

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination

Station No. 2

April 2008

Station No. 2 - Introduction and Aims

Assessment and management of acute anxiety in the context of panic disorder.

The main aim of this station:

The candidate must demonstrate the ability to manage a panic attack in a patient with an anxiety disorder, and to assess their symptoms and discuss the main management options.

Candidate must demonstrate

- an understanding of panic disorder and its treatment
- the ability to assess a patient for anxiety disorder with panic symptoms
- the ability to manage an acute episode of panic via simple relaxation and breathing techniques.
- The ability to educate a patient about panic disorder and to explain treatment options

Requirements:

- Table and 2 chairs
- Actor playing the patient with anxiety disorder (male)
- Instructions for Candidate
- Water and tissues on table. No paper bags in room.

Station No. 2 - Instructions to Candidate

You have seventeen (17) minutes to complete this station, after reading time.

You are based in a Community Mental Health Centre, and are assessing a patient, Mr John James. He is a 40 year old married man who was referred by his GP Dr Billings. The referral letter reads:

Thanks for seeing John who has been complaining of anxiety symptoms for a few weeks. I have checked him out thoroughly and can find no physical cause for this. BP normal, TFTs, FBC, U+Es, and ECG, all normal. He is generally well, with no past medical history of note. I don't think he is depressed but he may be a bit stressed after starting a new job recently. I tried him on lorazepam 0.5mg B.D. but it doesn't seem to have helped much.

John was initially triaged by a nurse on your team two weeks ago, whose notes say:

Phone assessment: John James - lives with wife (lawyer), no kids. Not coping well with his new job as deputy marketing manager of local suburban newspaper. Has felt more anxious in last 2 mths, with some difficulty dropping off to sleep at night but then sleeps OK for abt 7 hrs. Not suicidal, not depressed in mood but worried. Eating OK, energy OK, can manage work but a lot of anxiety before gets to work each day and occ. days off when feels he can't cope. No clear triggers apart from change of job. No past psych history or contacts with services. ? "always high strung". On lorazepam 0.5mg PRN for past month. This helps a bit but problems keep coming back.

Plan: Non-urgent, low risk, refer to reg clinic.

Your tasks are to:

- **Engage appropriately with the patient**
- **Assess the patient's main presenting symptoms so as to develop a working diagnosis and discuss this with the patient**
- **Provide education about the patient's disorder and briefly outline the main treatment options likely to assist**
- **Discuss the current medication prescribed by Dr Billings**

Note: Do not screen for mood disorders - you can accept the view of the GP and nurse that the patient is not depressed or suicidal as being accurate

Station No. 2 - Instructions to Examiner

When the bell rings, allow the roleplayer to engage with the candidate to start the OSCE. Do not stand up or attempt to introduce yourselves or “John James” to the candidate. Just observe quietly.

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 Operation Reminders – for Examiners

Prior to examination / between candidates: (3 minutes)

- Clear any used writing paper from last candidate into the rubbish bin
- Ensure that water & tissues are still available for candidate's use on table
- Ensure that the Candidate's traytable has on it:
 - Laminated copy of 'Instructions to Candidate'.
 - Writing paper on clipboard, pen

During examination: (17 minutes)

- At the first bell, ensure fresh mark sheets are ready (candidate is now outside reading - so careful to keep any noise down in the OSCE room)

At conclusion of OSCE: (3 minutes)

- Retrieve writing paper clipboard and pen from the candidate (don't let them carry these off) and clear away used pages into bin
- Complete marking and get a fresh mark sheet ready for next candidate
- Ensure room is set up again for next candidate (as above)

Station 2 - Instructions to Simulated Patient John James

You are a 40 year old married man, born and raised locally and married to Anne, who is a lawyer.

Your current problems began about 2 months ago after you got a new job as deputy marketing manager of a local suburban newspaper "City Lights". You've always been a bit highly strung and "a worrier", but you noticed that you were much more worried, and were lying awake at night fretting about coping with the new job. One morning you had an acute "attack" and felt you were going to die. You felt hot and cold, couldn't breathe and felt terrible. You were sweaty and shaky, light-headed and had to lie down on the bed, with pins and needles in your hands and feet. You had to call in sick that day, and it took a while for you to get over that "attack" and feel relatively OK again. You saw your GP that afternoon and he did various tests. He has since told you that he thinks this is anxiety but you don't understand how anxiety could make you feel so physically unwell. You are still worried that you might die in one of these "attacks". You have had several of these "attacks" now, sometimes in the morning before going to work, which has meant you've had to take a sick day. Once it happened at the office and you had to come home early.

You are now reluctant to go out much as you fear that an "attack" might come on at any time. You haven't done any supermarket shopping for a month – Anne does this. You do still struggle to go to work, but have had occasional sick days. Other than work, and going to the GP, you've virtually stopped going out.

Things that you must say at some point (in some similar form of words):

At the start, the candidate enters and will come towards you. Stand up to say hello and walk one or two steps towards them, holding your hand out to shake hands. Say:

"Hello Doctor – thanks for seeing me. Please call me John". They will probably shake hands, look a bit uncertain if they won't. Go back to chair and sit down.

