

1.0 Descriptive summary of station:

In this station the candidate must assess the suicide risk and offer management recommendations for a 20-year-old woman with an established diagnosis of Borderline Personality Disorder presenting in crisis, who is initially refusing any assistance following an overdose of a small quantity of Paracetamol. The candidate is expected to de-escalate the patient's distress triggered by an unhelpful comment by an emergency department nurse and then proceed to the assessment.

1.1 The main assessment aims are:

- To sensitively manage the interaction with an irritable and challenging patient in crisis.
- To gather information about the patient's intent to self-harm.
- To demonstrate familiarity with current guidelines on management of Borderline Personality Disorder.

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

- Empathically validate that the statement made by the nurse in Emergency Department exacerbated matters.
- Identify the significance of this crisis presentation in the context of two years stability.
- Elicit that the patient is happy to see an alternative therapist.
- Address the issue of the patient refusing medical assessment.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Personality Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator, Collaborator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Process, Management – Initial Plan); Communicator (Patient Communication – To Patient); Collaborator (Patient Relationships).

References:

- NHMRC CPG on Management of Borderline Personality Disorders.
- RANZCP CPG on Management of Deliberate Self Harm.

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: 20-year-old woman, casually attired.
- Pen for candidate.
- Timer and batteries for examiner.

2.0 Instructions to Candidate

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

You are working as a Junior Consultant Psychiatrist in the local general hospital. You have been called to the Emergency Department in the middle of the working week. There you meet Amanda, a 20-year-old woman, who is well known to the mental health service but not known to you.

Amanda has a diagnosis of Borderline Personality Disorder. She had self-presented stating that she had overdosed on ten tablets of Paracetamol some hours earlier.

After presenting to the Emergency Department, she has become angry and irritable. She is now refusing to have any tests done. Amanda wants to leave the hospital but is willing to talk to you.

Your tasks are to:

- Take a focussed history including a risk assessment from Amanda.
- Address Amanda's concerns.
- Provide your management recommendations to Amanda.

You will not receive any time prompts.

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 are available for candidate use.
- Do a final rehearsal with your simulated patient.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE that there are no cues / scripted prompts for you to give.
- DO NOT redirect or prompt the candidate unless scripted – the simulated patient has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:
'Your information is in front of you – you are to do the best you can.'
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

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

If a candidate elects to finish early after the final task:

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

3.0 Instructions to Examiner

3.1 In this station, your role is to:

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

When the candidate enters the room briefly check ID number.

There are no prompts.

The role player opens with the following statement:

'Look doctor, I don't like that stupid nurse – she has really upset me.'

3.2 Background information for examiners

In this station the candidate is expected to engage a distressed young woman who has presented to the Emergency Department after a paracetamol overdose following a crisis. The woman's distress has escalated in response to a negative comment made by a nurse.

The main assessment aims are to evaluate the candidate's ability to sensitively manage the patient's irritability and challenging behaviour. The candidate is required to gather information about the intent to self-harm and complete a risk assessment. The candidate's approach should demonstrate their familiarity with current guidelines on management of Borderline Personality Disorder.

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

- Empathically validate that the statement made by the nurse in Emergency Department exacerbated matters.
- Identify the significance of this crisis presentation in the context of two years stability.
- Elicit that the patient is happy to see an alternative therapist.
- Address the issue of the patient refusing medical assessment.

Candidates are expected to interact and engage the patient in a positive manner and contain the distress by being empathic. They may offer medication to help settle her distress, acknowledging she has found Quetiapine effective in the past.

A surpassing candidate may:

- Recognise that the patient is in an acute crisis due to unforeseen circumstances beyond her control.
- Focus on assisting the patient to manage her distress by being available to manage stressful times until the therapist returns or making alternative arrangements with a willing / helpful stance, and offering to facilitate arranging help.

