

1.0 Descriptive summary of station:

Jenny, a 40-year-old single, community care worker, is attending her first appointment for Cognitive Behavioural Therapy (CBT). She suffers from generalised anxiety disorder. The candidate is to review her symptoms and then explain the process of CBT.

1.1 The main assessment aims are:

- To evaluate the candidate's ability to take a focussed history exploring the patient's mood and anxiety symptoms, and cognitions that would be relevant when considering CBT.
- To assess the candidate's ability to explain the process of CBT specifically tailored for this patient.

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

- Elicit the generalised anxiety disorder symptoms of excessive worries for multiple events over more than 6 months, and feeling on edge.
- Identify at least 2 biological symptoms (poor concentration, disturbed sleep, muscle tension, headaches).
- Explain at least 4 core features of CBT.
- Demonstrate that they have listened to the patient by using any of the patient's terms for anxious cognitions during the explanation of the process of CBT.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Anxiety Disorders
- **Area of Practice:** Psychotherapy
- **CANMEDS domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Content; Management – Therapy); Communicator (Patient Communication – To Patient)

References:

- Beck JS. Cognitive Behavioural Therapy: Basics and Beyond. 2nd Edition The Guildford Press 2011
- Hawton K, Salkovskis PM, Kirk J et al Cognitive Behaviour Therapy for Psychiatric Problems: A practical Guide. Oxford Medical Publications 1989
- Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (5th Edition) American Psychiatric Association (2013)

1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiner x 1, roleplayer x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player – female, 35-45, timid demeanour, neatly but casually dressed.
- Pen for candidate.
- Timer and batteries for examiner.

2.0 Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are working as a junior consultant in a psychotherapy clinic. Your patient, Jenny, is attending her initial assessment session prior to commencing Cognitive Behavioural Therapy with you.

Jenny is a 40-year-old single community care worker. She is not taking any medication. There is no relevant medical history and there is no history of substance abuse.

Your tasks are to:

- Take a focussed history examining mood symptoms, behaviour and cognitions.
- Explain to the patient the application of Cognitive Behavioural Therapy for anxiety specific to her needs.

You will not receive any time prompts.

Station 11 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
 - A copy of 'Instructions to Candidate' and 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.

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 – there are no cues or time prompts for you to give.
- 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 **eight (8) 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 mark sheet in an 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 after the final task:

- You are to state the following:
***'Are you satisfied you have completed the tasks?
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.

You have no opening statement or time prompts.

The role player opens with:

'I was worried I was going to be late and didn't want to upset you.'

3.2 Background Information for Examiners

In this station the candidate is to interview a woman who is attending her first appointment for Cognitive Behavioural Therapy (CBT). She suffers from generalised anxiety disorder and the candidate must take a focussed history exploring the patient's mood and anxiety symptoms, and cognitions that would be relevant when considering CBT. The candidate is then required to explain the process of CBT in a manner that clearly demonstrates that it is tailored to this specific patient.

In order to 'Achieve' this station the candidate **must**:

- Elicit the generalised anxiety disorder symptoms of excessive worries about multiple events for more than 6 months, and feeling on edge.
- Identify at least 2 biological symptoms (poor concentration, disturbed sleep, muscle tension, headaches).
- Explain at least 4 core features of CBT. (i.e. *therapy is structured/time limited; therapy identifies and modifies core negative assumptions; therapy requires active participation and collaboration of the patient both in therapy and out of therapy (homework); homework would include self-monitoring and behavioural experiments; using psychoeducation; assisting the patient to develop skills of socratic thinking to question their assumptions; challenging the patient's assumptions and seeking alternatives explanations*).
- Demonstrate that they have listened to the patient by using any of the patient's terms for anxious cognitions during the explanation of the process of CBT.

Diagnosis of generalised anxiety disorder

According to the DSM-5 generalised anxiety disorder is characterised by excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events/activities. The worries are difficult to control. There should be three or more of the following associated symptoms: restlessness/feeling on edge, easily fatigued, poor concentration/mind going blank, irritability, muscle tension, sleep disturbance. There is a disturbance in function and the disorder is not better explained by another mental or physical disorder.

