RANZCP Auckland Training Programme

Mock Objective Structured Clinical Examination

Additional Practice Station No. 1

July 2008

Station No. 1 - Introduction and Aims

This station concerns medicine in relation to psychiatry, and the assessment of the endocrine system.

The main aim of this station:

- The candidate must assess a known out-patient taking olanzapine who has now developed probable type II diabetes. Candidate must take a relevant medical history and conduct an examination to detect physical signs of diabetes and thyroid disease.

Candidate must demonstrate

- Ability to take a relevant medical history focussing on symptoms of diabetes and thyroid disease in particular;
- Knowledge about the signs of diabetes and thyroid disease and expertise and technique in performing a focussed physical examination relevant to these issues;
- Ability to develop a plan for investigations and other interventions as appropriate.

Requirements:

- Table and 2 chairs
- Basic physical examination equipment on table
- Actor for patient
- Instructions for Candidate

(NB: if you would prefer to run this as a normal “Station 1” feel free to adapt it so that the usual full examination equipment is available, with an examination couch. Contact Dr Plunkett for a Word version.)

Station No. 1 - Instructions to Candidate

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

You are a community team registrar, seeing a patient David/Dianne – a 35 year old single person living in a flat who is known to your team, and who has a 5 year history of paranoid schizophrenia. You are aware that when unwell the patient hears voices of "agents" and is paranoid about the CIA kidnapping them, and that recently full insight has not returned but there are no active psychotic symptoms. David/Dianne was admitted for a psychotic relapse about 6 months ago after a bereavement (death of father). At that time his/her medication was altered from risperidone to olanzapine due to complaints of restless legs on risperidone. You have seen him/her twice before (last time about 3 months ago), and have lowered the dose of olanzapine from 25 to 15 mg nocte, as the higher olanzapine dose was causing moderate weight gain and sedation.

David/Dianne has been referred for a review by Chris the community psychiatric nurse who was concerned that there are again more complaints of tiredness despite the lower olanzapine dose having relieved this for a while. In addition, the patient has talked of other medical concerns and Chris has written "?hypochondriacal worries" in the file. You are aware that the only past medical history that David/Dianne has is radioiodine treatment several years ago for a hyperthyroid state. The GP intermittently checks thyroid function and the patient takes 0.1 mg thyroxine mane. This and the olanzapine are the only medications.

No examination couch is available at the CMHC, so you will have to do what you can using the furniture in the assessment room – this may be a couch or just chairs which could be pushed together if needed. There is minimal equipment – just a stethoscope and a tendon hammer, and the sphygmomanometer has been removed by Health and Safety staff as it "contained toxic mercury" and has not yet been replaced.

Your tasks are to:

- Take a **focussed history** of David/Dianne's medical concerns and symptoms, and any other relevant history regarding physical health
- Perform a **relevant, focussed physical examination** while engaging with the patient.
- After 12 minutes (with 5 minutes remaining), begin to discuss your **findings and differential diagnosis with the patient**, and outline what **investigations or next steps** are needed.

You are NOT to test for pain. You can assume that response to pain is normal.

You are NOT to do any aspects of physical examination which require disrobing, but are to act as a registrar carrying out as thorough an assessment as possible within the limited facilities provided by a CMHC.

You are not required to perform a detailed mental state examination. You may assume that the patient's mental state is stable and that they have no active symptoms of schizophrenia at present.

Station No. 1 - Instructions to Examiner

The examiner will introduce the candidate to the surrogate patient, and will hand them a copy of the *Candidate's Instructions for Station 1*.

"This is your patient, David (or Dianne). You have your instructions, please proceed."

At any stage, if the candidate asks about or attempts to perform a more intrusive physical assessment (e.g. testing for pain, disrobing, examination of the chest underneath clothing, or of the abdomen), redirect them:

"Please do not test for pain. You can assume the response to pain is normal."
"Please do not attempt any part of the physical examination that requires disrobing, including examination of the chest and abdomen."

If the candidate asks any other questions about their task, refer them back to the *Candidate's Instructions for Station 1* by saying ***"You have your instructions, please proceed."***

At 12 minutes, if the candidate has not already started, prompt them to discuss their findings and plan with the patient:

"Please cease your assessment now and discuss your findings with the patient, and explain to them what next steps are needed at this stage."