Borderline Personality Disorder (BPD) is a condition that can make it difficult for people to feel safe in their relationships with other people, to have healthy thoughts and beliefs about themselves, and to control their emotions and impulses. People with BPD may experience distress in their work, family and social life, and may harm themselves as a maladaptive coping strategy.

For many people with BPD, their goals for treatment involve managing their emotions, finding purpose in life, and building better relationships. Many people with BPD have experienced significant trauma, either in the past or in their daily lives, so they need health care that makes them feel safe while they recover.

General principles of BPD care for all health professionals

Health professionals working with people who have BPD should be respectful, caring, compassionate, consistent, and reliable. They should listen and pay attention when the person is talking about their experiences, take the person's feelings seriously, and communicate clearly. If a person with BPD is upset or letting their feelings take over, health professionals should stay calm, and keep showing a non-judgemental attitude.

Health professionals should understand that people with BPD may be very sensitive to feeling rejected or abandoned, and so may be upset when their treatment comes to an end or if they can no longer see the same staff. Health professionals should plan these changes in advance, and explain them to the person.

If people with BPD repeatedly self-harm or attempt suicide, their usual health professional should assess their risk regularly. Health professionals need to gain an understanding of the person over time to be able to tell when the person is at high risk of suicide, and to know whether the person needs to keep working on their long-term BPD treatment or whether they need immediate special care to keep them safe. People who live with thoughts of suicide over time tend to recover when their quality of life improves.

When a person with BPD is experiencing a crisis, health professionals should focus on the 'here and now' matters. Issues that need more in-depth discussion (e.g. past experiences or relationship problems) can be dealt with more effectively in longer-term treatment by the health professional who treats them for BPD (e.g. the person's usual psychiatrist).

Health professionals should try to make sure the person stays involved in finding solutions to their own problems, even during a crisis.

Psychological treatment

People with BPD can stabilise and improve with structured psychological therapies such as Dialectical Behaviour Therapy (DBT). The therapies are conducted by one or more health professionals who are adequately trained and supervised. There is evidence that structured psychological therapies for BPD are more effective than the care that would otherwise be available.

Medicines

Doctors should not choose medicines as a person's main treatment for BPD, because medicines can only make small improvements in some of the symptoms of BPD, but do not improve BPD itself.

Hospitals and specialised BPD services

Admissions to hospitals or other inpatient facilities should not be used as a standard treatment for BPD, and should generally only be used as short-term stays to deal with a crisis when someone with BPD is at risk of suicide or serious self-harm. Hospital stays should be short, and aim to achieve specific goals that the person and their doctors have agreed on. Health professionals should generally not arrange long-term hospital stays for people with BPD.

If a person with BPD needs to visit an emergency department because they have harmed themselves or cannot cope with their feelings, staff should arrange mental health treatment to begin while the person's medical needs are being dealt with. Emergency department staff should attend to self-inflicted injuries professionally and compassionately.

Making health system work better for people with BPD

Health professionals at all levels of the healthcare system and within each type of health service, including general practices and emergency departments, should recognise that BPD treatment is a legitimate use of healthcare services.

Having BPD should never be used as a reason to refuse health care to a person.

If more than one health service is involved in an individual's care, all the health professionals and services should choose one health professional to be the person's main contact person, who will be responsible for coordinating the person's care across all health services that they use.

For all people with BPD, a tailored management plan should be developed in collaboration with them. The person's family, partner or carer should be involved in developing the management plan, if this is in the person's interests and they have given consent for others to be involved. The management plan (including a clear, short crisis plan) should be shared with all health professionals involved in their care, and should be updated from time to time.

If a person with BPD repeatedly visits the emergency department or their GP for immediate help during a crisis, the crisis plan should be made available to these health professionals too.

People who are responsible for planning or managing health services that provide care for people with BPD should make sure the health professionals who work there get proper training in how to care for people with BPD, adequate supervision according to their level of experience, and the type of work they are doing. Health system planners and managers should also make sure health professionals are given enough support, and have access to help from experts who are experienced in caring for people with BPD.

