Committee for Examinations
Objective Structured Clinical Examination

Station 1
Brisbane September 2016

1.0 Descriptive summary of station:

In this station the candidate is working in general adult psychiatry and has been asked to assess a 34-year-old man in the Emergency Department (ED). A relative had brought John, an Aboriginal man, to the ED because he threatened suicide in the context of alcohol intoxication. The candidate is to develop rapport with this Indigenous man, who is a lawyer, and is intellectually, academically and professionally similar to himself or herself, and who is able to move effectively within both world views - that of the Indigenous and Western worlds.

1.1 The main assessment aims are:

- To demonstrate the capacity to engage an Indigenous patient, to put him at ease, display respect and an understanding of cultural differences.
- To take a history that encompasses the cultural aspects of the presentation and present the formulation to the examiner.

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

- Effectively engage an Indigenous patient.
- Elicit that the suicidal gesture was impulsive and confirm that there is no underlying mood disorder requiring treatment.
- Identify that the patient is willing to make changes to his drinking.
- Explore the cultural context of this man within the presentation and incorporate it into the formulation.
- Elicit the link between John's commitment to community work and its impact on personal relationships.
- Arrive at the conclusion this patient is comfortable moving within both Western and Indigenous cultures.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Other Skills (Indigenous), Substance Use Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Process; Data Gathering Content; Formulation), Communicator (Patient Communication – To Patient, Cultural Diversity)

References:

Aboriginal and Torres Strait Islander References:

- Ungunmerr-Baumann, Miriam-Rose, *Dadirri Inner Deep Listening.* 2002 Emmaus Productions
- Balaratnasingan, S. Anderson, L. Janca, A. Lee, J. *Towards culturally appropriate assessment of Aboriginal and Torres Strait Islander social and emotional wellbeing.* Australasian Psychiatry. October 2015.
- Gee, G. Dudgeon, P. Schultz, C. Hart, A. Kelly, K. (2014) *Aboriginal and Torres Strait Islander Social and Emotional Wellbeing.* In: Dudgeon, P. Milroy, H. and Walker, R. (eds.) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Commonwealth of Australia, 2014. p. 55-68.

Māori References:

- Medical Council of New Zealand. *Statement on cultural competence.* 10 August 2006.
- Durie, MH, Kingi, TKR. *A Framework for measuring Māori mental health outcomes*. 1997, Te Pūmanawa Hauora, Department of Māori Studies, Massey University, Wellington.
- The National Centre of Mental Health Research, Information and Workforce Development. *He rongoākei te korero. Talking therapies for Māori: Wise practice guide for mental health and addiction services.* Auckland: Te Pou o Te Whakaaro Nui. October 2010.

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Cultural Assessment and Formulation:

- Edited by R. Lewis-Fernández, N.K. Aggarwal, L. Hinton, D.E. Hinton, L.J. Kirmayer. *DSM-5® Handbook on the Cultural Formulation Interview*. APA Publishing.
- Mental Health Commission. *Cultural Assessment Processes for Māori: Guidance for Mainstream Mental Health Services.* September 2001. New Zealand.
- Sheldon, M, (2010) *Reviewing psychiatric assessment remote aboriginal communities.* In: Purdie, N. Dudgeon, P. and Walker, R. (eds.) Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Commonwealth of Australia, 2010. p. 211-222.
- E-Learning Aboriginal and Torres Strait Islander mental health.

  https://www.ranzcp.org/Publications/E-learning.aspx#ATSIMH

Suicide Statistics:

- National Centre of Mental Health Research, Information and Workforce Development. *He rongoākei te korero. Talking therapies for Māori: Wise practice guide for mental health and addiction services.* Auckland: Te Pou o Te Whakaaro Nui. October 2010.
- Commonwealth of Australia. *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*. 2013.
- De Leo, D., J. Sveticic and A. Milner (2011) 'Suicide in Indigenous People in Queensland, Australia: Trends and Methods, 1994–2007', Australian and New Zealand Journal of Psychiatry 45(7): 532-8.

1.4 Station Requirements:

- Standard consulting room; a bed required.
- Five chairs (examiners x 2, roleplayer x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player – Aboriginal man in late 20s/early 30s, dressed in crumpled clothing.
- Pen for candidate.
- Timer and batteries for examiners.

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2.0 Instructions to Candidate

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

You are working as a junior consultant in general adult psychiatry and have been asked to see a man in the Emergency Department (ED). John is a 34-year-old Aboriginal man, who was brought to the ED last night by a relative after having threatened suicide at a family gathering. He was intoxicated at the time and had started thinking about his recently failed relationship.

From John's file you see that he presented 2 years ago in similar circumstances after his marriage to the mother of his children ended. He currently is employed by Legal Aid in Cairns as one of their lawyers, and has a busy role to which he is very committed.

