Committee for Examinations
Objective Structured Clinical Examination
Station 9
Sydney April 2018

The Royal Australian & New Zealand College of Psychiatrists

The Royal Australian & New Zealand College of Psychiatrists

1.0 Descriptive summary of station:

This is a station that tests a candidate's ability to manage a difficult interview with a young man, Jesse James, who has been admitted with a relapse of psychosis in the context of substance use. The patient wants to go home but it is not safe for him to do so.

1.1 The main assessment aims are to:

- Display confidence in speaking with an emotionally dysregulated patient by demonstrating the ability to effectively assess Jesse James, and manage the situation by attempting to de-escalate him.
- Manage a difficult interview and decline the request of an agitated man who wants to go home.
- Explain the short-term management of acute distress, anticipate problems that may arise, and provide advice how to manage the situation over the next 24 hours of on-call accordingly.

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

- Focus on the assessment of symptoms of psychosis.
- Clearly state that it is not safe for Jesse James to go home, and their reasoning behind this.
- Discuss pros and cons of prescribing regular antipsychotics.
- Highlight the importance of supporting nursing staff having to manage the behaviour.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Psychotic Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator, Collaborator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – data gathering content; Management – Initial plan), Communicator (Conflict management); Collaborator (Teamwork – treatment planning).

References:

- Mavrogiorgou, P., Brune, M. and Juckel, G. The management of psychiatric emergencies, Deutsches Arzteblatt International 2011; 108 (13) 222-30.
- Newman, M. and Ravindranath D. Managing a psychiatric emergency, Psychiatric Times July 9th 2010.
- Mantovani, C. et al. Managing agitated or aggressive patients. Revista Brasileira de Psiquiatria. 2010; 32 (Suppl II) 96-103.

1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiners x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: young male in his early 20s, physically fit, irritable edge.
- 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.

It is Saturday, and you are working as the on-call junior consultant psychiatrist in the local inpatient mental health unit.

Jesse James, aged 19, was admitted last night with a relapse of a drug induced psychosis after being arrested trying to pick a fight with two bouncers of a local night club. He believes he is the reincarnation of Bruce Lee, and needs to prove his reincarnation to Connor McGregor, a Mixed Martial Arts fighter. Since admission Jesse James has been irritable, not slept, and has spent his time pacing around and wanting to go home.

He has been demanding to be discharged, and has been told that he needs to speak to you first.

Your tasks are to:

- Undertake a brief assessment of Jesse James.
- Manage the situation including responding to Jesse about his demands to go home.
- Explain your immediate pharmacological and non-pharmacological strategies to manage acute distress **to the examiner.**
- Outline your weekend management plan (including the role of other staff) for Jesse James **to the examiner**.

If you have not commenced, you will be given a time prompt to present the third and fourth task to the examiner at **five (5) minutes**.

Station 9 - 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'.
  - Pens.
  - Water and tissues (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 of the scripted prompt you are to give at **five (5) 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 **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 <u>final task</u>:

- You are to state the following:

  'Are you satisfied you have completed the task(s)?
  If so, you <u>must</u> remain in the room and <u>NOT</u> 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.

There is no opening statement.

The role player opens with the following statement:

'About effing time…… I want to go home…….'

If the candidate has NOT commenced the third and fourth task at **five (5) minutes** you are to give a time prompt. This is your specific prompt:

'Please proceed to the third and fourth task.'

3.2 Background information for examiners

In this station the candidate is expected to engage a young man presenting with psychosis in the context of substance use. The patient has required admission and is angry about being detained. The candidate is to manage problems as they arise, and then outline an initial management plan to the examiner.

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

- Focus on the assessment of symptoms of psychosis.
- Clearly state that it is not safe for Jesse James to go home and their reasoning behind this.
- Discuss pros and cons of prescribing regular antipsychotics.
- Highlight the importance of supporting nursing staff having to manage the behaviour.

A surpassing candidate will be able to successfully defuse the situation to the extent that Jesse James quickly calms down, and develops some level of rapport with the candidate.

<u>Basic Aspects in the Management of Psychiatric Emergencies</u>

Acutely mentally ill individuals often have limited insight into their illness and limited ability to cooperate with their treatment, and this needs to be taken into account when speaking with them and managing any emergency situation.