DSM-5 Criteria:

The essential features of DSM 5 Diagnostic Criteria for a Personality Disorder are impairments in personality (self and interpersonal) functioning, and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

1. Significant impairments in self (self-identity or self-direction) and interpersonal (empathy or intimacy) functioning.
2. One or more pathological personality trait domains or trait facets.
3. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
4. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
5. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

The Criteria for Borderline Personality Disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:

- A. Significant impairments in personality functioning manifest by:
1. Impairments in self functioning (a) or (b):
 - (a) **Identity:** Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.
 - (b) **Self-direction:** Instability in goals, aspirations, values, or career plans.

AND

 2. Impairments in interpersonal functioning (a) or (b):
 - (a) **Empathy:** Compromised ability to recognise the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.
 - (b) **Intimacy:** Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealisation and devaluation, and alternating between over involvement and withdrawal.
- B. Pathological personality traits in the following domains:
1. Negative Affectivity, characterised by:
 - (a) **Emotional liability:** Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and / or out of proportion to events and circumstances.
 - (b) **Anxiousness:** Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.
 - (c) **Separation insecurity:** Fears of rejection by, and / or separation from, significant others, associated with fears of excessive dependency and complete loss of autonomy.
 - (d) **Depressivity:** Frequent feelings of being down, miserable, and / or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behaviour.
 2. Disinhibition, characterised by:
 - (a) **Impulsivity:** Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behaviour under emotional distress.
 - (b) **Risk taking:** Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger.
 - (c) **Antagonism:** Characterised by hostility - persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.
- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.

- (a) The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- (b) The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

ICD-10:

F60 SPECIFIC PERSONALITY DISORDERS

G1. Evidence that the individual's characteristic and enduring patterns of inner experience and behaviour deviate markedly as a whole from the culturally expected and accepted range (or 'norm'). Such deviation must be manifest in more than one of the following areas:

- (1) cognition (i.e. ways of perceiving and interpreting things, people and events; forming attitudes and images of self and others);
- (2) affectivity (range, intensity and appropriateness of emotional arousal and response);
- (3) control over impulses and need gratification;
- (4) relating to others and manner of handling interpersonal situations.

G2. The deviation must manifest itself pervasively as behaviour that is inflexible, maladaptive, or otherwise dysfunctional across a broad range of personal and social situations (i.e. not being limited to one specific 'triggering' stimulus or situation).

G3. There is personal distress, or adverse impact on the social environment, or both, clearly attributable to the behaviour referred to under G2.

G4. There must be evidence that the deviation is stable and of long duration, having its onset in late childhood or adolescence.

G5. The deviation cannot be explained as a manifestation or consequence of other adult mental disorders, although episodic or chronic conditions from sections F0 to F7 of this classification may co-exist, or be superimposed on it.

G6. Organic brain disease, injury, or dysfunction must be excluded as possible cause of the deviation (if such organic causation is demonstrable, use category F07).

F60.3 Emotionally unstable personality disorder: F60.31 Borderline type

A. The general criteria of personality disorder (F60) must be met.

B. At least three of the symptoms mentioned above in criterion B (F60.30) must be present, and in addition at least two of the following:

- Disturbances in and uncertainty about self-image, aims and internal preferences (including sexual).
- Liability to become involved in intense and unstable relationships, often leading to emotional crises.
- Excessive efforts to avoid abandonment.
- Recurrent threats or acts of self-harm.
- Chronic feelings of emptiness.

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 can 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 a 20-year-old woman called Amanda. You live locally on your own, and you are a student at the local university. You are aware that you have what is called a Borderline Personality Disorder (see description of behaviours below).

Current Crisis

You have been seeing a mental health clinician called Penny weekly for your therapy sessions. Unfortunately, Penny had to go overseas due to a sudden family emergency, it is uncertain when she will return, and this has suddenly left you without your usual support. You got the message from a phone answering service two days ago. You cannot recall discussing alternative arrangements with Penny if she was going to be away or be unavailable for your scheduled appointments.

