Get Through

Workplace Based Assessments in Psychiatry

SECOND EDITION

Sree Prathap Mohana Murthy

The Royal Society of Medicine Press Limited

Get Through

Workplace Based Assessments in Psychiatry

This book is dedicated to:

My beloved wife Dr Mythili Varadan
My beloved sister Mrs Sri Vidhya Rajasekharan
and
To my respected teachers of psychiatry:
Dr Raja Ram Mohan
Dr Priscilla Read
Dr Rhinedd Toms.

Get Through

Workplace Based Assessments in Psychiatry

Second Edition

Sree Prathap Mohana Murthy MB BS MRCPsych

Hertfordshire Partnership NHS Trust

The Royal Society of Medicine Press Limited

Published by the Royal Society of Medicine Press Ltd
1 Wimpole Street, London W1G 0AE, UK
Tel: +44 (0)20 7290 2921
Fax: +44 (0)20 7290 2929
E-mail: publishing@rsmpress.co.uk

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-85315-896-4

Distribution in Europe and Rest of the World:
Marston Book Services Ltd
PO Box 269
Abingdon
Oxon OX14 4YN, UK
Tel: +44 (0)1235 465500
Fax: +44 (0)1235 465555
Email: direct.order@marston.co.uk

Distribution in USA and Canada:
Royal Society of Medicine Press Ltd
c/o BookMasters Inc
30 Amberwood Parkway
Ashland, OH 44805, USA
Tel: +1 800 247 6553/ +1 800 266 5564
Fax: +1 410 281 6883
Email: order@bookmasters.com

Distribution in Australia and New Zealand:
Elsevier Australia
30–52 Smidmore Street
Marrickville NSW 2204, Australia
Tel: +61 2 9517 8999
Fax: +61 2 9517 2249
Email: service@elsevier.com.au

Phototypeset by Phoenix Photosetting, Chatham, Kent
Printed in the UK by Bell & Bain Ltd, Glasgow

Contents

Preface

This is one of the first books to be published for helping trainees to perform different workplace based assessments (WPBAs) in psychiatry since this course's implementation by the Royal College of Psychiatrists in August 2007.

This book was initially written to help the candidates to present their long cases in a structured and professional way, however, with the introduction of WPBAs in psychiatry, this book has been revised and is suitable for guidance on how to perform well in all kinds of assessments such as assessed clinical encounters (ACEs), mini-ACEs, case presentations (CPs), case-based discussion (CbD) and direct observation of procedural skills (DOPS).

Get Through Workplace Based Assessments in Psychiatry should be helpful for all the trainees involved in WPBAs in psychiatry – it will not only prepare you to succeed in your WPBAs, but should also help you to face the clinical situations confidently and effectively.

Regards,
Sree Prathap Mohana Murthy

How to use this book

The chapters on eliciting history, mental state examination and physical examination (Chs 2 & 3) could be used for ACEs, mini-ACEs, CbD and CPs in psychiatry. The chapters on differential diagnosis, aetiological formulation, management options and prognosis (Chs 4, 5, 7 & 8) could be used again for ACEs, CPs and CbD on different areas of psychiatry.

I have chosen the individual tasks for mini-ACEs from different areas of psychiatry, which could be applied to a wide variety of settings. I have also included some tasks for DOPS in psychiatry.

General management options are also discussed (with evidence and key points) for all the common psychiatric conditions seen in our routine practice, including subspecialties such as old age psychiatry, child and adolescent psychiatry and learning disability.

You can quickly revise the management plans before presenting the case to the assessor, and you may find it helpful to establish a confident discussion with the assessors as part of your assessment.

The answers that I have given should only be used as a rough guide, and reference to standard textbooks is also recommended.

In short, this book could be used as a 'pocket revision guide' for all trainees in psychiatry involved in WPBAs, which constitutes a significant part of their current training.

I sincerely hope that this book serves its purpose! Good luck.

SPMM

This page intentionally left blank

1

Introduction to workplace based assessments (WPBAs)

The Royal College curriculum for specialist training in psychiatry is supported by an extensive assessment programme comprising both workplace based assessments and formal MRCPsych examinations.

Key methods and instruments of WPBA would include:

1. Assessment of clinical expertise (ACE)
2. Mini-assessed clinical encounter (mini-ACE)
3. Case based discussion (CbD)
4. Case presentation (CP)
5. Directly observed procedural skills (DOPS)
6. Journal club presentation (JCP)
7. Mini-peer assessment tool (mini-PAT)

This book is mainly intended to be used for the *first five WPBAs listed above.*

The underlying principles of WPBAs must comply with the following (Royal College, 2007):

- They must focus on performance
- They must be evidence-based
- The evidence must be triangulated whenever possible
- Record must be permanent.

According to the Royal College guidelines, participating in a specific number of WPBAs is mandatory for eligibility for the MRCPsych examinations.

