RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Station No. 3

Sept 2011

Introduction and Aims

In this station the main task is to:

Manage a patient on long-term anti-psychotic medication demonstrating knowledge of side-effects, especially those relating to the detection and management of Tardive Dyskinesia.

The Main Assessment Aims are:

- Accurately assess a patient on long-term anti-psychotic medication for side-effects
- Screen for tardive dyskinesia
- Cover RANZCP curriculum sections A2.1,K4.7,K5.1,K6.1,S3.3,S3.8,S5.2,S5.5

References:

- Sachdev P. The current status of tardive dyskinesia. Aust N Z J Psychiatry. 2000 Jun; 34 (3): 355-369
- Munetz MR, Benjamin S. How to examine patients using the Abnormal Involuntary Movement Scale. Hospital and Community Psychiatry Nov 1988, 39 (11):1172-1177

These cover the CANMEDS domains of:

- Medical expert
- Communicator
- Collaborator

The Candidate must demonstrate:

- Assessment of current mental state in a patient with chronic schizophrenia
- Awareness of iatrogenic effects of treatment
- Systematic and comprehensive approach to the detection of tardive dyskinesia
- Accurate description of findings from the history and examination
- Ability to formulate an appropriate management approach.

Station resource requirements:

- Standard consulting room; no physical examination facilities required: firm chair without arms for simulated patient
- Simulated patient – male 30-40 years, wearing slightly dishevelled casual clothes – e.g. unmatched track pants and t-shirt, and well worn running shoes
- Paper, pen on desk

Station 3: Instructions to Candidate

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

You are working as a psychiatry trainee in a community clinic. Your patient, David, who was diagnosed with schizophrenia 15 years ago, is presenting for a 6 monthly medication review. From the file you determine that David, who has been prescribed depot haloperidol for about the past 10 years, has generally been psychiatrically stable and compliant.

In the past, David has used marijuana regularly, ceasing about 5 years ago. A serious suicide attempt about 10 years ago led to David being hospitalised for three months.

The GP who visits David's supported accommodation (a shared flat visited regularly by staff) thought David was mildly depressed three months ago, after his grandmother's death earlier this year. The GP prescribed citalopram 20mg daily.

Your tasks are to:

- **Briefly assess David's current mental state**
- **Review the current medication regime**
- **Assess David for side-effects of medications**
- **<u>At 13 minutes</u> discuss with the examiner your findings and approach to further management of any identified issues**

Station No. 3 - Instructions to Examiner

In this station, your role is to:

- Observe the station and judge it according to the defined tasks and assessment aims.
- There is no scripted introduction.
- There is a specific prompt at 13 minutes:

  Unless the candidate has already proceeded to this task, **at 13 minutes** you must say to the candidate:

  "Please present your findings to me and formulate a management approach to any identified issues."

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."

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)
- Do scripted prompt at 13 minutes if candidate has not already begun this task

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. 3 - Instructions to Examiner contd.

Detailed Assessment Aims

Tardive dyskinesia (TD) is a well-established side effect of neuroleptic medication with a prevalence of about 14% (range 0.5% - 65%). It generally comprises choreiform, athetoid, and rhythmic movements of the tongue, jaw, trunk and extremities that begin during treatment with neuroleptics or within 4 weeks of discontinuing neuroleptics. The incidence increases with age, daily antipsychotic dose, duration of exposure to neuroleptics, and associated conditions such as diabetes and cigarette smoking. Although it was first thought to be an irreversible syndrome, in young adults, TD has been noted to disappear with drug discontinuation. Recent studies postulate that the risk of TD is lower with atypical antipsychotics.

This patient, with chronic schizophrenia, presents with mild symptoms of tardive dyskinesia, having been prescribed typical neuroleptic medication for the past 10 years. Recently an SSRI has been prescribed because of the emergence of depressive symptoms.

The candidate is expected to establish the history of neuroleptic exposure, to assess the patient's current mental state (including risk) and to assess side-effects of medication. The patient is cued to disclose the abnormal movements, which will not be obvious until testing occurs.