In the initial evaluation, the clinician has two essential responsibilities during a psychiatric emergency:

- to maintain the physical safety of everyone involved and
- to assess the patient's mental status to determine the subsequent care of that patient.

The appropriate action to maintain the safety of staff and other patients varies with the situation. A severely depressed or quietly delirious patient can be directed to a private room for further evaluation and management. On the other hand, a psychotic or otherwise agitated patient is unpredictable and potentially dangerous to others if cornered.

Initial assessment should focus on factors that can elevate the patient's risk of intentional or unintentional danger. In addition to assertions of suicidal or homicidal ideation, notable risk factors for imminent danger include evidence of intoxication, expressions of hopelessness, irritable affect, thought disorganisation, dishevelled appearance, and psychomotor agitation.

In an emergency situation, the clinician must talk with the patient but take the history more rapidly and in more structured fashion than in a non-emergency psychiatric or medical interview, both because of the intensity of the patient's state and because of the possible danger to the patient or others. Along with noting the patient's main subjective complaints, the clinician must observe the patient's behaviour closely while examining them, paying attention to spontaneous movements and any signs of psychomotor agitation, tension, or impulsiveness.

Laying down clear structures, including telling the patient what type of behaviour is expected of them, is a more sensible and probably more successful approach than simply applying restrictive measures without any critical thought behind them. Firmness, goal-orientation, rationality, and empathy are very important when one is dealing with acutely mentally ill individuals, and this basic attitude should be communicated to the patient both verbally and non-verbally through the examiner's behaviour. The establishment of a personal approach to a highly excited patient, or to a fearful and suicidal one, through a friendly, empathetic, respectful, and understanding attitude is a vital component of the initial treatment and opens the way to the therapeutic steps that will be taken afterward.

Therapeutic measures

The main objective in treating acute states of excitation and agitation is to keep the patient from inflicting harm on themselves and others. This is generally accomplished with pharmacotherapy (most often by sedation), which must not, however, be allowed to stand in the way of a further differential-diagnostic evaluation. 'Talking down' is often successful: this is the attempt to calm the patient verbally by speaking with him or her in a friendly way, in an even tone, and maintaining conversational contact.

An excited state may wear off over a short period of time only to come back rapidly and become even more severe than before ('the calm before the storm'), giving a misleading picture of the actual danger. One should, therefore, always try to have trained staff in the room during the initial contact with an aggressive, tense patient. Dealing with the patient too forcefully may only increase their aggressiveness, and a clinician should beware of overestimating oneself, as patients in excited states can muster great strength. In such cases, the examiner's first duty is to see to their own safety.

A range of substance induced disorders can present with highly excited states, both during intoxication or withdrawal. 'Drug induced psychosis' is considered only when the psychotic symptoms are above and beyond what would be expected during intoxication or withdrawal, and when the psychotic symptoms are severe.

Most substance-induced symptoms are considered to be short lived, and to resolve with sustained abstinence along with other symptoms of substance intoxication and withdrawal. These kinds of guidelines are challenged by practical difficulties in distinguishing between substance-induced and independent psychiatric disorders (psychoses).

One of the most common challenges for psychiatric diagnosis is posed by patients who experience the onset of psychotic symptoms during episodes of current or recent psychoactive substance use. There is a particularly high association between bipolar disorder or schizophrenia, and substance use disorders.

Agitated states in patients taking stimulants and hallucinogenic drugs are best treated with benzodiazepines or antipsychotics. These treatments can be seen to be of short term value while central emphasis is placed on addressing the substance use issues.

In agitation due to withdrawal of alcohol, opioids, or sleeping medication, benzodiazepines are the medication of first choice to prevent delirium, or to treat delirium that is already present. Clonidine or a beta-blocker could be added to treat any accompanying autonomic manifestations, while an antipsychotic may be added to treat psychosis.

When taking patients off benzodiazepines, one should take care not to lower the dose too quickly. Psychomotor excitement with aggressive behaviour as a component of schizophrenic psychosis, a problem often necessitating police intervention can be treated effectively with antipsychotic drugs.