In ICD-10 generalised anxiety disorder is defined as 'anxiety that is generalised and persistent but not restricted to, or even strongly predominating in, any particular environmental circumstances (i.e. it is 'free-floating'). The dominant symptoms are variable but include complaints of persistent nervousness, trembling, muscular tensions, sweating, light headedness, palpitations, dizziness, and epigastric discomfort. Fears that the patient or a relative will shortly become ill or have an accident are often expressed'.

Cognitive and Behavioural Therapies

Cognitive therapy was developed by Beck in the 1960s. This was a structured, short-term, present-oriented psychotherapy for depression that was later developed for many other disorders. The aim of the therapy was to develop solutions to current problems and modify dysfunctional thinking and behaviour. The treatment is based on a conceptualisation of an individual's specific beliefs and patterns of behaviours. The therapist's goal is to seek ways to induce cognitive change (modification of thinking and beliefs) to ensure longstanding emotional and behavioural change in the patient. CBT is a structured time limited therapy.

The rationale of CBT is to control the patient's anxiety, to imagine and gain mastery over thoughts/situations that provoke anxiety while in a controlled and comfortable environment. In exploring the patient's cognitive model of the world the therapist will identify negative automatic thoughts that underpin recurring dysfunctional behaviours and negative emotions. Identifying and then modifying such thoughts leads to enduring change. Behavioural analysis is an early component in the process of therapy where cues and precipitating factors are sought, and identified, for

the recurrence of the negative thoughts and dysfunctional behaviours/mood. Developmental events are identified that led to the genesis of these thoughts and their propagation through life.

Therapy goals for patients with anxiety disorders include: improvement of the risk assessment of feared situations, consideration of their internal and external resources, decreasing the avoidance of feared situations and confronting such situations to test their negative predictions behaviourally.

The development of a therapeutic alliance is vital in all psychotherapeutic relationships. Active participation and collaboration are important components of CBT. Therapy homework (such as self-monitoring, diaries and behavioural experiments) devised in collaboration between patient and therapist, is essential for the progress of sessions.

The sessions should be goal-oriented, problem-focussed and initial emphasis should be on the 'here and now'. Through the course of therapy, the patient would learn to identify and evaluate thoughts, emotions and behaviours and be able to instigate plans and strategies to tackle these situations and become 'their own therapist'. Patients learn to use socratic thinking to question their assumptions, challenging them and seeking alternatives, whilst developing behavioural experiments to test the reality of their thinking.

Cognitive models for generalised anxiety disorder identify that individuals perceive a wide range of situations as threatening leading to heightened anxiety. The assumptions can relate to acceptance (I have to please others), competence (I have to do everything perfect, if I make a mistake I will fail), responsibility (I am responsible for others enjoyment when they are with me), control (I have to be in control all of the time), and anxiety (I must be calm all of the time). Selective attention to situational factors that appear dangerous contribute to the maintenance of anxiety.

Avoidance of the feared subject or procrastination are classic features of anxious behaviours which are reinforcing. Exposure therapy through self-control desensitisation, worry exposure or other strategies would form a key component of CBT in an anxiety disorder. Stimulus control intervention minimises worrying by limiting/postponing worrying to specific times or locations.

Other techniques that would be used during therapy include: education, distraction, activity schedules and relaxation techniques. The patient can be taught relaxation training that can be paired to anxiety provoking situations for instance, 'Progressive Muscle Relaxation' and 'Applied Relaxation' techniques which the candidate should be able to describe. The slow breathing technique may be identified by the candidate, and recommendation that these are all practised regularly, and it is important to instruct the patient to practise at home.

The candidate may describe that the patient would be expected to attend regular sessions, each session taking about 40-50 minutes. Sessions are structured and generally commence review of the previous session and homework.

A better candidate may identify possible problems that can arise during the therapy. They may include lack of anxiety or too much anxiety with situations. Other problems include reduced participation by the patient, particularly the homework.

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 wellbeing 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 Jenny, a 40-year-old community care worker - providing support services to assist aged, frail, vulnerable or disabled clients to live independently in their own homes in the community. You live alone in your own home and have no children.

