

1.0 Descriptive summary of station:

This is a long station where the candidate must conduct part of their session with a long-term psychotherapy patient who presents a gift. The candidate must determine the key issues arising in the session, specifically addressing the gift giving, and decide on a course of action including their reasons for these actions.

1.1 The main assessment aims are:

- To assess the capacity of the candidate to empathically conduct part of a psychotherapy session addressing the issue of being given a gift by a patient.
- To demonstrate ethical conduct and practice in relation to a long term psychotherapy patient during feedback to the examiners.
- To demonstrate effectively the capacity to communicate to the patient and the examiners the reasoning behind their decisions about the gift.

1.2 The candidate MUST demonstrate the following to achieve the required standard:

- Demonstrate a thoughtful and empathic attitude during the discussion of the acceptance / refusal of the gift.
- Reflect on the nature and timing of a gift.
- Describe the principles surrounding management of gift giving from a more general perspective.
- Specify when it is / is not appropriate to accept a gift.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category of:**
Personality Disorders and Ethics
- **Area of Practice:**
Psychotherapy
- **CanMEDS domains of:**
Medical Expert, Collaborator, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes of:**
Medical Expert (Assessment), Collaborator (Patient Relationships), Professional (Ethics)

References:

- Receiving gifts from patients - a pragmatic shade of grey. Marois, J. BC Medical Journal, 2010 ; 52:129
- "Hysterical and Histrionic Personality Disorders" (Ch 17), in Psychodynamic Psychiatry in Clinical Practice; Glen O Gabbard.
- "Long-term Psychotherapy: A Basic Text. Core Competencies in Psychotherapy" Glen O Gabbard.
- "Boundaries in the Doctor-Patient Relationship", Nadelson & Notman. Theoretical Medicine and Bioethics 2002; 23: 191 – 201.
- The Concept of Boundaries in Clinical Practice: theoretical and risk management dimensions. American J Psychiatry 1993; 150:188-196.

1.4. Station requirements:

- Standard consulting room; no physical examination facilities required.
- Five chairs (examiners x 2, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Simulated patient – female, age early 30s.
- Gift CD with a ribbon (blank CD).
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

You have **fifteen (15) minutes** to complete this station after **five (5) minutes** of reading time.

The psychotherapy supervisor will be played by the examiner.

You are working as a junior consultant psychiatrist in a community mental health service. You are in an appointment with your patient, Elizabeth, whom you have been seeing for weekly psychotherapy for the past six months. As she walked into the clinic, you noticed that she was carrying a gift.

Elizabeth is a 31-year-old music teacher who has a past history of a mild Major Depressive Episode (now resolved) and personality issues of low self-esteem, apparent passivity in relationships, and compulsive care-giving. The depression was precipitated by the break-up of a relationship around September 2014.

She has previously given you gifts at various times throughout the therapy such as a Christmas card, a small bunch of flowers at New Year, and recently, a souvenir (a pen) from a trip to Dreamworld, which you have accepted.

Your tasks are to:

- Spend the first part of this station managing this psychotherapy session.
- At **ten (10) minutes** you will be advised to proceed to the second task (if you have not already done so) where you **must** summarise the situation and provide the reasons for your approach and decisions to your psychotherapy supervisor.

Station 3- Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario, e.g. wrapped gift for the patient.
- On the desk, in clear view of the candidate, place:
 - Duplicate copy of 'Instructions to Candidate'.
 - Any other candidate material specific to the station e.g. investigation results.
 - Pens.
 - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient and co-examiner.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE of the time for the scripted prompt you are to give at **ten (10) minutes**.
- DO NOT redirect or prompt the candidate unless scripted – the simulated patient has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:
"Your information is in front of you – you are to do the best you can."
- At **ten (10) minutes**, as indicated by the timer, if the candidate has not commenced the second task, one examiner offers a verbal prompt:
"Please proceed to the second task."
- At **fifteen (15) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your co-examiner's and your mark sheet in **one** envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

If a candidate elects to finish early:

- You are to state the following:
***"Are you satisfied you have completed the task(s)?
If so, you must remain in the room and NOT proceed to the next station until the bell rings."***
- If the candidate asks if you think they should finish or have done enough etc. refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Observe the activity undertaken in the station and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room briefly check ID number.

The psychotherapy supervisor will be played by the examiner.

There is no opening statement from the examiner.

The role player opens with:

“Doctor, before we go any further today I wanted to thank you with this CD I made especially for you. Happy 6 month anniversary.”

One examiner should keep time and offer a verbal prompt at ten (10) minutes:

“Please proceed to the second task.”