Psychomotor excitement and agitation are also typical features of agitated depression, although, in this situation, the depressive mood is usually obvious, pointing the way to the correct diagnosis. In agitated depression, as in other types of depression, antidepressants take effect only after a delay; thus, a benzodiazepine or low-potency antipsychotic drug should be commenced, to provide immediate relief.

Excited states caused by panic attacks are best treated with benzodiazepines, if pharmacotherapy is the treatment chosen. States of excitement and agitation can be seen in acute stress reactions, too, or as a manifestation of diseases from the anxiety disorder spectrum; benzodiazepines are indicated in such cases as well, but they should be replaced as soon as possible with targeted psychotherapy because of the potential for abuse.

It should not be forgotten that a state of agitation can also be caused by antipsychotic or other dopaminergic medication, e.g., by metoclopramide. This type of agitation, called akathisia, is characterised by restless movements of (mainly) the legs when the patient either sits or stands, often accompanied by a distressing feeling of unrest.

If akathisia is misinterpreted as a psychotic manifestation, a vicious circle can arise in which akathisia leads to an increase in the antipsychotic dose, leading to yet more akathisia. The first-line treatment of acute akathisia is with anticholinergic drugs, benzodiazepines, amitriptyline, or the beta-blocker propranolol. Moreover, the antipsychotic drug that induced akathisia should be changed, or its dose lowered.

Many services have guidelines on the management of acute behavioural disturbance or rapid neuroleptisation. Donlon et al (1979) defined rapid neuroleptisation as a 'method of administering repeated doses of neuroleptic medication under close clinical supervision that provides rapid control of acute functional psychotic symptoms'.

Non-pharmacological strategies for the management of acute agitation include verbal de-escalation strategies (speaking in a calm manner and adopting a non-threatening body posture) as well as management of the physical environment so that the availability of weapons is minimised and there is plenty of space. Ensuring that any potential aggravating people are kept away and primary interaction between patient and clinician is kept to as few people as possible.

From an organisational perspective, ensuring that front line staffs are trained and comfortable with a variety of de-escalation techniques as well-being competent in safe restraint techniques is of utmost importance. Close communication links with security staff and the police are also necessary in case initial attempts at safe management of the situation are unsuccessful.

3.3 The Standard Required

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 Jesse James, a 19-year-old man who has been admitted to an acute psychiatric ward.

Your religious, racial and cultural affiliations are generic for the Australasian community.

Last night you were out on the town and were offered some methamphetamine by your friends as they think you are entertaining when under the influence of the drug, and you have to admit you enjoy using it. But this frequently ends up with you being arrested for violent behaviour or being admitted to the local psychiatric unit.

On this occasion after smoking methamphetamine you suddenly realised that you are the reincarnation of Bruce Lee and began to pick a fight with the two bouncers of the nightclub you were at. Eventually the police were called who took you to the cells. You have been told that whilst in the cells you were noticed to be talking to yourself. You were stating that you needed to prove yourself to the fighter Connor McGregor in order to become a MMA (Mixed Martial Arts) fighter. That's when they brought you to hospital.

Currently you feel '*on top of the world'* and have beliefs that you are an accomplished MMA fighter. Although you have never done any martial arts you have been in a number of fights especially when you are under the influence of methamphetamine. These beliefs are false but are fixed when you are intoxicated (these are called delusions).

When asked if you have done any martial arts reply in the negative '*but I have watched every Connor McGregor fight, and I know his moves'* through the shows you have watched.

You have a history of getting into fights and are not afraid to take on people who are bigger than you.

Every now and again during the interview you take clearly audible deep breaths and stare intently at the candidate. If they ask you what you are doing reply '*I am sizing you up*'.

<u>Different symptoms:</u>

If you are asked direct questions about:
Depressed mood, empty or hopeless feelings, losing interest and pleasure, problems with eating, sleeping or past attempts to kill yourself - answer quickly and definitely in the negative.

Euphoria, excessive energy / talking / plans / activity or decreased sleep – answer in that you feel '*on top of the world'* and don't need sleep as you need to train for your next fight.