Your tasks are to:

- Take a history from John and the background that led to his presentation to the Emergency Department.
- Present your formulation incorporating in relevant depth important cultural findings **to the examiners.**

You will receive a time prompt at eleven (11) minutes if you have not started presenting your findings to the examiners.

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Station 1 - 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:
  - o A copy of 'Instructions to Candidate' and any other candidate material specific to the station e.g. investigation results.
  - o Pens.
  - o 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.
- 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'.
- TAKE NOTE of the cue/time for the scripted prompt you are to give at **eleven (11) minutes** and say:

  '*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 **<u>one</u>** 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 tasks?

  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).

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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 other scripted introduction or specific prompts.

The role player opens with the following statement:

'***Hi doc. Look I'm feeling calmer; I want to go home.***'

There is a scripted prompt at **eleven (11) minutes** if the candidate has **not** commenced the second task. Please say:

'Please proceed to the second task.'

3.2 Background information for examiners

Cultural Station:

The aim of this cultural station is to assess the interface between mental illness and culture, specifically the Indigenous cultures of Australia and New Zealand. The candidate is expected to demonstrate the skill of working with a patient in a culturally sensitive manner and consider the impact of culture on the patient's presentation. The candidate will present a formulation to the examiner demonstrating their ability to incorporate the cultural findings in their understanding of the case.

This long station uses an impulsive suicide attempt in the context of alcohol intoxication, as a platform to explore the broader complex nature of culture, in the presentation of mental illness. The station works on the premise of an Indigenous patient, in an Adult Psychiatry Area of Practice covering the fellowship competencies and learning outcomes of Medical Expert and Communicator.

The station is most concerned with the capacities of engagement and assessment. In respect of this, the Medical Expert examines the candidate's ability to perform a comprehensive, culturally appropriate psychiatric assessment, report a mental state examination and risk assessment, integrating all available information to accurately formulate this man's condition.

The Communicator examines the candidate's ability to listen to this Indigenous man's story and examines the candidate's interpersonal skills in effectively communicating with him. Specifically, this is in the context of an Indigenous man who has negotiated the western world paradigms working as a lawyer. This is a man who is active in his Aboriginal world, is aware of his people's history, with a strong connection to Country. He is remorseful and ashamed of his behaviour. He requests to be discharged into the care of his family.

In order to 'Achieve' in this station the candidate **<u>must</u>** demonstrate that they are able to:

- Effectively engage an Indigenous patient.
- Elicit that the suicidal gesture was impulsive and confirm that there is no underlying mood disorder requiring treatment.
- Identify that the patient is willing to make changes to his drinking.
- Explore the cultural context of this man within the presentation and incorporate it into the formulation.
- Elicit the link between John's commitment to community work and its impact on personal relationships.
- Arrive at the conclusion that this patient is comfortable with moving within both Western and Indigenous cultures.

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Outline for Indigenous cultural cases:

As part of the examination process across the two countries the Royal Australian and New Zealand College of Psychiatrists is able to assess the candidate's competency in engaging, interviewing and managing people of Indigenous culture. There are three Indigenous nations to consider who in themselves are complex from the perspective of cultural, biological, psychological, social, spiritual and religious parameters: the Nations are Aboriginal and Torres Strait Islander (ATSI) peoples and Māori peoples.

To examine culture is complicated, but there are some issues that could be seen to overlap between Aboriginal and Torres Strait Islander (ATSI) and Māori cultures, and could be used as contexts to examine candidates. Such contexts for example could be health (wellbeing and illness) or social determinants of wellbeing (access to Country, lands, waterways, cultural sites, rituals, histories, ancestral beliefs, and restoration of the negative impacts of colonisation, etc.). The main focus of this question is interview approach. A successful approach allows for an easing into the interview, this takes time, and therefore this cultural station is a long station in the OSCE.

The Indigenous nations of the two countries have different histories so cannot be conceptualised as the same. A useful consideration to keep in mind is the period of first contact with outside forces. The Aboriginal and Torres Strait Islander people who are an ancient people with histories dating back over 60,000 years, at first contact were highly sophisticated hunter gatherers and seafarers, so there was no impetus to macro-psychological change, as their lifestyle was effective. Māori histories in New Zealand date 1000 to 2000 years, and were agricultural and hunter-gatherer with a history of seafaring across the Pacific Ocean from an older period. Again there was no impetus to macro-psychological change. At first contact in the late 1770's England was in the industrial revolution with a drive to move their convicts offshore, as North America forcefully refused to accept them. As part of England's political expansionistic policies they not only sought territory but also somewhere to send their convicts. The impact of first contact on the Indigenous nations of both countries with England was catastrophic. There were extermination and assimilation policies, with little regard for the longevity of Indigenous nations, and expectation they would die out. However, this has not occurred but there remains deprivation of resource and equality. Some have been able to assimilate at the cost of cultural identity. Some have been able to build cultural identity and fluency in the western world, to build resilience. Colonisation continues to be less than kind to the Indigenous nations.