All the WPBA forms use a six-point Likert-type rating scale. The standard for completion of each stage of training corresponds to a rating of 4. Most assessment forms would also have an additional item to indicate the trainee's global performance relative to their stage of training. These forms are available to download from http://www.rcpsych.ac.uk/wba.

The assessments should be followed by immediate feedback to the trainee, which would involve going through the rating form item by item, so that

strengths, weaknesses and areas for development can be identified and agreed.

Assessor: Consultant, specialist registrar, associate specialist, senior nurse, psychologist, social worker. (A variety of different assessors can be used.)

TABLE 1.1 Annual requirements for work place based assessments

WPBA	Minimum number required per year
ACE	2 in ST1 3 in ST2 3 in ST3
Mini-ACE	4
CbD	2
CP	1
DOPS	As the opportunity arises
JCP	1
Mini-PAT	2
AoT	As the opportunity arises

Assessment of clinical expertise (ACE)

The ACE component of WPBA most closely resembles the traditional long case assessment. Here the assessor observes a whole new patient encounter to assess your ability to take both a full comprehensive history and mental state examination, arrive at a diagnosis and formulate a management plan.

The Assessor rates the performance, and then gives immediate feedback to the trainee and the assessment takes about an hour to complete, including the time taken by the assessor to complete the ACE rating form.

The domains of assessment would include:

- History taking
- Mental state examination
- Communication skills
- Clinical judgement
- Professionalism
- Organizational efficiency
- Overall clinical care.

Mini-assessed clinical encounter (mini-ACE)

The mini-ACE could be used for short focused tasks, to elicit key important elements from the history or mental state. Rather than taking a full history and performing a complete examination, the focus is on clearly defined clinical competencies, and the trainee is asked to conduct a focused interview

and examination, for example, alcohol history taking, assessment of a cognitive state, suicide risk assessment.

It is a snapshot of a clinical interaction between doctor and patient with the assessor observing only part of a patient interaction. The mini-ACE is considered to have similarities with the 'observed interview' part of the traditional long case examination of the MRCPsych.

The assessor rates the performance, and then gives immediate feedback to the trainee and the assessment takes about 20 minutes, followed by 5–10 minutes of feedback (approximately 30 minutes in total).

Different assessors would assess each trainee on several different occasions over a range of clinical settings such as inpatient, outpatient, community and A&E.

The domains of assessment would be the same as those of the ACEs, with the only difference here being that the trainee is rated in the context of a 'shorter clinical assessment':

- History taking
- Mental state examination
- Communication skills
- Clinical judgement
- Professionalism
- Organizational efficiency
- Overall clinical care.

Case-based discussion (CbD)

The CbD component of WPBA involves the trainee selecting two case records of patients seen, in whose notes they have made an entry, and the assessor picks one to discuss, e.g., a patient with bipolar disorder assessed during a home visit).

It allows the assessor to examine different areas such as clinical decision-making, the application of medical knowledge, and discussion of the ethical and legal framework, with the discussion originating from the entries made in the clinical notes by trainees. It also provides an opportunity for the trainee to explain the decision and justify their actions taken.

The process is trainee-led and takes about 15–20 minutes, followed by 5–10 minutes' feedback (approximately 30 minutes in total).

It enables an assessor to provide systematic assessment and structured feedback to the trainee.

The domains of assessment would include:

- Clinical record keeping
- Clinical assessment including diagnostic skills

- Risk assessment and management
- Medical treatment
- Investigation and referral
- Follow-up and care planning
- Professionalism
- Clinical reasoning (includes decision making skills)
- Overall clinical care.

Case presentation (CP)

The case presentation assessment assesses the trainee's participation in the overall clinical management of the patient as well as their presentation skills.

The domains of assessment would include:

- Assessment and clinical examination
- Interpretation of clinical evidence
- Use of investigations
- Presentation and delivery
- Global rating.

There should be at least 5 minutes of feedback from the assessor at the completion of the presentation.

ST4, ST5 and ST6 continue this development, extending into the trainee's specialist areas of psychiatry. It is also an attempt to assess activities such as grand rounds in a structured way as part of competency assessment.

Direct observation of procedural skills (DOPS)

Although DOPS has more limited use in psychiatry compared with other areas of medicine, it can be used in situations such as administering electroconvulsive therapy (ECT) or conducting a risk assessment in a patient who has recently taken an overdose. It not only assesses practical skills but also assesses important communication skills.

The assessment should normally take 10–15 minutes with the assessor giving immediate feedback to the trainee, which takes about 5 minutes.

The domains of assessment would include:

- Understanding of indications, relevant anatomy, technique of procedure
- Obtaining informed consent
- Appropriate pre-procedure preparation
- Appropriate analgesia or safe sedation
- Technical ability

- Aseptic technique
- Seeking help where appropriate
- Post-procedure management
- Communication skills
- Consideration of patient/professionalism
- Overall ability to perform procedure.