Whether people are out to get you (paranoia) or similar - reply in the negative but instead offer that people are scared of you.

Worries / fears – reply in the negative.

Hearing voices that others can't, or feeling watched / followed / commented upon - answer that you feel Connor McGregor is watching you and you can hear him giving you tips. If asked for examples say that you can hear Connor telling you to '*fight those losers'* and '*show them who is boss'.*

Alcohol / drug use - you do not drink alcohol. You habitually smoke cannabis daily – about 6 cones and use methamphetamine at weekends with your friends - smoking '*a point'* most Fridays after work. You have been doing this since you started at the car workshop, one of your customers supplies you with both cannabis and methamphetamine in exchange for some '*under the counter work'* you do for them. This is generally clocking speedometers and doing some work on stolen cars ready for sale.

<u>History:</u>

Medical History – You were knocked unconscious once 6 months ago after a fight in town, comment*: 'but show me a fighter who has not been knocked sparko*'. You have no other medical problems, comment: '*they wouldn't let me into the ring if I did*'.

Psychiatric History – You have presented to the emergency department on one or two occasions before when intoxicated on methamphetamine. One Saturday night they admitted you into a '*mental ward*' but they discharged you on the Monday morning.

Forensic History - You have a history of minor offending - speeding and parking offences. Despite being involved in numerous fights (at the weekends when under the influence of methamphetamine) you have never been charged. You have no weapons offences and you do not own any weapons.

Personal History - You work at a car workshop in Blacktown, for a boss whom you know accepts a lot of '*under the table work'*. This has given you confidence in dealing with rough characters and you are not afraid to associate with criminals. The methamphetamine exaggerates some of the character traits that are useful in your workplace (overconfidence and being cocky and bragging at the expense of your co-workers).

You have contact with your parents and sister regularly, they live in the same suburb as you and your father works in the same car workshop (and is your role model), your mother is a stay at home mother to raise you and your sister. Your sister, Julie, is 17 and still at school.

You completed school but did not do well in exams. The car workshop took you on 2 years ago after you left school as a favour to your father. You are currently living with 3 male friends, all similar backgrounds and all in similar manual jobs. Your friends use drugs in a similar social manner to you.

4.2 How to play the role:

The aim of this station is to determine the candidate's ability to calm a hostile situation, engage with a patient showing difficult behaviour and to diffuse the situation. After approximately 2 minutes of the interview, if the candidate has established a good relationship with you, you can begin to warm to them, if they have not you can continue to reply in yes / no format.

You are casually dressed.

It is important to give the impression of agitation and hostility to the interview process, at least for the first part of this scenario. This should be done by being physically restless – initially refusing to sit, getting up and pacing around every few minutes, clenching and unclenching fists, refusing to look at the candidate or 'eye-balling' them.

If the candidate handles the situation in a calm, respectful and firm manner you should become less agitated but remain somewhat irritated and uncooperative until the end.

You are NOT to be openly aggressive towards the candidate. Do not go so far as to stand over the candidate or look like you are going to walk out. It is important not to say anything personally threatening to the candidate. You must be consistently irritable so that candidates have the opportunity to demonstrate their capacity to deal with this.

You must answer any direct questions accurately but do not volunteer more. Answer their questions but do not give additional history too spontaneously.

4.3 Opening statement:

When the candidate enters the room you are pacing around and clearly do not want to be there. As soon as the candidate enters the room state:

'About effing time…….I want to go home…….'

4.4 What to expect from the candidate:

Expect an introduction and the candidate's need to complete a sufficiently comprehensive psychiatric assessment in order to determine if you need treatment. So expect questions about psychotic symptoms as described above (auditory hallucinations, delusions, difficulty with thoughts), and questions about your mood (and in particular elevated mood).

Expect questions about your drug use (and probable focus on methamphetamine).

Expect the candidate to be nervous. Stronger candidates will try to be non-threatening, and seem open to your point of view and not be intimidated by you. They will aim to be respectful of you and ask you to sit down and if so, follow their request but continue to remain hostile in manner. If they do not ask you to sit down, continue to do short karate type movements with some Bruce Lee 'hiya's' before sitting back down.