Of key importance in the Indigenous cultural station is the expectation candidates can maintain the patient's dignity and demonstrate respect, humility, and awareness of culture. The candidate should have some general awareness of the cultural issues relevant to Australia and New Zealand. Candidates need to demonstrate a willingness to listen to the story, modify their interview style depending on the way the patient presents, cope with uncertainty, and manage the differences between the candidate and the patient that may be significant.

As with all people, a further complexity is that not all Aboriginal & Torres Strait Islanders peoples or Māori peoples are the same; their cultural understandings differ depending on their connection to culture and its cultural norms, their life experiences, and impact of assimilation due to ongoing colonisation.

Specific cultural aspects of this station:

John's father's father was a *Kanaka* and subject to *Blackbirding*. Blackbirding is described as the coercion of people through trickery and kidnapping to work as labourers. In the 1870s, the blackbirding trade focussed on supplying cheap labour from the Indigenous populations of northern Queensland and neighbouring Pacific Islands to plantations, initially cotton then particularly sugar cane, in Queensland and Fiji. The first documented practice of a major blackbirding industry for sugar cane labourers occurred between 1842 and 1904. Some historians liken blackbirding to the generally coercive recruitment methods once employed for press-gangs by the Royal Navy in England.

South Pacific islanders employed (coerced/kidnapped) in Queensland, on sugar plantations, cattle stations or as servants in towns were known collectively as *Kanakas* (Hawaiian for 'Person' or 'Man'). By 1900 more than 60,000 Islanders had been recruited in this manner. Because of the continuing heavy demand for labour in Queensland, despite attempts to stop blackbirding, the practice continued to flourish through the late 1800's. It eventually came to an end in 1904 as a result of a law, enacted in 1901 by the Australian Commonwealth. This law called for the deportation of all Island Kanakas after 1906.

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The man in this station was born in Yarrabah, which is an Aboriginal community situated approximately 53 kilometres north from Cairns on Cape Grafton. It is much closer by direct-line distance but is separated from Cairns by the Murray Prior Range and an inlet of the Coral Sea. At the 2006 census, Yarrabah had a population of 2,371. The Gunggandji people originally inhabited the Yarrabah area.

The summary of John is that he is an initiated Gunggandji man from Yarrabah and then the family moved to Cairns. He has strong cultural and spiritual beliefs, and was raised in culture and language.

His personal history forms the basis of the cultural understandings of this man. Who he is and who his family are and their history are important to him.

John works hard as a lawyer, working for his people and his Country and has been visiting family in Brisbane.

John is feeling shame for being brought to ED by his brother-cousin from his Uncle’s home. His impulsive suicide attempt was in the context of being intoxicated; on a background of a previous attempt two years ago under similar circumstances.

He typically avoids alcohol due to the effect it has on his mood when he drinks to excess.

John has a good relationship with his ex-wife and five children; and had recent contact with his ex-girlfriend.

John has no other symptoms of a major mental illness, including no symptoms of depression or significant grief issues and no current thoughts of harm to himself or others.

Exploring the family and personal history in relevant depth will enable development of a good understanding of this Indigenous man:

- To consider the current stressors this man is under that have resulted in his presentation
- To consider the biological, psychological, social, cultural and spiritual vulnerabilities and strengths
- To consider his current circumstances being a lawyer and a cultural man allows him to move with some ease in both worlds, he has validity in both worlds and is thus subject to the stresses and strains; highs and lows of both worlds.

ASSESSMENT AIMS:

A. **Rapport and approach:**

This man wants to be discharged to the care of his family now that he is no longer intoxicated. The candidate’s role is to listen to this man’s story and seek clarity regarding the suicidal risk, any triggers, and his connection to family and culture as a way to determine if he can be discharged safely into the care of his family. This is achieved by developing good rapport. It is helped by the fact that this man is academically and professionally similar to the candidate.

Often times Indigenous interviews need an approach different from non-Indigenous/western medical settings, especially when explaining roles. From a cultural perspective a candidate may be expected to give brief personal information about themselves enabling development of the cultural norms of connection, thereby validating the candidate’s ability to ask very personal information. Typically, Indigenous peoples are interested in the person, how individual actions reflect a person’s ethics and morals, rather than what a person’s role is (doctor, specialist). In the station this is tested by the way the candidate manages the interaction.