When you were young, home could be an unpredictable place. Your father would drink alcohol heavily and there would be frequent arguments and threats between your parents. There was never any physical violence. Discipline could be harsh at home and you would spend much of your time in your room or out in the yard. Even when you were little you remember being unsure of yourself and your surroundings when away from home. You were anxious at times when at school especially when doing new things, changing classes, talking to teachers or moving to new places. On 2 occasions you changed school when your family moved home (when 8 and 13). Both of these times were difficult for you as you always struggled to make new friends. You did have one spell when you were bullied at school because you were quiet. This stopped when you moved school at the age of 13.

Your parents separated when you were about 15. You have had limited contact with your father since then as he moved to Western Australia. After leaving school you started to train as a nurse but ceased this to become a carer for your mother. She was involved in a car accident and was paraplegic (both of her legs were paralysed) as a result of her injuries. You spent many years as a carer for your mother: this could be difficult for you at times but you also found it rewarding and you felt that your relationship strengthened over the years.

Your mother developed breast cancer and deteriorated rapidly and died about 5 years ago despite treatment. Your GP gave you treatment for depression following her death – you were sad, easily upset and lacked motivation. However, support from your small circle of friends seemed to be more effective and so you stopped taking the medication after about 6 weeks. You cannot remember what the medication was called and you had no ill effects from stopping the treatment.

You have 2 brothers that left home in their early teens. You have had no contact with either since your mother's death. You are not aware of any family psychiatric history. You do not have any major medical problems.

After your mother's death you thought it was an obvious choice to get formal training and qualifications in community care so that you could then gain employment doing similar work to that which you were accustomed. You have enjoyed this work especially as you had a set group of clients that you visited regularly. You had got to know them well and you could feel safe and comfortable with them.

Unfortunately matters have worsened over the last year or two. The local council re-tendered the contract for services and a large company from out of state is now running the care service. All of the staff had to reapply for their jobs and there was an overall increase in workload and demands from senior management. You feel that your new manager is harsh and frequently demanding, although you do not think that you are being singled out by your supervisor. There is pressure to take less time with clients so that more people can be seen.

You have been feeling more anxious than normal since that change at work two years ago. You feel 'on edge' and find it hard to relax. You have been worrying and feel preoccupied about a lot of problems. Your thoughts all seem to tangle at times as your worries move from one thing to next. You have felt even more unsure of yourself and have been questioning your ability to do your job well and your decision making. At work you can worry about missing tasks or even missing clients on your day's list. You worry about upsetting your clients or their families and you fear the wrath of your manager even though she has never lost her temper with you before. You often tend to wonder if you have done the right thing or made the right choices. This will sometimes lead to you delaying decisions indefinitely. You have even delayed seeing your manager on occasions even though this was requested as part of your required 'annual review'.

You have also noticed physical changes over this period. Your sleep has become restless and you frequently have difficulty getting off to sleep as your mind 'won't switch off'. There is often a tightness in your stomach and your appetite has reduced. You have had problems with going to the toilet repeatedly as you need to urinate far more frequently than in the past. You get headaches and muscle aches occur far more frequently than in the past (a few times per week). The headache feels like a tight band around your head and often sets in when you are feeling pressured at work. You do not see flashing lights or suffer any visual changes at the time, nor do you experience nausea or vomiting with the headaches. Your concentration is not so good and you have been making silly mistakes or forgetting simple things at times. This has not been so serious as to cause any major problems but you do then worry that you may forget something important and that would have serious consequences.

Although these matters have caused you problems you do not feel depressed and can still spend time on other things at times. You enjoy playing the piano and sewing and find these a good distraction. You also continue to socialise with your group of friends. You have no major problems with motivation. You have no problems with going to the supermarket or other busy places. Your mood has never been unduly elevated. You have not experienced sudden intense anxiety attacks with feelings of impending doom (panic attacks). You are not unduly preoccupied with tidiness or order and do not have recurring irrational thoughts or any rituals (compulsions) that neutralise your worries.

You do not have a major history of substance misuse. You have always been wary of alcohol because of the experience with your father, although you do notice that after only a couple of drinks you feel more relaxed and are more sociable. You never 'need' more than that if you have a meal out with friends and only drink about once per month.

You went to your doctor after becoming more worried about all your physical symptoms. You have a very good relationship with your GP after years of frequent contact through your mother's various health problems. Your GP diagnosed you as having anxiety and did offer psychotherapy and medication. You now realise you have had long standing problems with anxiety. You were keen to remain medication free and so a referral was made for you to see the psychiatrist for something called cognitive therapy.