Stronger candidates will use your name a lot in order to build rapport. They may also explain how your actions appear confronting. In both cases these actions will help defuse some of the tension you are feeling, and you will respond positively.

4.5 Responses you MUST make:

You must initially punctuate the interview with phrases:

'I hear you Connor.'

'Yeah I know I can take him.'

'I am sizing you up.'

4.6 Responses you MIGHT make:

If asked if you have done any martial arts reply in the negative:
Scripted Response: '***But I have watched every Connor McGregor fight, and I know his moves.'***

If asked if you are feeling suicidal:
Scripted Response: '***Of course I am not suicidal!***'

If asked orientation questions, give the whole answer quickly and scornfully:
Scripted Response: '***It's Saturday, 14th April, 2018 and I'm with some jerk of a doctor at the hospital!'***

Words such as '***naf'*** and '***bloody***' could be substituted for real swear words to give a more realistic impression of belligerence.

4.7 Medication and dosage that you need to remember:

You do not know the names of any medications the hospital is giving you.

STATION 9 – MARKING DOMAINS

The main assessment aims are:

- Display confidence in speaking with an emotionally dysregulated patient by demonstrating the ability to effectively assess Jesse James and manage the situation by attempting to de-escalate him.
- Manage a difficult interview and decline the request of an agitated man who wants to go home.
- Explain the short-term management of acute distress and anticipate problems that may arise and provide advice how to manage the situation over the next 24 hours of on-call accordingly.

Level of Observed Competence:

1.0 MEDICAL EXPERT

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

Surpasses the Standard (scores 5) if:
clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication.

Achieves the Standard by:
demonstrating use of a tailored biopsychosocial approach; obtaining a history relevant to the patient's problems and circumstances with appropriate depth and breadth; focussing on illicit substance use; eliciting the pre-contemplative nature of his substance use; demonstrating ability to prioritise; eliciting the key issues; completing a risk assessment relevant to the individual case; demonstrating psychotic and other phenomenology; clarifying important positive and negative features; assessing for typical and atypical features.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Focus on the assessment of symptoms of psychosis.

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:
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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

2.0 COMMUNICATOR

2.3 Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:
efficiently de-escalates the situation; positively promotes safety for all involved; demonstrates sophisticated reflective listening skills.

Achieves the Standard by:
approaching challenging communications by verbally de-escalating the patient; competently applying a range of non-verbal de-escalation strategies (e.g. calm voice, non-threatening body posture); listening to differing views; effectively managing the psychiatric emergency with due regard for safety and risk.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Clearly state that it is not safe for Jesse James to go home and their reasoning behind this.

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:
any errors or omissions impair attainment of positive outcomes; inadequate ability to reduce conflict.

2.3. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.0 MEDICAL EXPERT

1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:
provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan.

Achieves the Standard by:
demonstrating the ability to prioritise and implement acute interventions; elaborating on appropriate pharmacological and non-pharmacological strategies; planning for risk management; selecting level of observation in treatment environment; engaging safely and skilfully appropriate resources; outlining safe, realistic time frames to review plan; communicating to necessary others; recognising their role in effective treatment; outlining expectations for escalation to them over the weekend; identifying potential barriers.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Discuss pros and cons of prescribing regular antipsychotics.

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 will impact adversely on patient care; plan lacks structure or is inaccurate; plan not tailored to patient's immediate needs or circumstances.

1.13. Category: MANAGEMENT - Initial Plan	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

3.0 COLLABORATOR

3.2 Did the candidate appropriately outline the roles of other team members in the management plan? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:
takes a leadership role in treatment planning; effectively negotiates complex aspects of care; works to reduce conflict.

Achieves the Standard by:
taking appropriate and effective leadership to ensure positive patient outcomes; identifying what they would communicate to involve others regarding proposed plans; suitably outlining handover processes to other health professionals; dealing effectively with potential disagreement; specifying observations and any investigations; explaining the need for regular communication between medical and nursing staff over the duration of their on-call; acknowledging that the nursing staff play a significant role in safe management of the situation.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Highlight the importance of supporting nursing staff having to manage the behaviour.

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 the finalised plan.

3.2. Category: TEAMWORK – Treatment Planning	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

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**