3.2 Background information for examiners

This station aims to assess how a candidate responds to a patient in long-term psychotherapy presenting them with a small, though not trivial, gift. The tasks are to manage the consultation with the patient and present matters arising with their psychotherapy supervisor, who will be played by one of the examiners.

The candidate is expected to briefly explore and take a focussed history from the patient addressing her rationale for bringing the gift. Using an empathic manner the candidate should investigate the possible significance of Elizabeth presenting a gift to her therapist and respond skilfully in managing the situation. This situation should be dealt with, with compassion, honesty and integrity.

In the second task the candidate should demonstrate how they identified the ethical issues involved. They should justify their response to Elizabeth, and demonstrate awareness of how their own behaviour and response may affect the patient.

A critical aspect of this station is that there is ‘no single right answer’ but a number of different responses and approaches that can be taken by the candidate. The station assessment is looking at how the candidate responds to the patient and how they justify their response while attempting to maintain the integrity of the therapeutic relationship.

In order to **Achieve** in this station the candidate **MUST**:

- Demonstrate a thoughtful and empathic attitude during the discussion of the acceptance / refusal of the gift.
- Reflect on nature and timing of a gift.
- Describe the principles surrounding management of gift giving from a more general perspective.
- Specify when it is / is not appropriate to accept a gift.

Whilst the station presents a relatively common scenario in clinical practice, it raises obvious clinical and ethical issues, which may not be easily identified and managed by less experienced and sophisticated candidates. Guidelines and writings regarding the acceptance of gifts from patients are uniform in stating that expensive, suggestive, or inappropriate gifts should be politely refused with an appropriate explanation. On the other hand, inexpensive or seemingly benign gifts must be understood within the context of the therapy and could be accepted with good grace. Sometimes an apparently benign offering at a culturally appropriate time, such as a Christmas card, need not be explored. However most gifts given have greater significance for the patient, and therefore for the therapist.

Issues that should be considered include the nature and cost of the gift, the therapeutic relationship between the doctor and patient, and the transference issues that lead to giving the gift. Giving the gift might be an attempt on the patient’s part to make the doctor like her or keep “in the good books”; represent an attempt to equalise the power structure of the relationship; or to gain greater control. In some cases more damaging dynamics may be at play, such as the gift-giving being a hostile or seductive act, or perhaps a conscious or unconscious bribe. In some instances accepting a gift could perpetuate an erotic or other transference and could be quite harmful to the therapeutic relationship — and ultimately to the patient.

In the interview with the patient, candidates should demonstrate a thoughtful and empathic attitude toward her, and ideally see the situation as “grist for the therapeutic mill”. The patient should not be rejected outright, although the gift itself may be rejected with adequate and appropriate discussion as to why. They should explore the meaning of the gift with the patient, inform the patient of their decision about the gift and the implications of accepting / rejecting it, and explore the patient’s feelings about their decision. Better candidates will comfortably discuss with the patient that the doctor-patient relationship and psychotherapy alliance creates special conditions wherein gifts may interfere with / undo / limit the quality of the work and clearly raise issues about reasonable boundaries. For example, candidates may point out that gift-giving by a patient with gift-acceptance by the therapist may promote a situation whereby the therapist becomes coerced into a non-therapeutic stance where he / she is uncomfortable addressing problems in the therapy. In so doing, the patient who is seeking to appear “good” may be rendered a “non-patient” through an impotent therapy. For some dyads this will play out as a stalemated long-term relationship where the patient neutralises the therapist so that he / she is unable to do anything hurtful, yet neither participant can become safely closer or leave.

In the presentation to the psychotherapy supervisor candidates should offer a number of possibilities about the meaning of gifts from patients and be able to discuss how this likely applies to this patient. In addition, they should demonstrate that they have considered whether accepting or refusing the gift adversely affects the well-being of this patient, and therefore be able to justify their response accordingly.

Better candidates will be able to coherently discuss relevant countertransference issues such as the therapist’s wish to be liked or seen as helpful / powerful, and may offer comment upon how the interaction may affect therapy in the future. They may draw upon concepts such as the “slippery slope” of ethical behaviour breaches.

3.3 The Standard Required

In order to:

Surpasses the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients, (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, “common sense” and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and well-being of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Does Not Achieve the Standard – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

4.1 This is the information you need to memorise for your role:

You are Elizabeth, a 31-year-old single music teacher with a past history of mild Major Depression which is now better. You have low self-esteem, and being quite passive in your relationships – trying not to upset people or being too demanding. Over the years, you have found that you enjoy looking after others, it makes you feel better about yourself and gives you some sense of meaning. This 'care giving' extends to behaviours like giving gifts to others. You like to be liked and particularly enjoy helping others, but this has sometimes led to problems at work and in your personal life with others finding you intrusive and clingy.