Testing, based on the AIMS (Abnormal Involuntary Movement Scale) should comprise

1. Questioning the patient regarding their awareness of movements
2. Observation of the patient at rest
3. Specific observation of the face/mouth, limbs and trunk
4. The use of activating techniques to enhance detection of dyskinetic movements

Scoring the AIMS consists of rating the severity of movement in three main anatomic areas (facial/oral, extremities, and trunk), based on a five-point scale (0=none, 4=severe). Although the AIMS is provided to guide actors and examiners it is not intended to be the basis of assessment of the station. It is recognised that there is no effective treatment of TD despite trials of amine-depleting agents, dopamine agonists, vitamin E etc. Thus prevention, harm minimisation and early detection remain the best treatment. In the case of this patient, it is anticipated the candidate will recommend close mental state observation of the patient, regular examination for TD, discussion of the role of the SSRI anti-depressant and its continuation, and then a sensible approach to withdrawing the depot medication and considering substituting an atypical anti-psychotic.

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; history and examination skills are focussed relevantly and appropriately; diagnosis reasonably reflects data both gathered and missing; key features in formulation and management are prioritised and accurately and succinctly synthesised using a relevant biopsychosocial approach; patient and community safety, needs and rights, and team and other professional roles are managed in an ethical and effective manner. The candidate requires minimal supervision. 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 assessment, diagnosis and management or 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 3: Instructions to Simulated Patient *(familiarise yourself but you don't need to memorize this)*

You are single, aged 35, and living with a number of other people with mental illness in supported accommodation (a shared flat). You are in receipt of a benefit because of illness and inability to work. You have family living here in the city, but have little contact with them. Most of your day is spent “sitting around smoking and watching TV”. Fellow residents and your case manager, Robbie, comprise your major social network. Sometimes Robbie takes you out for shopping but otherwise you don’t go out much. You also have a GP Dr Singh, who you see for medical problems. Dr Singh visits your residence every 2 weeks.

Schizophrenia was diagnosed in your late teens. In the first 5 years of your illness you were hospitalised on at least 10 occasions, and received lots of different tablets - “I can’t remember all their names”. At that time you experienced lots of voices and had “paranoid thoughts” about your family. You were also smoking marijuana on a daily basis.

Most of your admissions were under the Mental Health Act. After a few years, you were placed on a community order, which obliged you to take medication and “depot injections”. At first this was Modecate. You had lots of problems with restlessness and had to take “side-effect tablets” which didn’t work. You were changed to Haldol the last time you were in hospital about 10 years ago. Over the past 5 years you have stopped smoking marijuana. You have not been under compulsory treatment in that time. When Robbie comes to visit, you receive your monthly injection. Although you do not like taking medication you have worked out that if you miss it, you are more likely to end up in hospital.

Currently you are prescribed Haldol (haloperidol decanoate) 150mg every month. Your GP prescribed citalopram (Cipramil), which you know is an anti-depressant, in June when you felt really “down” after your grandmother died in April this year. You had been very close to her as a child, but hadn't seen much of her since you became ill.

In recent months you believe your illness has been “all right”. You have not had any voices for a “long time”. The paranoid thoughts are sometimes there if you get stressed, or if you have contact with your family. Ideas from the TV and radio, which were present earlier, are also “long gone”. You have been suicidal “a few times” and tried to kill yourself by jumping off a 2nd floor balcony about 10 years ago, leading to fractures of both ankles and three months in hospital. Although you were quite “down” after your grandmother’s death, you were not suicidal.

In the past few months, both Robbie and Dr Singh have noticed some movements of your tongue and lips. You generally have not been that aware of any movements yourself. The movements are not interfering with eating, talking etc.

How to Play the Role

You should be dressed in dishevelled casual clothes – e.g. unmatched jacket and track-pants, t-shirt under, with well worn running shoes and untidy hair. A few food stains on t-shirt if possible!