It is helpful in developing rapport to establish family connections, and find out if the family is concerned about the patient’s behaviour. Enquiring about cultural activities, family expectations of cultural involvement, where they were raised and their genealogy will give context to the presentation; as will explore explanations for illness, including spiritual beliefs.

An interrogating approach with multiple questions will not foster helpful answers and typically in a clinical setting, one would take time and allow time to consider and answer the questions being asked. Sometimes inadvertently interviews cause distress and feelings of shame. A person can feel negatively judged because they cannot answer the questions, have limited time to answer questions posed or not understand what is being asked of them. It is important to explain any jargon used so it is understandable by the person and their family. The interview is a careful balance between limiting closed-ended questions and avoid using open-ended questions too soon.

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Appropriate use of language can help the person relax, encourage disclosure, and reduce shame. Equally, seeking clarity from the person about cultural and/or spiritual significance or language used is appropriate. Sometimes the use of storytelling about someone with similar symptoms can help the person to overcome feelings of shame or shyness. If using Indigenous language, ensure the proper pronunciation. It is important to be aware, more often than not, people just want the truth and to have a clear explanation.

With regard to non-verbal communication, a downward gaze may be more about respect than avoidance of eye contact or mental illness. It may be appropriate to shake hands or to engage in some other ritual, with guidance either from the person or a cultural mental health worker in an interview.

Deep Listening/Dadirri:

Miriam-Rose Ungunmerr-Baumann articulated Dadirri as inner, deep listening and quiet, still awareness. She talked about the importance of listening to the story carefully, and allowing the person time to tell their story. It also encompasses the long silences that can occur when developing rapport or when issues are difficult to verbalise. It acknowledges there is no need for words; it requires the listener to listen deeply; to listen over and over again; to listen is to learn. As for Indigenous cultures around the world, one learnt by watching, following and listening, not by asking questions; it often involves waiting and then acting. The ability to observe is important. It is useful to have some comprehension of this way of being for Indigenous Australians. 'We don't mind waiting, because we want things to be done with care. We don't like to hurry. There is nothing more important than what we are attending to; there is nothing more urgent that we must hurry away for.'

In summary the candidates are to:

- Manage what could be challenging communication for some and put this man at ease by adapting communication and interview style, which will be notable by the man relaxing and maintaining eye contact and rapport
- Balance the man giving his story within the timeframe available; responding to concerns raised, maintaining open communication, gathering information.

B. **Culture:**

It is not expected that the candidate will have an in-depth knowledge of the cultural ramifications. In the examination setting it may be difficult to demonstrate, but the formulation of a superior candidate may demonstrate an awareness of the history of colonisation, an understanding of impact of cultural violation, and disposition of values. The value of this understanding is the ability to explore other underlying cultural issues that may influence the presentation of mental illness.

Often there are expectations for Indigenous people to return 'to their families' because of the belief that all Indigenous people have intact communities and families. The impact of colonisation and westernisation has caused a breakdown in some of the traditional structures that could have absorbed people in need.

In summary the candidate is expected to:

- Demonstrate an ability to remain non-judgmental and be aware that limited views of wellbeing can result in distress being attributed to mental illness, and may cause suffering for the person and those who support them - fundamental in work with Indigenous people.

C. **Formulation – including culture and risk:**

Indigenous spiritual and cultural understandings are important but often difficult to assess or make sense of in a traditional western clinical perspective. The formulation prioritises the information gathered into a sophisticated biopsychosociocultural spiritual formulation of his cultural complexity set in a period of distress, in a man who is highly educated culturally and in western terms of the modern world. The candidate is expected develop a formulation that works with the patient's expectations. They will achieve this by listening carefully to the man's history; developing understanding of his social, cultural, family and personal history; establishing clearly the causes for presentation.

In this man's case he wants to return to his family now that he is no longer intoxicated. He is no longer a risk of harm to himself or others and has a supportive family who responded appropriately to his level of distress. He is aware that alcohol excess impairs his reasoning and he then becomes overwhelmed by his losses. He accepts when he was intoxicated he ruminated on his relationship issues with his ex-girlfriend and he wanted to stop the feelings.

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His suicidal gesture was impulsive. There are no symptoms or history to suggest he has a mood disorder. He is aware alcohol intoxication increases his vulnerability to ruminate on past and present problems, to feel overwhelmed and now on two occasions to feel suicidal. He needs to avoid alcohol intoxication. Impulsive suicidal gestures in Aboriginal and Torres Strait Islander people can sometimes be linked to episodes of high distress and intoxication. People can react with impulsive suicidal gestures when intoxicated and it is often in this unfortunate circumstance that suicide occurs. As in this situation, when sober the suicidal intent is absent.

In summary the candidate is expected to:

- Demonstrate a broad approach that allows for the complexity of both culture and biopsychosociospiritual models of illness to be employed in formulation and planning management
- Arrive at an understanding of this man's comfort in both western and Indigenous culture.