Additionally, you feel you have done poorly in an important university graphic design course assessment that you submitted yesterday. You feel you've let yourself down. You have felt yourself becoming progressively more stressed.

Becoming stressed and overwhelmed in an unexpected manner, and in the absence of your support (Penny), you find yourself reverting to old less helpful habits that you thought you had overcome. As a result of this, you impulsively overdosed on 10 Paracetamol tablets you had in your possession. Straight afterwards you regretted your action, it added to your feelings of being stressed, and you were regretting that you may have inadvertently harmed your physical health.

You decided to go to the hospital to obtain help and support from professionals for your current state. However, soon after arriving in Emergency Department, you see a nurse called Gloria, with whom you had 'run ins' three or four years ago, who said, 'Oh no, you're up to your old tricks again; what have you done now?'. You had felt that Gloria had been particularly unfair and hurtful years ago, when you had a pattern of presenting after multiple self-harm episodes like overdoses or cutting yourself on the inside of your arms or upper thighs.

However, since then, you have worked hard in therapy and made significant gains in your growth and overall stability. You are upset that all this hard work has been undermined by the off-hand comment by Gloria, which has added to your stress and burden. You found yourself becoming angry, and experiencing a desire to return to your old patterns of behaviour that you know are ultimately damaging and unhelpful to you. In the Emergency Department, after hearing Gloria's comment, you were initially angry and dismissive, insisting you be allowed to leave. When the doctor ordered blood tests you refused to have them done.

However, you have agreed to wait to see the Psychiatrist (candidate). You are aware that ultimately the Psychiatrist could help you through your difficult time. You are amenable to being convinced by the candidate to have blood tests done. Also, if offered, you are willing to accept medication that has been effective for you in the past (detailed below). You are also willing to consider seeing an alternative therapist until such time that you can return to seeing Penny again. **You have to be clear that you do not want to be admitted to hospital.**

Risk – although you impulsively took the 10 paracetamol tablets, you are not feeling suicidal at present and you did not take the pills with the intent to die. In the past you have self-harmed in relation to stress, but you have actually never been suicidal.

You do not have access to large amounts of medication, and you have not stock-piled your tablets. You do not 'doctor shop' for additional medication. You do have access to normal kitchen knives at home, and you feel safe and confident using them without thinking you will use them on yourself. You have no access to or interest in accessing firearms or other objects that could be used to harm yourself.

Personal circumstances

You are in the second year of a Graphic Design degree. Your family are not nearby, and your relationship with them is estranged. You do not wish to talk about your family or share any more details than the ones below. You do have a couple of acquaintances at university, but you do not mix with them outside of the university.

Past History

You have been known to the local mental health services over the past four years or so. You have an established diagnosis of Borderline Personality Disorder, and are engaged in treatment with a local therapist (Penny). Due to this, you have been doing well over the last two years. Your treatment is called Dialectical Behaviour Therapy (DBT).

Consequently, you have not needed any other specific help, and you had not presented in crisis to any mental health service in the last two years. You have been getting on with your life. You have been making good progress recovering from very difficult experiences in your early childhood, which comprised:

- being abandoned by your mother at birth;
- growing up in multiple foster homes;
- being sexually abused in your childhood – if asked for details, please say you do not wish to discuss this with a stranger.

Ultimately you know you have made gains in psychotherapy, and you have hope for the future - like completing your studies.

Explanations of previous behaviours

If you are asked, before engaging in therapy with Penny, your aggressive and irritable behaviour related to your personality led you to be a challenge for others to deal with. You also had difficulties managing your emotions and behaviours like:

- finding it difficult to be soothed/calmed by a person who appeared to understand you whenever you became angry;
- being impulsive with episodes of spending large amounts of money, using alcohol in excess and making poor decisions about random sexual interactions;
- self-harming by cutting yourself on your arms and upper legs. The pain of the self-harm has brought you relief for brief moments and seemed to relieve your internal suffering;
- impulsively overdosing on medications available to you in response to stressors;
- tending to interpret comments from people as being negative or derogatory even though they were not meant that way;
- tending to amplify difficulties in your relationships, to make them harsher than they truly are.