You have previously given the doctor small cards and gifts throughout the therapy such as a Christmas card, a small bunch of flowers at New Year, and more recently, a souvenir (pen) from a trip to Dreamworld, which he / she accepted.

You have brought along a gift today to show your appreciation of the help you are getting from this doctor. It is personal and more so than your previous gifts for the doctor so far. But it is inexpensive and 'small' compared to the gifts you would usually give to others for 'special' occasions. You are not aware of there being any special significance to the meaning of your gift, or of your feelings toward the doctor.

You developed your first Major Depressive Episode about eighteen months ago. This is also called a MDE and you presented with feelings of anxiety, sadness and tearfulness, not being able to sleep well, feeling tired all the time and experiencing headaches. At the time you had difficulty thinking clearly and concentrating at work and had occasional thoughts of death. The symptoms occurred most of the day, nearly every day for months.

Treatment for the MDE by your GP with Prozac did not fully "*clear it up*". So you were referred to the local Community Mental Health Service in May 2015 where you saw a psychiatrist who increased your Prozac dose and talked to you generally about your life. By October 2015 you felt a lot better and the psychiatrist referred you to see 'the candidate', for psychotherapy so that you could sort out the relationship problems you have had.

The MDE began about one month after a relationship break-up in September 2014. John, your boyfriend at the time, was a police officer whom you had been seeing for a few months. He broke it off with you when he became angry that you could never offer a view or make up your mind about what you wanted. You had also commented that he did not seem to like the birthday present (a \$1500.00 TAG Heuer watch) you gave him a few weeks earlier. He reacted by saying that you were "*too nice*" for him but also called you "*hard work*", and you are still not sure what he meant by this.

You have had a number of other boyfriends who have invariably treated you badly (ignored you, favoured going out with friends drinking, possibly unfaithful), and who have seemed to you to need rescuing from their own misdemeanours or unhappiness. Unfortunately they never seem to reciprocate your good intentions toward them and most relationships have ended with you in tears feeling somewhat exploited. Your girlfriends say you choose the wrong men.

You enjoy your job as a music teacher in a primary school but don't seek great career advancement. You have close girlfriends from school and college, and sing in a covers pop group with friends from Teachers College. You have worked in a few pubs and clubs on weekends and recently made a CD with them.

You report your mood is fine now, as are sleep patterns, energy, and concentration. Your outlook for the future is bright though conservative... "*good*". Your family is nearby – you're the third of 4 girls, where your two older sisters are 6 and 8 years older respectively. Your family is close – there are no major problems within the family that you can identify. Before retiring your father was a school principal and your mother a registered nurse. Your parents have always been community minded and generous.

4.2 How to play the role:

At the beginning, you are warm and pleasant. You are feeling pleased with your choice of gift, and expect that the doctor will accept it gracefully and with interest. You are eager to please and friendly, perhaps slightly flirtatious, but not too seductive.

You should be pleased when / if the gift is accepted and chatter on for a short while about the pleasure you had in creating this music and compiling the CD, and the release of positive feelings within you that the music enables. Then respond to the direction that the candidate takes for the remainder of the session within the limits of the information you have been given about yourself.

You should be puzzled when / if the gift is rejected and seek reasons. Whatever the reasons given, state these were not your intention: as it is '*just a little acknowledgement*', and offer your gift again.

If the candidate precedes their rejection of the gift with an exploration about your feelings and thoughts in preparing and giving the gift, and / or provides you with sensitive disclosure about their own feelings and thoughts or other meaningful discussion, accept their decision but say that you do not really understand.

If the candidate rejects the gift outright without any preamble, then persist with getting an explanation, behave somewhat hurt by the rejection.

If the candidate vacillates as to whether to accept or not, follow their lead.

4.3 Opening statement:

As soon as possible after candidate enters the room say:

“Doctor, before we go any further today I wanted to thank you with this CD I made especially for you [Put hands over the gift]. Happy 6 month anniversary.”

4.4 What to expect from the candidate:

The candidate should attempt to discuss what giving the gift means in an empathic and engaging manner, and perhaps gently suggest possibilities. Some candidates may not accept the gift, and if this happens they would be expected to explain why it is they have accepted your other gifts but have rejected this gift.

4.5 Responses you MUST make:

Anticipated situation: If candidate starts to refuse gift.

Scripted responses:

- ***“I hope I’m not out of line.”***
- Whatever the reasons given, state these were not your intention: as it is ***‘just a little acknowledgment’***, and offer your gift again.
- ***“I guess you could always give it to your partner if you don’t really like it.”***

Anticipated situation: If the candidate accepts the gift.