D. **Diagnostic formulation:**

The candidate will be expected to rule out alcohol dependence and common co-morbidities such as depression, impairment in social, cultural and occupational functioning. They could also consider psychosocial issues of grief and loss due to the relationship, or feelings of shame from the events of last night.

The traditional process of formulation and diagnosis are valid when culture is taken into account. The candidate's presentation of their diagnosis and formulation must highlight phenomenology or the absence of any, and cultural issues present. A robust formulation will allow for adequate choices in the next step in management of this man.

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.

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4.0 Instructions to the Role Player

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

Reason for presentation:

You are John, a 34-year-old Aboriginal man. You are in the local hospital Emergency Department, having been brought in by your brother-cousin Fred. Last night you were at your Uncle George's home drinking beer with family after watching your Rugby League team (Cowboys) win. You have been down in Brisbane visiting with family for the week from Cairns and everyone was having a good time and being happy. However, it was a long day and you got drunk on beer.

You started thinking about your ex-girlfriend, May, who is an Aboriginal woman from Alice Springs. You had been with her for about 8 months and thought everything was going ok. Last night you were thinking hard about it all, and began to feel increasingly sad and angry. You admitted to your brother-cousin that May had cheated on you with your friend two months ago. She had contacted you earlier this week and said she wanted to get back with you but you are still hurting and too upset.

In your drunken state you said to Fred that you were going to hang yourself and then you left him sitting on the verandah. You managed to find a rope in the shed at your Uncle's house, but never got any further with your plan. Fred found you, the family all started getting upset and finally persuaded you to come to the hospital.

You have no thoughts of hanging yourself now and definitely do not want to hurt anyone. You have never wanted to hurt your girlfriend or your ex-friend. Your threat to hang yourself was impulsive, and not something you had been thinking about before last night. The thought just came to you as a way out of feeling so bad.

You are an easy-going man and happy with life in general. You are embarrassed by the situation that led to you coming into ED. You just want to get back to your Uncle's home and relax with your family.

You feel shame for being in the ED, and so want to keep a low profile. You would prefer that your confidentiality is held intact. Your main concern is that you would like to be discharged home to the care of your family. You do not feel suicidal now that you have slept and are no longer intoxicated. You know it was an impulsive act, and no longer have any thoughts of suicide.

You are upset with yourself for what you did. You know it is the result of drinking alcohol, which you have been trying to avoid, and will henceforth abstain from alcohol for a time. You might have a talk with the Aboriginal Grog Mob if you think you cannot manage. But this was very embarrassing and you feel ashamed of your behaviour.

Personal Background:

You were born in Yarrabah and are the youngest of six children – you have 3 brothers and 2 sisters. Your grandmother and grandfather helped raise you up North. They are your mother's people, and you lived just outside Cairns in an Aboriginal Shire (Yarrabah).

[Yarrabah is an Aboriginal community situated approximately 53km north of Cairns CBD on Cape Grafton. It is much closer by direct-line distance but is separated from Cairns by the Murray Prior Range and an inlet of the Coral Sea. At the 2006 census, Yarrabah had a population of 2,371. The Gunggandji people originally inhabited the Yarrabah area.]

Your father was sent to Yarrabah when he was young. He met and married your mother in Yarrabah. Your family moved into Cairns when you were young for work and schooling. You are close to your father's people too.

You grew up 'in culture'. You are an initiated man. You know your traditional practices and ceremonies. You have done men's business and you speak your mother's language. You are very comfortable in your culture. It informs your identity and your path in life. You attend the family and cultural business.

Your family history is important to you. Your father's father was a Kanaka, having been subject to blackbirding. He was kidnapped from the Solomon Islands to work on the sugar cane plantations in Queensland. Your father's mother was Aboriginal from Minjerribah in Queensland, Stradbroke Island.

Your mother's father was an Aboriginal man from Yarrabah. He is a Gunggandji man. He was stolen generation having been removed to Fraser Island. He later returned to Yarrabah reconnecting with family and Country. Your mother's mother was white Australian, originally her people were from Ireland. She met your grandfather in Yarrabah where she worked as a teacher.

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Your grandparents saw the impact of western life, so valued both culture and education. Your parents still live in Cairns and are involved in cultural business, and so your grandparents were actively involved in bringing you up.

As the youngest of six children, you gained the benefit from the move into Cairns. Your grandparents did the best they could for all their 'grannies'. Being the youngest you observed a lot. You were encouraged to study. You went to James Cook University to study law and you now work for Legal Aid in Cairns.