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 1 - Instructions to Simulated Patient

You are David (or Dianne) – a 35 year old single person living in your own flat locally. You are on an invalid's benefit, and go to a local community centre day programme most days in the week, where you do art and bone carving. You have several friends who visit you, or you visit them. You don't have a car so you walk places and take the bus. At home you watch TV and surf the internet a bit. You're fairly sedentary and not fit.

At present your main concerns are that across the past few weeks you have felt very **tired and lethargic**. You've also been **really thirsty and have been needing to pass urine a lot**. You gained some weight after starting the olanzapine, then lost some of it after the doctor reduced the dose. You also tried to walk a bit more which helped, but lately **you don't feel able to walk far as you're too tired**. Your flat is upstairs and you find it **really hard climbing the steps**. You are also **feeling the cold badly** and will complain bitterly about how cold it's been lately. You have a good gas heater at home and the community centre has radiators, but you still can't seem to get warm. You sometimes feel a bit **sick and shaky** but "not like when I was shaky and restless on risperidone". You know that Chris your nurse thinks you may be worrying too much about your health, but you really **don't feel all that well and you think something is wrong. You're clear that it's not stress or anxiety and wonder if the olanzapine should be changed.**

You developed schizophrenia 5 years ago. It takes the form of fears that the CIA have bugged your phone as they believe you're a terrorist, and that they plan to use "rendition" to kidnap you and take you to a prison such as Guantanamo Bay. When unwell you believe that you get weird calls from "agents" who you can hear whispering threats down the phone, and you also hear the agents discussing you whenever you go outside "they point directional mikes at me". However, you have been well for some time now since your last admission 6 months ago, and you have no voices or concerns about the CIA at present. You still think that they *were* harassing you, but you currently think that they have "backed off because Barack Obama isn't into all that and George Bush is on the way out now".

You have no other psychiatric symptoms – no depression (mood is "fine"), no panic attacks or agoraphobia and no OCD symptoms. You've never been depressed or suicidal. You drink 1 or 2 glasses of beer or wine most weekends, but don't use any other alcohol or drugs. You smoke about 10 cigarettes a week only.

You are an only child and your parents live within walking distance of your flat (they help you with the rent). You see them for dinner at the weekends. You aren't at present in a close relationship, but you have a pet cat called Tiger.

There is no history of psychiatric disorders or substance abuse in your family but your mother has diabetes and is on insulin, and your father has high blood pressure. Your father's mother had a goitre.

When asked about your medical concerns and health, these are the responses you will give (other than the details above):

- Other than the general weakness, you have had no blackouts or neurological symptoms – no stiffness, tremor, numbness, tingling etc. You have had no falls, fits, unsteadiness or dizziness. Your vision and hearing are fine as far as you are aware. You're sleeping OK and your appetite is increased if anything. You feel guilty about your diet as you know you should eat veges & fruit but you tend to get take-aways.
- You have not had any other abnormalities in your cardiac, respiratory, abdominal or genitourinary systems. No increased infections. Although you have been urinating more there has been no bladder pain or burning, but you have had to get up and go to the toilet in the night in the last few weeks.

How to play the part: **You are not keen to see your GP** as you say he's "too old" and you plan to get to a new GP. Respond normally to any physical examination the candidate does and be reasonably cooperative but curious about what they are doing and chat to them. If the candidate is too rough or brusque, you can refuse to cooperate with aspects of the examination, and if they don't explain what they are doing, ask them about this **"why are you looking at my hands?" "is my neck OK?"** etc. Do not let them examine your stomach, groin or chest. Be anxious if they go to test pain in any way and refuse this **"no, I'd rather not do that"**. Be particularly anxious if they do not explain themselves and reassure you about what they're doing.

When the candidate talks to you about what they think may be going on and investigations etc. you may need, **ask if you should stop the olanzapine**, as it might be causing problems. You can **say that you read on the internet it can cause diabetes**. Be a bit worried about what the tests may show, but cooperative with these. **Ask if the candidate can organise the tests as you dislike your GP**. You will be prepared to attend a specialist clinic at the hospital however – "they know what they're doing, not like my GP. He should retire."