If asked about the following symptoms:

You do not feel depressed. Your mood is not low all the time, you have no difficulty sleeping, and your appetite is normal. You have not gained or lost weight. You have adequate energy and concentration. You continue to enjoy the things you previously did – reading and cooking. You do not feel hopeless or worthless.

You have no anxiety issues nor do you worry constantly. You do not have episodes of experiencing shortness of breath, a pounding heart or sweaty palms. You do not have any repeated intrusive thoughts or engage in any rituals like washing your hands repeatedly or needing to check things.

You do not hear voices, and never have. You do not think anyone is trying to harm you or follow you. You do not get messages from the TV.

You are physically well.

You drink wine minimally, on social situations only and never on your own.

You have been abstinent of any illegal drugs for the past two years. You had previously smoked marijuana occasionally with friends and tried cocaine once, but did not like it. You stopped the marijuana once you were in therapy. You do not smoke cigarettes and do not gamble.

Medications:

You are only on a single antidepressant, called Fluoxetine (pronounced *floo-ox-ah-teen*), one tablet (20 milligrams) in the morning. You have been on this for the past three years, and it is prescribed by your GP.

In the past, at times of stress, you have been prescribed another mental health medication called Quetiapine (pronounced *kwe-tie-a-peen*) 25 milligrams (one pink tablet) at a time that has helped you calm down, and it also helped your sleep at night. You do not have any supply of this medication at the moment.

4.2 How to play the role:

Casual attire, covering your arms and legs e.g., long sleeve top and long pants or dress – the presumption is that this covers past self-harm scars. Mildly dishevelled like as if you've not slept well in a day or two. Clothes are crumpled, hair in disarray if possible.

At the commencement of the station, you should be standing and if there is space in the room, pace to reflect your irritability, as well as your wish to leave the facility. This should go on for about the first two minutes. Keep answering the questions the candidate asks, but reluctantly initially. Please don't exit the room.

Although you are irritable and angry, you are amenable to being calmed if the candidate is polite and encourages you to feel calmer. Ultimately, your overall manner is to be made to feel less hostile, and follow the calming endeavours by the candidate.

If however, a candidate does not manage to talk with you in a supportive way that makes you feel less angry, or helps you reach a calmer state, you are to remain angry and hostile.

You will then convey your impulsive intension to:

- get pissed (referring to getting intoxicated) when you can find a pub;
- find any guy to form an intimate relationship with;
- to harm yourself but not with a view to killing yourself – you will not tell the doctor how you intend to do this.

4.3 Opening statement:

'Look doctor, I don't like that stupid nurse – she has really upset me.'

4.4 What to expect from the candidate:

The candidate should introduce themselves and be polite to you. Not uncommonly, the candidate may ask your permission to talk to you for some time, ask you to sit, and elaborate about matters that has led to you being in hospital.

If you have been calmed, and the candidate sets the tone for easy communication, do inform on your past and present experiences as noted above.

4.5 Responses you MUST make:

'Penny had to go away unexpectedly and I'm doing poorly in my course.'

'I do not want to go into hospital.'

'I will have the blood test if you think it has to happen.'

'I do not want things to be the way they were three years ago.'

4.6 Responses you MIGHT make:

If asked whether you want to hurt yourself / kill yourself?

Scripted Response: ***'I don't want to hurt myself or kill myself, but I think I'm hurting.'***

If asked whether you would like to see another therapist?

Scripted Response: ***'I would like that, until Penny gets back.'***

If asked whether any medication helped you at times of crisis?

