

**RANZCP Auckland Training Programme**  
**Mock Objective Structured Clinical Examination**

**Station No. 2**

**Sept 2011**

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**Introduction and Aims**

In this station the main task is to:

Appropriately handle a training session with a 1<sup>st</sup> year registrar on how to do a risk assessment.

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 problems
- Manage a possibly impaired colleague/junior re safety
- Assess candidate's grasp of risk assessment

These cover the CANMEDS domains of:

- Medical expert
- Communicator
- Academic (teacher)

The Candidate must demonstrate the ability to:

- Teach and train junior colleagues
- Interact appropriately with a junior colleague with anxiety problems
- Manage a possibly impaired junior colleague re their safety
- Conduct a competent risk assessment

Station resource requirements:

- One female simulated 1<sup>st</sup> year registrar, aged in 40s in current scenario, casually dressed and neatly groomed
- Pen and paper
- Tissues

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

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

You are an advanced psychiatry trainee, working on an acute inpatient unit. You work alongside a new 1<sup>st</sup> year registrar and have arranged to train her in doing the "Risk to Self" aspect of risk assessments which she needs to do on call and with new admissions. You have an informal mentoring and supervisory role with Dr Teresa Luiz, who has completed 1 month on the ward. You have some concerns regarding her progress as she seems quite anxious and to need more advice and guidance than previous new 1<sup>st</sup> years you have worked with, or how you recall yourself being at that stage. Yesterday, you suggested she read the relevant hospital Policy about conducting Risk Assessments, in preparation for today. The Policy is detailed and rather repetitive so you have decided to make this a practical session and not to bring along a copy of the actual Policy.

**Your tasks are to:**

- 1. Train Teresa in basic Risk Assessment principles (focussing on risk to self)**
- 2. Demonstrate how to perform this by asking her a few typical assessment questions.**
- 3. Interact appropriately with her as a senior colleague who is in an informal supervisory and mentoring relationship.**

## Station No. 2 - Instructions to Examiner

In this station, your role is to:

- Observe and evaluate the candidate's ability to perform the required tasks.
- You are not to interrupt the candidate during the session - there are no prompts in this station.

At the commencement the candidate should simply start the teaching session, or you can indicate their chair and say: ***"Please proceed with your tasks as instructed"***

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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 do the best that you can."***

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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 tray/table 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 notes 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 No. 2 - Instructions to Examiner contd.

### Detailed Assessment Aims

Risk Assessment (*Risk to Self* in this instance) is delineated to differing degrees and mandated by Policy documents. For the purposes of this examination the aim is for the candidate to demonstrate a reasonable proficiency with the main principles, and to make a reasonable attempt to convey these.

### They might include:

- Relevant past history such as history of risk to self and history of impaired self-care
- Current risk to self, i.e. current self-harm risk and current self-care.
- Main Risk Factors (associated with increased risk) to enquire about
  - An attempt or plan with greater intent, specificity or lethality
  - The use of a method of suicide of greater lethality (weapons, hanging, CO poisoning, jumping, motor vehicle etc.)
  - Access to a method of suicide of greater lethality (eg. access to weapons, to a bridge/cliff etc.)
  - Significant loss or anniversary (separation/divorce, bereavement, loss of employment etc.)
  - Prior suicide attempt(s) (especially any of greater lethality/specificity/intent)
  - Family history of suicide (or exposure to suicide in family/friends/schoolmates)
  - Diagnosis of depression
  - Poor medical health or chronic pain
  - Isolation, living alone, no or few supports
  - Substance abuse as a complicating factor (especially intoxication increasing impulsivity)
  - Older age (especially over 60)
  - Male sex
- Environmental and situational factors
- Mental state characteristics relevant to risk to self
- The need for collateral information

Candidates managing the OSCE better might also cover:

- Ethical/medico-legal issues around gathering collateral and the right to confidentiality
- Protective or counter-balancing factors
- The nature and use of 'Actuarial' risk factors
- the Formulation of the risk assessment incorporating this information.

**However:** A variable amount of the above will be omitted if the candidate accurately assesses their junior colleague as being at possible risk, and addresses this rather than continuing a purely teaching-focussed session. However, the actor should reassure the candidate that they are not at serious risk, so the session may not be completely derailed by this. **The examiner is to judge whether an appropriate amount of attention has been given to the distressed colleague, with the candidate still demonstrating a reasonable grasp of Risk Assessment principles to the degree that they were able to cover this.**

### The Standard Required

Surpasses the standard - the candidate demonstrates competence above the level of a trainee who has completed basic training and is ready to proceed to advanced training. Requires supervision with complex situations only. The performance need not be flawless.

Achieves the standard - the candidate demonstrates competence expected of a trainee who has completed basic training and is ready to proceed to advanced training. The following are demonstrated: manages the tasks and communications with appropriate engagement, balance, empathy and judgment; teaching and mentoring skills are focussed relevantly and appropriately; demonstrates competence in risk assessment; maintains appropriate professional boundaries and relates to impaired colleague in an ethical and effective manner. The candidate appears to require minimal supervision in their role. Concerns about the candidate's ability to take on this role will be minor and do not extend across more than one area.

Just Below the standard - there are concerns about the candidate's ability to perform the role at 'achieves or above' standard in one important function or extending over a number of functions above, described above, with major deficits in more than one area, or minor deficits across many areas.

Does not achieve standard - there are significant concerns about the candidate's ability to perform the roles at 'achieved or above' standard. There are significant performance problems, either deficits or errors, in skills knowledge or attitude in engagement, communication, any of the components of teaching, mentoring, knowledge and their professional role. The deficit or error may be in a single function if it is critical; or there may be deficits or errors in a range of performance areas.

