues during session so as to be able to ensure houseofficer is safe.	Manages this quite well. May not check if houseofficer might be depressed. Makes some attempt to check they are coping at end of the session.	Manages this poorly. Seems thrown by houseofficer's distress and does not manage to talk about what has caused this or check they are OK at end.	Manages this very poorly. Seems unable to manage situation, may not be supportive or may not clarify risks at all. May try to press on with training.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

### 4.0 BOUNDARIES AND ADVICE

**Did the candidate maintain reasonable boundaries while offering appropriate advice?**  
( Proportionate value - 25% )

Category : Boundaries	Surpasses Standard	Achieves Standard	Just Below	Standard Not Achieved
<ul style="list-style-type: none"> <li>• maintains reasonable boundaries and does not offer direct personal help</li> <li>• does not ask overly personal questions about houseofficer's personal life</li> <li>• suggests appropriate assistance where houseofficer can get help and advice re own stress</li> <li>• advises on assessment for mother without personal involvmt in this</li> </ul>	Manages this particularly well, with sophisticated ability to negotiate these issues sensitively, yet to make some useful suggestions.	Manages this quite well. May not manage the boundaries quite as well, but handles situation competently.	Manages this poorly. Does not get the balance right – either too involved or too defensive & unhelpful. May be too close or too distant.	Manages this very poorly. Is far too rigid, or is dismissive. Or may have v. poor boundaries and be very intrusive and personal.
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>				

#### Global Proficiency Rating

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

<i>Circle One Grade:</i>	<b>Definite Pass</b>	<b>Just Below</b>	<b>Definite Fail</b>
--------------------------	----------------------	-------------------	----------------------