You chose Law because you wanted to improve the quality of life for your people. You have had to deal with quite significant issues pertaining to land and assets for your family with both the local and national government. On your Country there are precious minerals that the mining companies want access to. Along with local elders you are one of the legal people involved. This work means a lot to you, and you have devoted a lot of time and effort to it, which seemed to annoy your most recent partner.

You had your children in your early twenties; you are not with the mother and see your kids regularly in Cairns. You have 5 children who range from 14 years down to 8 years of age, the three eldest are boys and the youngest two are twin girls. They are all doing well and you have a good relationship with them. You have a reasonable relationship with your ex-partner Sue, but you do not live with her. You have a good relationship with your ex-partner's family. Your relationship ended two years ago – there was no single reason for this, but you just grew apart and decided to separate.

You believe your most recent ex-partner left because she could not come to terms with your commitment to your people and your work. You think that is why she took off with your friend Jimmy. But apparently he recently hit her so she wanted to come back to you, because you looked after her so well. You do not think you could trust her again. You have never cheated on her.

You socialise with friends and family back home in Cairns. You feel comfortable in Brisbane and have friends and family here too. You are fit and well and play NRL for the local club. Work is busy and stressful because you work mostly with your own people. You do your best. Your usual working environment is positive, and there is understanding about your cultural and family responsibilities.

<u>Follow up options:</u>

You are now sober and want to leave the Emergency Department. You would just like to go back to your Uncle's place with your brother-cousin. You accept that you drank more than you intended to last night. You know when you drink a lot of alcohol it makes you angry and sad, even though initially it can make you feel a bit better. Because of this you usually do not drink alcohol and you do not use illicit drugs or smoke cigarettes. You have seen what using drugs and smoking has done to the health and wellbeing of other members in your family.

You do not feel you have a medical or a spiritual or cultural problem. You do not think you need to see anyone for help, but if the candidate offers some follow up from the crisis/acute mental health team you reluctantly accept it. You are willing to see your General Practitioner (GP), Dr. Naidoo, when you get back to Cairns. Even though you have always been a spiritual person you see no point in talking to a traditional healer. You have no problem seeing a non-Indigenous doctor.

Because you know that excess alcohol is no good for you, if the candidate recommends it, you agree that you will watch your intake. You do not want to do alcohol counselling or go to any other similar service. If you need to in the future, you will look into it as you did before. You know where the services are as you have represented psychiatric patients in the past for the mental health act review tribunals.

You have <u>never</u> suffered with any of the following disorders:

- depression – feeling sad all the time, poor sleep and appetite, loss of interest in your activities.
- anxiety – worrying all the time, restless, feeling pain in your chest, difficulty breathing, butterflies in your stomach.
- psychosis – feeling afraid that someone is watching you or trying to harm you, thinking that the TV or radio sends you special messages, hearing voices other do not.
- mania or hypomania – very happy or irritable, increased energy, decreased need for sleep, believing you have special powers.

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You are physically well and had a recent medical for insurance purposes and got a clean bill of health. You have no allergies and are not on any regular medication.

You are generally a happy person but when you drink too much alcohol you become morose and remember all the things in your life that did not go as you would have wished.

Two years ago you had a similar crisis in your relationship with the mother of your children. You were drinking too much alcohol and became very sad. You made an equally impulsive attempt to hang yourself with a rope but, like now, you were stopped from acting on it after having told a family member how you were feeling. You went into the local Indigenous/Aboriginal Medical Service and saw a doctor there. You liked that doctor principally because the doctor listened to you and told you the truth. You saw a counsellor briefly through the Employee Assistance Program. It helped you decide to get your priorities in order, and you got on with life successfully without the need for ongoing mental health input.

4.2 How to play the role:

You are a 34-year-old Aboriginal man dressed in clothes that look like you slept in them, jeans and t-shirt. Because you feel shame for being in the ED again and telling someone your story again, you are somewhat reluctant to see a doctor. You just want to get out of there. You are hopeful the doctor will listen to your story and understand your situation. You are hopeful the doctor will let you go home to your family.

When the candidate asks you specific questions, provide the appropriate answer from the information listed. If the candidate asks you questions you have no scripted answers to, say '***I don't know'*** or shrug your shoulders or look away. The candidate will ask you about your feelings regarding suicide and thoughts of harming others.

You want to feel that you are being heard and that the doctor is listening to your story, and you are willing to clarify things if the doctor asks for help understanding your situation.

If the candidate seems disbelieving of your story or dismissive of your cultural background, you become somewhat irritable.

It is not expected that the candidate will have an in-depth knowledge of the cultural issues, but the candidate is expected to demonstrate willingness to come to an understanding of your situation and complex cultural expectations.

You would prefer that they did not contact your GP, but understand it is procedure. You want to have consideration for your own way of coping with your situation, and you want to return to your family. You plan on heading back to Cairns after the weekend, in two days.