> DOPS: 'Its application in psychiatry will be further developed and it also might be necessary to modify the assessment form to make it more widely applicable to psychiatry and it might also be necessary to define "procedures" relevant to the speciality of psychiatry more carefully to avoid significant overlap in the purpose of the various assessment tools.'
>
> (Bhugra et al, 2007)

2

History taking and mental state examination

How to take a history

- The history taking should begin with a courteous introduction and explanation of the interview, and any patient questions and concerns should be addressed first.
- Don't be hurried; act naturally, and be genuine, polite and professional with the patient.
- Be respectful and empathetic with the patient.
- Do not disagree with improbable assertions, such as delusional ideas or other psychotic phenomena, but avoid debating them.
- Do not focus too much on irrelevances, but try to redirect the flow of conversation and tailor the interview accordingly.
- Keep safety issues in mind throughout the assessment.
- The closure of the interview should be generally supportive and should include thanking the patient and providing an opportunity for the patient to ask questions or add any other information that is significant to the case.
- There are different schools of thought regarding the subheadings of a history, but the following format is usually accepted by most assessors/trainers:
  - Demographic details
  - Reason for referral
  - Chief complaints
  - History of presenting complaints
  - Past psychiatric history
  - Past medical history
  - Current medications
  - Family history
  - Personal history
  - Current social circumstances (social history)
  - Drug and alcohol history
  - Forensic history

- Premorbid personality
- Mental state examination.

Demographic data

- Name
- Age
- Sex
- Marital status
- Employment status
- Occupation
- Date of admission (if applicable)
- Legal status (if applicable).

Reason for referral

- How did you come into the hospital?
- Who referred you?
- When were you referred?
- Why were you referred?
- Did you come of your own free will or were you forced to come?

Chief complaints

Establish exactly why the patient came to see the psychiatrist, preferably using the patient's own words.

- What are your main problems or your main concerns?
- Specifically try to identify:
  - What is the nature of the problem?
  - Why and how has the individual presented this time?
  - What events led up to this presentation?

History of presenting complaints

- Identify specific symptoms that are present and their duration:
  - *Chronological order:* Which symptom started first?
  - *Onset and duration:* How did it start? Was it slowly, gradually, rapidly or suddenly? When did you last feel well?
  - *Course:* Did it get better, worse, remain the same, or was it up and down?

- Impairment in *normal functioning* (domestic, social and occupational functioning) – the impact of symptoms on patient, family, work and social life:
  - I would like to know how your problems have been affecting you, your family and your social life.
  - How does it interfere with your normal life and activities?
- *Recent stressors*/stressful life events: note the time relationship between the onset of the current symptoms and the presence of social stressors/ stressful life events.
- Disturbance in *biological* symptoms:
  - Sleep
  - Appetite
  - Libido
  - Weight.
- Also obtain information about any treatments for the problem and the individual's response to treatment.

Screening questions: direct questioning

Start with open questions and then proceed to closed questions; and screen them for different types of symptoms. (The questions to be asked under each category are discussed in detail in Chapter 9.)

Past psychiatric history

- Have you ever had problems with your mental health/nerves/depression?
- Have you ever seen a psychiatrist before?
- Have you ever been admitted to a psychiatric hospital?
  - If so, ask about previous psychiatric episodes – the symptoms, complaints, precipitants, where they were seen, by whom and the diagnosis, if known.
- What treatments have you had before and what was the response?
  - Type of treatment – inpatient/outpatient, informal/detention.
- Has there ever been a time when you felt completely well?
- Also ask about inter-episode functioning (psychiatric state between episodes – whether completely well or maintained on treatment).
- Have you ever attempted to harm yourself in the past? History of overdoses, deliberate self harm (DSH) or attempted suicide.

Past medical history

- Do you have any problems with your physical health?
- What about in the past? Any medical illnesses?
- Have you ever had any operations or been in the hospital?
- Have you ever had any accidents, head injury or loss of consciousness?

Current medications

- What medications do you take regularly?
- What medications have you had in the past?
- Are you allergic to any medications?

Family history

'Now, I would like to ask you a few questions about yourself and your background.'

Enquire about parents, siblings, grandparents, cousins, and adoptive/foster/step-parents:

- Tell me about your parents. Your mum and dad ...
  - How old are they?
  - What did your parents work at?
  - How did you get along with your parents?
  - How did your parents get along together?
- Do you have any brothers or sisters? Tell me about them.
- As far as you know, has anyone in your family or blood relatives ever had problems with their mental health?

Also, ask for history of suicides/alcoholism/epilepsy in the family.

Personal history

'I would like to talk now about your childhood, education and adolescence.'

Childhood

- Where were you born?
- Where were you brought up? And by whom?
- As far as you know was your mother's pregnancy normal?
- Was it a normal delivery?