Scripted Response: ***'Yes, Quetiapine (pronounced kwe-tie-a-peen) has helped in the past.'***

If you feel that the candidates is not adequately listening to you:

Scripted Response: ***'This is all a waste of time. I should never have come here today. Can I leave?'***

4.7 Medication and dosage that you need to remember:

- Fluoxetine (pronounced *floo-ox-ah-teen*) one tablet (20 milligrams) in the morning
- Quetiapine (pronounced *kwe-tie-a-peen*) 25 milligrams (one pink tablet) – take one at a time that has helped you calm down, and it also helps your sleep at night.

STATION 9 – MARKING DOMAINS

The main assessment aims are:

- To sensitively manage the interaction with an irritable and challenging patient in crisis.
- To gather information about the patient's intent to self-harm.
- To demonstrate familiarity with current guidelines on management of Borderline Personality Disorder.

Level of Observed Competence:

2.0 COMMUNICATOR

2.1 Did the candidate demonstrate an appropriate professional approach to gathering information from the patient and manage challenging communications? (Proportionate value – 25%)

Surpasses the Standard (scores 5) if:

able to generate a sophisticated understanding of complexity; effectively tailors interactions to maintain rapport within the therapeutic environment; constructively de-escalates the situation; demonstrates sophisticated reflective listening skills; calmly presents an empathic approach; easily interacts and engages the patient.

Achieves the Standard by:

demonstrating empathy and ability to establish rapport; forming a partnership using language and explanations tailored to the functional capacity of the patient, effectively managing challenging communications; accommodating inappropriateness; containing conflict or behavioural abnormalities; recognising confidentiality and bias.

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

- Empathically validate that the statement made by the nurse in Emergency Department exacerbated matters.

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 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.0 COLLABORATOR

3.4 Did the candidate develop an appropriate therapeutic relationship with the patient by addressing her concerns? (Proportionate value – 25%)

Surpasses the Standard (scores 5) if:

prioritises use of additional resources to meet specific patient needs; gives priority to continuity of care; with a willing / helpful stance focuses on being available to manage stressful times until the therapist returns.

Achieves the Standard by:

demonstrating ability to develop a therapeutic relationship; gathering information; responding to concerns raised, respecting confidentiality; acknowledging she has found Quetiapine effective in the past; offering to facilitate arranging help; maintaining open communication; appropriately providing opinions.

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

- Elicit that the patient is happy to see an alternative therapist.

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:

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

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

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct a focussed assessment and risk assessment of the patient? (Proportionate value – 25%)

Surpasses the Standard (scores 5) if:

clearly achieves the standard overall with a superior performance in a number of areas; overall, manages the interview with competence; eliciting information with superior technical competence.

Achieves the Standard by:

demonstrating flexibility to adapt the interview style to the patient, problem or special needs; prioritising information to be gathered; asking an appropriate balance of open and closed questions; summarising; being attuned to patient disclosures, including non-verbal communication; recognising emotional significance of the patient’s material and responding empathically; sensitively evaluating quality and accuracy of information; clarifying inconsistent information efficiently, enquiring about current and historical risk factors; determining that the patient has been stable in the two years leading up to this presentation; identifying an acute crisis due to unforeseen circumstances beyond her control.

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

- a. Identify the significance of this crisis presentation in the context of two years stability.

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:

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

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

1.13 Did the candidate formulate and describe a relevant management plan? (Proportionate value - 25%)

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; considers working with the Emergency Department staff to improve their understanding of Borderline Personality Disorder.

Achieves the Standard by:

demonstrating ability to prioritise and implement evidence based acute interventions; planning for risk management; selecting treatment environment; recommending medication and other specific treatments; skilful engagement of appropriate resources / support; having safe, realistic time frames / risk assessment / review plan; communicating to necessary others; recognition of the limitations of their role in effective treatment; identifying potential barriers.

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

- a. Address the issue of the patient refusing medical assessment.

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 mention (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 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

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

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
---------------------------	---------------	----------------------	---------------