Objective Structured Clinical Examination
Practice, July 2008

Candidate Initials

MARKSHEET

Station 1

1.0 APPROACH

Did the candidate demonstrate an appropriate <u>professional approach to the patient</u>?
(Proportionate value - 10%)

Category : Approach to patient	**Surpasses Standard**	**Achieves Standard**	**Just below required standard**	**Standard Not Achieved**
▪ Sets patient at ease ▪ Listens well and is empathic ▪ Asks about medical history sensitively ▪ Explains any physical examination carried out to patient and asks permission ▪ Discusses aspects of the examination and findings appropriately	Manages this particularly well, with sophisticated ability to empathise and explain, particularly during physical examination.	Manages this quite well. May be a little clumsy with some aspects of their approach, but overall this is acceptable.	Manages this somewhat poorly but is clearly trying to engage with patient. Physical assessment stage and findings discussion is not well done.	Manages this very poorly. Attitude is unprofessional, curt or critical. Explains poorly about physical examination tasks / fails to reassure and does not inform patient well.
ENTER GRADE (X) IN ONE BOX ONLY				

2.0 HISTORY

Did the candidate collect <u>appropriately focused medical history from the patient</u>?
(Proportionate value - 30%)

Category : Information gathering	**Surpasses Standard**	**Achieves Standard**	**Just below required standard**	**Standard Not Achieved**
▪ Specific enquiries about endocrine symptoms esp. focussed on diabetes and thyroid disease ▪ Good general systemic screening as well ▪ Also touches on relevant past, family and social history	Manages this very well, gathering a lot of useful information in a brief time, in a systematic manner. Covers all the required areas.	Manages this quite well. Possibly does not gather all relevant history about all aspects. OK balance between specific Qs and general screening.	Manages this somewhat poorly. Misses out some key aspects or some aspects are not adequately explored. e.g. perhaps no general systems interrogation, or checking past medical history.	Manages this very poorly. Misses out many aspects and some aspects. Does not seem to know what to ask to screen for endocrine conditions.
ENTER GRADE (X) IN ONE BOX ONLY				

3.0 PHYSICAL EXAMINATION

Did the candidate carry out a relevant, focussed <u>physical examination</u>, demonstrating adequate technique? (Proportionate value - 30%)

Category : Physical Examination	**Surpasses Standard**	**Achieves Standard**	**Just below required standard**	**Standard Not Achieved**
▪ Specific examination for signs and sequelae of diabetes ▪ Specific examination for thyroid signs peripherally and in the head and neck ▪ Good general examination e.g. observation, periphery, walking, checks for EPSE to exclude these.	Performs an organized and systematic physical examination (as far as the equipment allows), covering all the essential aspects and demonstrating good technique. No errors or omissions.	Any errors or omissions are minor and do not materially adversely impact on the examination overall. May be less well focussed on assessing for endocrine disorders.	The approach is somewhat disorganised, and some key aspects are missed. e.g. no checking of hands, or eye signs. May cause patient discomfort.	The approach is not systematic. Technique is poor. Many key aspects are missed. Patient is not treated with respect. May upset patient.
ENTER GRADE (X) IN ONE BOX ONLY				

4.0 DIAGNOSIS & INVESTIGATION PLAN

Did the candidate <u>discuss their findings, diagnosis and "next steps" plan with the patient</u> ? (Proportionate value - 30%)

Category : Diagnosis and Investigations Plan	**Surpasses Standard**	**Achieves Standard**	**Just below required standard**	**Standard Not Achieved**
▪ Discusses meaning of symptoms ▪ Discusses any findings ▪ Discusses possible differentials ▪ Discusses plan for next steps – e.g. investigations or referrals	Does this very well. Good balance of frankness with reassurance. Accurate differentials and a sensible plan. Handles issue of dislike of GP well, and the issue regarding whether to cease the olanzapine.	Manages this reasonably. Differentials are correct in the main. May not quite get all the relevant tests but does discuss the most important of these and explain them. Handles GP issue reasonably, and regarding the olanzapine.	Discussion is not well organised. Diagnostic possibilities are not well explained. May alarm patient or not strike a good balance between frankness and reassurance. Plan may be patchy and not well discussed. GP & olanzapine issues not well handled.	Discussion is disorganised and differentials are poorly covered or inaccurate. May upset or alarm patient or be too vague or gloss over the possibilities too much. Plan may be sketchy, disorganised or left out. GP and olanzapine issues poorly handled.
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	Just below required standard	Definite Fail