The candidate should then start the assessment by introducing themselves properly. You are likely to be asked early on what your main problems are, or to talk about these.

"It's these attacks doctor, and I'm finding it hard to get to work"

After some discussion about your symptoms and problems (after about 4-5 minutes), begin to talk about what happened recently, then begin to have an actual panic attack with hyperventilation. **"For example, last week, I had a meeting at work in the morning and I was a bit anxious, and then I started to feel sick and dizzy, and all tingly in my hands"**. Stop for a moment and put one hand to your head, while starting to breathe more quickly **"Oh I'm getting it back now, just thinking about it, Oh dear..."** etc. (drop or put down your script if holding this) and hunch forward, wrapping your arms around your stomach while breathing quickly, like panting. Say **"Oh" "it's an attack" "Oh no" "Oh dear" "Oh I feel terrible"** etc. between breaths, rock to and fro in an agitated manner, clutch your head, wring or rub your hands, cover mouth with hand, etc. Feel free to ad lib.

The candidate should take over at this point and try to calm you.

- *Do not respond to general reassurances or explanations about what the diagnosis is, just keep on panicking, rocking, hyperventilating etc. as above*
- If the candidate starts to talk you through practical mental or physical relaxation techniques or to tell you how to slow your breathing, cooperate with this and gradually become calmer and stop hyperventilating.
- *Do not mention your pills unless the candidate mentions getting you some lorazepam or using your own pills.* If they do ask if you have your lorazepam with you, or mention trying to obtain some for you, fumble with your pockets and locate your "lorazepam pills" **"My pills, here they are....damn"** (or similar - drop the lid while opening them). Then ask what to do: **"shall I take half a milligram, doctor?"** Take either ½ or a whole tablet, as directed (fumble with pouring a cup of water to wash it down). If the candidate says to take a whole one, question this briefly (between breaths): **"it says to just take ½ a tablet...are you sure I can take a whole one?"**
- After the acute attack subsides (calm down in about 3-4 minutes if they handle it well), you will be cooperative and able to talk and listen, but clearly still a bit shaky. Keep taking slow breaths and occasionally rub your forehead, and say **"whew"** and **"I'm glad that's over"** etc.

How to Play the Role: Be straightforward and pleasant in manner, but initially a little tense and anxious-looking. You are keen to get help and will be generally cooperative. You are intelligent and want information about this condition. While panicking you will be a bit desperate and short with the candidate however, especially if they don't handle you well and don't offer much practical help in calming you. If they are completely useless in trying to calm you, eventually run out of steam yourself after several minutes

and become calmer. But feel free to take most of the OSCE time for this, if they don't manage your panic attack appropriately. While panicking, don't respond to general questions or education and get quite distressed or irritable, e.g. **"Help me!" "Make it stop!" "Oh dear...this is terrible" "I hate this" etc.**

Other Details about your anxiety disorder:

You have no Social Phobia, OCD or PTSD symptoms. You do feel generally more worried since the "attacks" started, and get anticipatory anxiety before work. This sometimes triggers another attack. But you don't have generalised anxiety all the time. Once you're settled in at work and get busy, you do generally cope and feel reasonably OK, on most days. Occasionally you have an attack at work, but this only happened twice. You are worried that you've had to take about 5 sick days off all told, due to "attacks". You're afraid that your job will be at risk if this continues.

You are worried that you're finding it harder to go out as you're frightened you'll have an "attack" in a public place. You don't want to be housebound and are still determined to go to work. But it's easier at weekends not to risk it, and just to stay at home and try to avoid "attacks". You are still a bit worried about your health despite the reassurance from your GP, but you will accept any explanation and reassurance from the candidate about this quite readily.

Ask sensible questions when the candidate is explaining the disorder and treatment options to you after you've calmed down. e.g.

- ask about **"CBT"** which you saw on a website about treating anxiety, if they don't mention this. Be prepared to try anything, including CBT. If there is plenty of time at the end when management is being discussed, you can ask how CBT works and how it would help you, or ask for details about any other treatments mentioned.
- Ask **"is this the right medication doctor? It doesn't seem to be stopping the attacks from coming back and my GP said I could get addicted..."** etc. The candidate should then explain about the risks/benefits of lorazepam, and about other treatment options, e.g. use of an antidepressant.

Background History:

It's not likely that the candidate will have much if any time to gather background history unless they handle your panic attack well. However, if they do ask about this:

You have been married for 10 years. The marriage is happy but you have no children, as Anne was not keen and wanted a career. This is something that you accept as you love her, although you feel a little sad about it at times. Anne is very supportive about your current problems, but couldn't attend today as she had a client conference. You have tried to hide it from the rest of the family.

You had a happy childhood and have had no major problems in your life so far. You are an only child, and your parents live locally and are well. You are also quite close to Anne's parents and her two sisters and their families, who all live locally.

You did well at school and then did a business management degree. You used to work for many years at a small family firm as an account manager, but they sold the business and you were made redundant. This move to a new job is quite a major thing for you, as you had been very settled and comfortable at your past job for many years.