4.3 Opening statement:

'***Hi doc, look I'm feeling calmer; I want to go home.***'

4.4 What to expect from the candidate:

The candidate should start by asking about your reasons for being in ED, and how you came to be there.

They will ask about your presenting problem and your personal history, as well as a range of questions to look for other symptoms.

The candidate should ask you about your cultural beliefs and practices, and your role and the work you have been doing for your people. Give as much information as you can about your family history and your story.

If you feel the candidate is asking too many questions in an interrogative manner you may answer briefly.

If the candidate treats you in a sensitive manner and is respectful of your culture and beliefs, you feel able to elaborate on your answers. You are able to talk freely and give as much information as you can.

Then the candidate will talk with the examiner about what they think is happening. When they do just sit there relaxed.

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4.5 Responses you MUST make:

Anticipated Question: Will likely ask you about ongoing thoughts of suicide, will want to know what happened and why you made the attempt

Scripted Response: '***I was drunk; I drank too much****…****I know I shouldn****'****t drink like that, it makes me feel down.***'

4.6 Responses you MIGHT make:

Anticipated Question: About your relationship with your girlfriend

Scripted Response: ***'I think maybe I might have spent too much time working.'***

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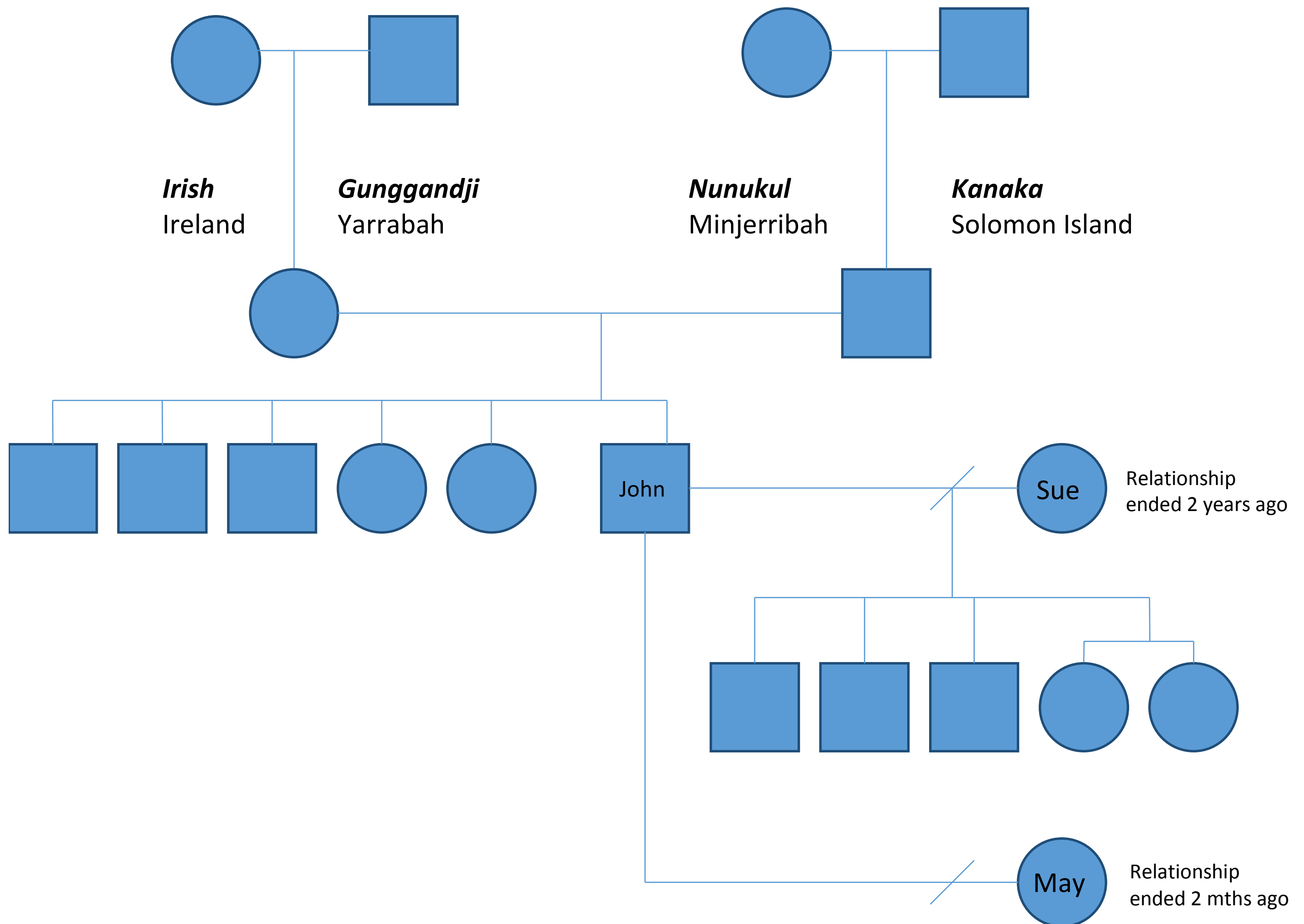
For Role-player in Station 1 September 2016 OSCE
John's Family Tree