You have a longstanding illness and many of your symptoms of schizophrenia are now of a negative type. These include apathy, lack of emotion, poor social functioning, as well as altered thinking (disorganized thoughts, difficulty concentrating and/or following instructions, difficulty completing tasks, memory problems).

Whilst you are co-operative with both the questions and the instructions when you are tested, you should convey some boredom and indifference to the candidate rather than being keen and enthusiastic.

The problems you are having with movements should mostly be evident when the candidate tests you. Sometimes you "chomp" on your own tongue.

On three occasions during the candidate’s interview with you, you must push your tongue into your cheek (pushing your cheek out from the inside in the "bon-bon" sign).

Station 3: Instructions to Simulated Patient contd.

Opening Statement:
Candidate should introduce themself to you. Be friendly but passive. If you are asked, “How are things going?” say: "OK I guess. I always see a doctor here every 6 months.”

What to Expect from the Candidate
You should be treated with respect and courtesy. You will be asked a number of questions regarding the history of your illness, treatment, side-effects of medication as well as current symptoms of psychosis and mood disturbance. The candidate should test you for movements, related to your medication.

Responses you must make: If asked about:

- Positive symptoms of psychosis (hallucinations, delusions, messages from the TV/radio); “not for a long time”
- Negative symptoms of psychosis (apathy, lack of emotion, interest, social withdrawal); “yeah, I don’t do much other than watch TV and smoke.”
- Depression and mood disturbance (incl. hypomania) - e.g. or words to this effect: “always a bit flat but it was quite bad earlier this year. Doc Singh put me on the pills. Think I’m over it now – getting through May and June was the worst, after my Nan died – She was an old lady and she had to go, it was the best thing for her … Talking with Robbie helped a lot, and I’ve seen a bit more of my family. It’s a bit better now." You've never been high (manic).
- Suicide and harm to others: “Bit depressed earlier on. Had a serious go at killing myself ten years ago. I never hurt anybody but myself.”
- Sleep: “not bad except sometimes I chomp on my tongue and that hurts!”
- Appetite; “pretty good except when my mouth is really sore”
- Weight: “no change”
- Medical problems: ”Pretty healthy. Bit of bronchitis in winter, because of the smokes. Get blood tests from the GP every few months for sugar or something. They seem to be all right.”
- Current Medication: ”I'm on Haldol injection 150mg every month - for about the past 10 years. On Cipramil 20mg a day for the past few months. Not allergic to anything. … No other medicines. Can’t remember the names of all the pills I’ve had, but that Modecate was bad ”.
- Compliance (e.g. “Do you have problems taking medication?)”: “Never really thought I needed the pills but I don’t like being in hospital and the injections seem to keep me out, so I guess I’ve got used to it.”
- If asked about the “newer anti-psychotics” (eg clozapine, olanzapine, risperidone, quetiapine etc): “never had any of those I don't think, but you'd have to ask Robbie.”
- If asked about “mood stabilising medication” (e.g. lithium, carbamazepine, sodium valproate, lamotrigine): “never had any of those, but you'd have to ask Robbie.”
- If asked about side effect medication. “I had cogentin when I was on Modecate. It didn't do much.”
- Substance Use: “Mostly cigarettes, 40-50/day. No dope (marijuana) for about 10 years and I was never into harder stuff. Alcohol … maybe a few drinks on benefit day but then I can’t afford any more after I’ve paid for my smokes.”
- Side-effects: “Not much really that I’ve noticed … but Robbie, my case manager and Doc Singh reckon I’ve got these funny mouth movements. … It's nothing like being all wound up with the stiffness and restlessness that I had on that Modecate though. I'm not stiff or shaky now.”

In response to further questioning from the candidate regarding these movements: “I didn't really notice anything myself until Robbie asked me. Then I wondered if that was why I was chomping my tongue. Robbie sometimes asks me if I’m chewing gum when I’m not. My teeth are OK. Not noticed any movements of hands, feet or rest of my body.”