4.2 How to play the role:

You are to be casually dressed. You are mildly anxious and feel a bit tense, and have an underlying fear of authority. You will want to keep the candidate happy and pleased. You have a tendency to absolutes: e.g. *'I am always/never..., Everyone thinks ...'*. You have a tendency to think the worst outcome will occur (catastrophise).

4.3 Opening statement:

'I was worried I was going to be late and didn't want to upset you.'

4.4 What to expect from the candidate:

The candidate will focus on asking you questions about your worries. If you are asked a question that does not have the answer in the script the response should be negative. The candidate will then explain the process of future therapy with you.

4.5 Responses you MUST make:

Nil

4.6 Responses you MIGHT make:

If asked, you have never seen or heard things that other people have not; and you do not feel paranoid, or that people are against you; you do not receive special messages from the TV or radio.

'I'm always worried that I will make a mistake at work and be complained about.'

'I'm not confident in making the right decisions.'

'What if I get it wrong and I make them angry.'

'If I make a mistake I could lose my job and my career could be over.'

'If I upset my clients I will be reported and disciplined.'

4.7 Medication and dosage that you need to remember:

You do not take any medication.

STATION 11 – MARKING DOMAINS

The Main Assessment Aims are:

- To evaluate the candidate’s ability to take a focussed history exploring the patient’s mood and anxiety symptoms and cognitions that would be relevant when considering CBT.
- To assess the candidate’s ability to explain the process of CBT specifically tailored for this patient.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value - 40%)

Surpasses the Standard (scores 5) if:

clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication in data gathering; elicits extensive detail regarding the anxiogenic cognitions.

Achieves the Standard by:

demonstrated use of a tailored biopsychosocial approach; conducting a detailed but targeted assessment; obtaining a history relevant to the patient’s problems and circumstances with appropriate depth and breadth; integrating key sociocultural issues relevant to the assessment; eliciting the key issues; demonstrating phenomenology; clarifying important positive and negative features.

To achieve the standard (scores 3) the candidate **MUST:**

- Elicit the generalised anxiety disorder symptoms of excessive worries about multiple events for more than 6 months, and feeling on edge.
- Identify at least 2 biological symptoms (poor concentration, disturbed sleep, muscle tension, headaches).

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):

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:

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"/>	

1.14 Did the candidate demonstrate an adequate knowledge of Cognitive Behavioural Therapy? (Proportionate value - 35%)

Surpasses the Standard (scores 5) if:

demonstrates a sophisticated understanding of CBT and the process of therapy; includes a clear understanding of levels of evidence to support treatment options.

Achieves the Standard by:

demonstrating a general understanding of CBT; using psychoeducation; explaining choice and rationale for specific psychotherapy; demonstrating sensitive consideration of barriers to implementation; assisting the patient to develop skills of socratic thinking to question their assumptions, challenging them and seeking alternatives explanations.

To achieve the standard (scores 3) the candidate **MUST:**

- Explain at least 4 core features of CBT.

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):

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 scores 1.

Does Not Achieve the Standard (scores 0) if:

errors or omissions impact adversely on patient care; plan lacks structure and/or is inaccurate.

1.14. Category: MANAGEMENT - Therapy	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"/>	

2.0 COMMUNICATOR

2.1 Did the candidate demonstrate an appropriately and adequately tailored treatment for this patient? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

the candidate uses many of the patient’s terms that signify underlying anxious cognitions; effectively tailors interactions to maintain rapport within the therapeutic environment.

Achieves the Standard by:

providing a clear and appropriate explanation; demonstrating empathy and ability to establish rapport; using language and explanations tailored to the functional capacity of the client taking regard of culture, gender, ethnicity; communicating the CBT process and discussing acceptability.

To achieve the standard (**scores 3**) the candidate **MUST:**

- a. Demonstrate that they have listened to the patient by using any of the patient’s terms for anxious cognitions during the explanation of the process of CBT.

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):

scores 2 if the candidate does not meet (a) above by failing to use any of the terms used by the patient 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:

errors or omissions materially adversely impact on alliance; inadequately reflects on relevance of information obtained; plan not tailored to patient’s needs or circumstances.

2.1. Category: PATIENT COMMUNICATION - To Patient	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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