Timeline

Yarrabah – raised up until school time; youngest of 6
Cairns – moved with parents and maternal grandparents for work and schooling
Raised in culture, initiated man, men's business, speak Gunggandji
Studied Law and worked in Legal Aid in Cairns – your work is important to you
Family and Sue – met Sue in late teens, started a family - 5 children; relationship ended 2 years ago
End of relationship got drunk and suicidal – very upset, had help, recovered
Land rights – minerals on your Country, issues with mining companies; local Elders
May – 8 months with May, relationship ended 2 months ago
Drunk and suicidal – very upset end of relationship, and the reason being seen by doctor in ED
Now sober and calm, feel shame for being in ED again, hopeful doctor will let you go home

Pronunciation guide: Goo-gan-gee – Gunggandji

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STATION 1 – MARKING DOMAINS

The Main Assessment Aims are:

- To demonstrate the capacity to engage an Indigenous patient, to put at ease, display respect and understanding of cultural differences.
- To take a history that encompasses the cultural aspects and present the formulation to the examiner.

Level of Observed Competence:

1.0 MEDICAL EXPERT

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

Surpasses the Standard (scores 5) if:
clearly presents an overall standard 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; explaining purpose of the assessment and reassuring patient as to why they are seeing a psychiatrist; endeavouring to form a partnership using language and explanations tailored to this man, taking regard of his strong cultural history and connection to culture; enquiring about the patient's connection and identification with his culture; responding to any questions posed by the patient; attempting to understand issues within this man's cultural context; demonstrating flexibility to adapt the interview style to the patient; giving appropriate balance of open and closed questions; recognising emotional significance of the patient's material and responding empathically.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Effectively engage this Indigenous man.

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 has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
demonstrates 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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value - 15%)

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:
obtaining a history relevant to the patient's problems and circumstances with appropriate depth and breadth; completing a risk assessment relevant to the individual case; integrating key sociocultural and spiritual issues relevant to the assessment; eliciting the key features to arise at a clinical decision; clarifying important positive and negative features.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Elicit that the suicidal gesture was impulsive and confirm that there is no underlying mood disorder requiring treatment
b. Identify that the patient is willing to make changes to his drinking.

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 if:
omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history; neither (a) nor (b) demonstrated.

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 ☐

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1.11 Did the candidate generate an adequate formulation to make sense of this man's presentation? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
applies a sophisticated sociocultural formulation; cultural complexities were explored as pertains to this man's situation; the performance need not be flawless.

Achieves the Standard by:
identifying and succinctly summarising important aspects of the history; integrating medical, developmental, psychological, cultural and sociological information; developing hypotheses to make sense of the patient's predicament; accurately linking formulated elements to any diagnostic statement; analysing vulnerability and resilience factors.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Explore the cultural context of this man within the presentation and incorporate it into the formulation.

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 of the response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
significant deficiencies including inability to synthesise information obtained; failure to question veracity where this is important; providing an inadequate formulation or diagnostic statement.

1.11. Category: FORMULATION	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

2.1 Did the candidate demonstrate an appropriate professional approach to gathering information from this Indigenous man? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:
able to generate a sophisticated understanding of complexity; effectively tailors interactions to maintain rapport within the therapeutic environment.

Achieves the Standard by:
demonstrating empathy and ability to establish rapport; demonstrating respect and providing this man time to tell his story evidenced by relaxation of this man into the interview with establishing eye contact and able to obtain a reasonable history; forming a partnership using language and explanations tailored to the capacity of this man taking regard of culture, gender, ethnicity; communicating the history obtained.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Elicit the link between John's commitment to community work and its impact on personal relationships.

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 materially adversely impact on alliance; inadequately reflects on relevance of information obtained; unable to maintain rapport.

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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

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2.4 Did the candidate demonstrate a culturally sensitive approach to patient? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:
demonstrates a sophisticated and knowledgeable approach to cultural aspects of this man.

Achieves the Standard by:
recognising and incorporating cultural needs/expectations; adapting assessment and formulation to the specific cultural aspects presented.

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

a. Arrive at the conclusion that this patient is comfortable with moving within both Western and Indigenous cultures.

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:
ignores sociocultural aspects of the scenario; insensitive approach to cultural needs of the patient.

2.4. Category: CULTURAL DIVERSITY	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

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