When tested by the candidate:
At rest, on 3 occasions during the candidate’s interview with you, you should push your tongue into your cheek (bon-bon sigh). When asked to open your mouth, your tongue “twitches” and struggles to stay protruded out of the mouth.

You will be asked to perform distracting/activating movements such as “playing the piano” with your fingers (opposing thumb to each finger consecutively). Neuroleptic-induced TD is often increased when the patient's attention is distracted away from the dyskinetic movements. Whilst you are doing these finger movements, your face and mouth should also move. Various facial movements (eg, lip smacking, chewing, sucking, puckering, tongue writhing, tongue protrusion) should occur.

Responses you Might Make:
Any other questions, give a strained ‘I dunno' and say you need to finish up so as to go and get some more smokes.

Objective Structured Clinical Examination
Mock Exam Auckland

Candidate Initials:

MARKSHEET
Station 3

1. HISTORY

Did the candidate take appropriately detailed and focused history? (Proportionate value - 20%)

Achieves the standard by demonstrated use of a tailored bio-psycho-social approach - any omissions to be minor and not materially adversely impact on the obtained content. Key issues – obtains competent history including some psychosocial profile, substance use history, review of medication, assesses compliance, side-effects, assessment of safety; current mental state including mood. Specifically questions patient about awareness of dyskinetic movements.

If completes this very fully and competently with no real omissions, this is a 'surpasses' standard.

Does not achieve the standard if – omits to assess safety, or omits specific enquiry about tardive dyskinesia.

Category : History - content	**Surpasses Standard**	**Achieves Standard**	**Just Below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 EXAMINATION

Did candidate demonstrate adequate technique in the selected examination(s). (Proportionate value - 30%)

Achieves the standard by competently applying selected tests in all aspects, any errors are minor and do not materially adversely impact on the examination conclusions:- Key tests: questions patient regarding patient's awareness of movements, observes patient at rest, specifically observes face/mouth and limbs, uses distraction/activating techniques to enhance detection of dyskinetic movements.

If examination approaches the full AIMS test and is done accurately this is a 'surpasses' standard.

Does not achieve the standard if – does not specifically examine for tardive dyskinesia; or if omits use of distraction/activating techniques to enhance detection of dyskinetic movements

Category: Examination technique	**Surpasses Standard**	**Achieves Standard**	**Just below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

(Marksheet Station 3. contd.)

3.0 FINDINGS

Did the candidate identify the physical /mental state findings accurately as per the examiner's details for this case? (Proportionate value - 20%)

Achieves the standard by accurately identifying the main physical /mental state findings, with any errors or omissions only minor and not affecting conclusions. Key issues: accurately describes absence of positive but presence of negative symptoms of schizophrenia, acknowledges depression and risk issues, identifies tardive dyskinesia and associated causative factors (use of typical anti-psychotic, history of smoking and possible role of SSRI medication in triggering onset of dyskinetic signs.)

Does not achieve the standard if – several mental state inaccuracies; or does not identify tardive dyskinesia.

8. Category : Findings Accuracy	**Surpasses Standard**	**Achieves Standard**	**Just below**	**Standard not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 MANAGEMENT

Did the candidate formulate and describe a <u>relevant initial management plan</u>? (Proportionate Value - 30%)

Achieves the standard by showing ability to prioritize and implement evidence based care - any errors or omissions to be minor and not materially impact adversely on patient care. It is anticipated candidates' approaches will vary but should include: close observation of mental state; regular follow-up to monitor testing dyskinetic movements; withdrawing the SSRI, changing from typical to atypical anti-psychotic; communicating with Case Manager, GP and consultant psychiatrist; discussion about smoking as a risk factor in TD; reviewing situation and risk in a timely fashion. Ideally this should be as an outpatient but if patient becomes unwell, admission may be required.

Surpasses standard if this is accomplished quite fully, with a detailed yet sensible management plan that covers contingencies of a relapse due to changing the patient's medication.

Does not achieve the standard if – plans to abruptly cease depot medication without consideration of mental state and risk; or omits plan to regularly review dyskinetic movements.

Category: Management Plan	**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**