There is no past psychiatric history, nor any family psychiatric history. Your mother was also "highly strung" and you think you got a tendency to worry and fret over things from her. But it's never been this bad and you had never had any "attacks" in past years.

You do not use any alcohol or drugs, other than the lorazepam recently prescribed. You have not been abusing that, but have taken just one tablet as directed, and only rarely as your GP told you could get addicted to it. You used to drink some coffee, but you stopped this 2 months ago as you found it made you feel as though an attack was coming on.

NB: we will provide fake 'lorazepam pills' that are safe to take (vitamin C in fact).

MARKSHEET
Station 2

1.0 APPROACH AND PROCESS

Did the candidate demonstrate an appropriate approach to the patient and engage well?
(Proportionate value - 15%)

Achieves the standard by engaging well with the patient throughout the entire time, including the patient's panic attack. Candidate should manage the assessment well and provide appropriate reassurance and support. Structure of the assessment should include a good balance of open and closed questioning and periodic summarizing back to the patient as appropriate.

Surpasses the standard if manages this interaction especially well with very good interview technique, particularly when the patient is most distressed and anxious, and if all tasks are fully achieved.

Does not achieve the standard if the assessment and discussion of treatment is not completed as the panic attack is not well managed and takes up too much time. Does not achieve the standard if candidate lacks sensitivity, loses rapport or seems not to grasp how distressed the patient is.

Category: Approach, Engagement & Process	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 ASSESSMENT OF ANXIETY DISORDER

Did the candidate appropriately assess the patient's anxiety symptoms and screen for anxiety disorders? (Proportionate value - 25%)

Achieves the standard by a tailored approach focussing on the area of anxiety disorders – any omissions are to be relatively minor. Key areas that need to be covered are further detail of the panic symptoms and of generalised and anticipatory anxiety, the consequences of the anxiety symptoms in terms of restricted activities, and screening for other anxiety disorders, e.g. briefly for social phobia, OCD and PTSD. There should be questioning to screen for common differentials and exacerbating factors such as recent stressors and screening for substance abuse including caffeine intake. The amount of lorazepam used should be covered.

Surpasses the standard if the above is especially well and fully covered, and the candidate is clearly well aware of how to assess anxiety disorders.

Does not achieve the standard if – the main symptoms needed to clarify the diagnosis are not adequately covered, or if there are significant gaps in the history such as the impact of the symptoms, the substance abuse history and checking amount of lorazepam use. Candidates are not expected to screen for medical disorders as the GP note states that this had been covered.

Category: Assessment of Anxiety Disorder	Surpasses Standard	Achieves Standard	Just below standard	Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 INTERVENTION - MANAGEMENT OF ACUTE PANIC ATTACK

Did the candidate manage the patient's acute panic attack sensibly and appropriately?
(Proportionate value - 20%)

Achieves the standard by appropriately intervening before too much time has passed after onset of the panic attack, to encourage and assist the patient to slow their breathing. Candidate may also use basic relaxation techniques such as a calming mental visualisation or some aspects of muscular relaxation. Candidate needs to maintain a calm and reassuring manner throughout and it should be evident that they have recognised the episode as being a panic attack with hyperventilation. Instructions should be clear, brief and easy for an agitated person to follow.

A candidate who surpasses the standard will manage the panic attack especially well and effectively, clearly demonstrating good familiarity with practical relaxation and hyperventilation management techniques. Thinks to ask if patient has the lorazepam with them and uses this appropriately, i.e. ideally a 1mg rather than a 0.5mg dose.

Does not achieve the standard if the attack is not well managed - e.g. if the candidate seems not to know any practical relaxation or breathing techniques or is unable to implement these to a reasonable degree. Or if the candidate does not even recognise that a panic attack is occurring and persists in trying to carry out a routine assessment despite the attack occurring.

Category : Management of Acute Panic Attack	Surpasses Standard	Achieves Standard	Just below standard	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 INTERVENTION – EDUCATION AND DISCUSSION OF TREATMENT OPTIONS

Did the candidate adequately explain the nature of the disorder and discuss ongoing treatment options with the patient? (Proportionate value - 40%)

Achieves the standard by correctly diagnosing a panic disorder with agoraphobia, and by explaining this clearly in lay terms, avoiding the use of jargon. The acute attack itself should also be correctly recognised and identified as a panic attack (\pm hyperventilation). Once the patient is calmer and enough history is obtained, candidate should discuss basic management options briefly - e.g. mentioning anxiety management techniques, CBT/BT, the appropriate use of lorazepam short-term, and possible benefit from an antidepressant such as an SSRI. Details about these treatments are not required. Some discussion of the benefits of short-term lorazepam use vs risk of dependency is expected.

A candidate who surpasses the standard will demonstrate excellent knowledge about anxiety disorders both in theory and practice, and will handle the patient education and discussion of management options very well, with good coverage of some details of the various interventions.

Does not achieve the standard if the candidate does not appear to have adequate knowledge of panic disorder with agoraphobia and its management. Or if they have some knowledge but appear incapable of explaining this sensibly to the patient, or of implementing this effectively to manage a panic attack when needed.

Category: Education & Discussion of Treatments	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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