Scripted response:

- ***“Can I just ask Doctor, are you going to listen to it and tell me what you think of it?”***

4.6 Responses you MIGHT make:

Anticipated situation: If the candidate directs the interview towards anything for which you are unprepared or uncertain, be a little taken off-guard and direct them back to the issue of the gift by saying:

Scripted responses:

- ***“I feel a bit silly now, maybe I overstepped the line” OR***
- ***“Doctor, I’m not really sure that you like my gift.” OR***
- ***“Well, I’m a bit lost for words now...”***

Anticipated situation: If the candidate appears to abruptly or admonishingly deal with the patient.

Scripted response:

- ***“Perhaps we should just finish early today.”***

4.7 Medication and dosage that you need to remember:

Antidepressant Prozac (Fluoxetine) 20 milligrams in the morning, increased to 40 milligrams after a few weeks after commencement.

STATION 3 – MARKING DOMAINS

The main assessment aims are:

- To assess the capacity of the candidate to empathically conduct part of a psychotherapy session addressing the issue of being given a gift by a patient.
- To demonstrate ethical conduct and practice in relation to a long term psychotherapy patient during feedback to the examiners.
- To demonstrate effectively the capacity to communicate to the patient and the examiners the reasoning behind their decisions about the gift.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct an assessment of the patient? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the standard overall with a superior performance in a number of areas; competent overall management of the interview; superior technical competence in eliciting information.

Achieves the Standard by:

managing the interview environment; integrating generalist and sub-specialist assessment skills; engaging the patient as well as can be expected; demonstrating flexibility to adapt the interview style to the patient; prioritising information to be gathered; appropriate balance of open and closed questions; summarizing; being attuned to patient disclosures, including non-verbal communication; recognising emotional significance of the patient's gesture; sensitively evaluating quality and accuracy of information.

To score 3 or above the candidate **MUST**:

a. demonstrate a thoughtful and empathic attitude during the discussion of the acceptance / refusal of the gift.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1) if:

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality score 1.

Does Not Achieve the Standard (scores 0) if:

significant deficiencies such as being insensitive to the patient; using aggressive or interrogative style; having a disorganised approach.

1.1. Category: ASSESSMENT – data gathering process	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.2. Did the candidate take appropriately detailed and focussed history? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication; completing a risk assessment relevant to the individual situation.

Achieves the Standard by (scores 3 or 4):

conducting a detailed but targeted assessment; obtaining a history relevant to the circumstances with appropriate depth and breadth; history taking is hypothesis-driven; integrating key psychosocial issues relevant to the assessment; eliciting the key issues; clarifying important positive and negative features.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1) if:

superficial exploration of the issues pertaining to the gift giving and relevant background history; patchy history taking; limited recognition of the importance of exploring personality style and gift giving.

Does Not Achieve the Standard (scores 0) if:

obvious omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

1.2. Category: ASSESSMENT – data gathering content	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.0 COLLABORATOR

3.4 Did the candidate develop an appropriate therapeutic relationship with the patient? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* gives priority to continuity of care and meeting changing needs of the patient.

Achieves the Standard by:

demonstrating ability to maintain the therapeutic relationship; gathering information and responding to concerns raised; maintaining open communication; appropriately informing; providing opinion.

To score 3 or above the candidate **MUST**:

- a. reflect on nature and timing of a gift.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1) if:

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality score 1.

Does Not Achieve the Standard (scores 0) if:

lack of consideration of individual goals; any errors or omissions adversely impact on alliance.

3.4. Category: PATIENT RELATIONSHIPS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

7.0 PROFESSIONAL

7.1 Did the candidate appropriately adhere to principles of ethical conduct and practice? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* able to discuss in a sophisticated manner some of the guidelines underlying management of gift giving, including discussion of patient's attitudes to gift giving, and having a gift rejected and how to help patient deal with feelings of rejection; stipulates the importance of seeking supervision / peer review in difficult countertransference situations.

Achieves the Standard by:

demonstrating capacity to: identify and adhere to professional standards of practice in accordance with College Code of Ethics; integrate ethical practice into the clinical setting; utilise ethical decision-making strategies to manage the impact on patient care; maintain appropriate interpersonal boundaries; applying ethical principles to resolve conflicting priorities.

To score 3 or above the candidate **MUST**:

- a. describe the principles surrounding management of gift giving from a more general perspective.
- b. specify when it is / is not appropriate to accept a gift.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

does not appear aware of or adhere to accepted medical ethical principles.

7.1. Category: ETHICS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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