## **Station 2: Instructions to Simulated 1<sup>st</sup> year registrar (*familiarise yourself but don't need to memorize this*)**

You are a 1<sup>st</sup> year registrar, 1 month into your first psychiatry rotation (acute psychiatry inpatients). You are feeling somewhat intimidated by all you need to learn. You are keen to learn how to carry out a proper risk assessment, especially as you'll be on call for the first time next week, 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 – you meant to read the policy your senior colleague directed you to but the ward was busy and you forgot. You are worried that the registrar will ask you to say what a full Risk Assessment should cover 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 45 y.o. doctor who used to be a GP and has decided to do psychiatry training later in life. You're separated and have no children, and are 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 had hypertension and diabetes. She has not been well recently, with bouts of angina. 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.

### How to play the role:

Be cooperative initially with the registrar's training session. If you are asked questions about Risk Assessment to see how much you already know, become defensive and make excuses "I haven't had a chance to read that Policy, sorry, what with that acute admission yesterday afternoon". You will know some basics from being a GP but other than checking the current and past history, be pretty vague. If pushed on this you are to get irritable and flustered.

Follow along with the registrar's teaching and ask a few questions e.g.

- ask about getting collateral and if you're allowed to call the patient's family, as you've heard the Privacy Act might not allow that
- or ask about how to do a Risk Assessment if the patient's drunk or on drugs
- or with patients with Borderline personality disorder, as you've heard they're very difficult.

After about 8 minutes begin to react badly, getting distressed and close to tears (put your face in your hands and simulate being close to crying). Appear fairly anxious and tense afterwards, verging on tears and with lots 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..."

In response to the registrar sympathising and checking what the problem is, you tell them about your marital separation, and that doing the practice session about Risk Assessment has made you worry more about your situation and feel more upset. 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 psychiatry as a career: "I don't know if I can cope with being a psychiatrist...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 the training?"

If the registrar is sympathetic and interacts appropriately with you (gets you a tissue, maybe suggests you see the Occupational Health counsellor or your own GP, encourages you not to make sudden decisions at a stressful time, etc.) you calm down somewhat and respond well to this. Apologise to them - "I'm 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 Risk Assessment despite your divulging your personal situation and being obviously distressed, or is abrupt or unsympathetic or 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. You can show humour and joke about the candidate having to "do a Risk Assessment for real".

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

**MARKSHEET**  
**Station 2**

**1. APPROACH**

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

Achieves the standard by a reasonable blend of empathy and professionalism. May be a little less polished and a bit thrown by colleague becoming distressed and having personal problems. Demonstrates an appropriate manner - supportive and encouraging, a practical approach, responds appropriately overall to the distress and has appropriate boundaries re their involvement with colleague's problems.

Surpasses standard if they manage this balance between professional teaching and mentoring, with the need to assess a possibly impaired colleague, especially well. Very good blend of empathy and professionalism. Avoids advice about career, but suggests avenues for getting help.

Does not achieve the standard if – Handles the approach to colleague very poorly – e.g. overly rigid about doing the teaching and trying to ignore distress and press on with the training. Or poor boundaries.

Category : Approach to colleague	Surpasses Standard	Achieves Standard	Just Below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

**2.0 RISK ASSESSMENT – TEACHING/TRAINING**

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

Achieves the standard if adequate teaching is carried out regarding key issues including past and current history, collateral, mental state assessment, the situation/environment, substance use, etc. Manages this reasonably well before junior registrar becomes upset. Does not need to be fully comprehensive but what is covered should demonstrate a good grasp of the topic.

A candidate who surpasses the standard will cover this very well, with a better than average exploration of the issues in Risk Assessment and teaching about this, to the degree possible in the time available.

Does not achieve the standard if there is poorly focussed teaching on the topic – e.g. if candidate appears not to know the principles of Risk Assessment so as to convey these or is a poor teacher – very disorganised or overly rigid.

Category: Risk Assessment training	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

### 3.0 SUPPORT AND ASSESSMENT OF COLLEAGUE

**Did the candidate provide appropriate support and assess their colleague appropriately?**  
(Proportionate value - 25%)

Achieves the standard by being appropriately supportive and responding to distress and does not try to continue training session in face of distress. Elicits reasons for distress. Briefly checks that risks are not high – e.g. able to determine that colleague is not depressed and is safe at end of session. Checks that colleague is safe to continue working – able to manage work vs needing to take time off and recover.

A candidate who surpasses the standard will manage this particularly well, with empathic manner and eliciting of key issues during session so as to ensure colleague is safe.

Does not achieve the standard if the candidate manages this very poorly, e.g. seems unable to manage situation, may not be supportive or may not attempt to clarify risks for their colleague at all.

Category: Support and Assessment of colleague	Surpasses Standard	Achieves Standard	Just below	Standard not Achieved
ENTER GRADE (X) IN ONE BOX ONLY				

### 4.0 BOUNDARIES AND ADVICE

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

Achieves standard by appropriately maintaining boundaries and not offering direct personal help. Does not ask overly personal questions about colleague's personal life. Suggests appropriate assistance and where junior registrar can get help and advice for their own stress.

A candidate who surpasses the standard will negotiate all this particularly well with a sophisticated ability to not transgress the boundaries, yet to make some useful suggestions.

Does not achieve the standard if the candidate manages this very poorly. e.g. is too unbending and neglects to support their junior, or is dismissive. Or they may have poor boundaries and be too intrusive and personal with colleague.

Category: Boundaries / Advice	Surpasses Standard	Achieves Standard	Just below	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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