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1.0 Descriptive summary of station:

This station involves an interaction between a junior consultation-liaison psychiatrist, and an inpatient nurse in charge about the management of a 25-year-old male patient with borderline personality disorder with self-inflicted burns whose recovery is not progressing along expected time lines. He is frequently non-compliant with requests and treatment plans. Staff are having difficulty treating him, and are responding variably to his many demands which is resulting in staff conflict and a deteriorating ward environment. The candidate is to meet with the nurse in charge who is asking the psychiatrist to see the patient and 'sort things out'. The patient has been seen earlier in the week by a psychiatric registrar who has ruled out acute mental illness as a current issue.

1.1 The main assessment aims are to:

- Evaluate knowledge of the psychodynamic mechanisms and factors which may be underlying the problems encountered on a surgical ward when treating a patient with a borderline personality disorder.
- Assess the appropriateness of strategies suggested by the candidate to help the team to work effectively in treating this patient.
- Assess ability to de-escalate and engage the nurse in charge, and achieve acceptance of a plan involving education of team members as a mainstay.
- Assess candidate's ability to address stigmatising attitudes when encountered in interactions with other health professionals.

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

- Describe at least three mechanisms, defences or other psychodynamic factors underlying the problems being experienced by staff and patient.
- Identify and clearly explain key strategies through which the problems can be addressed.
- Engage the nurse in charge in a manner which would be reasonably expected to de-escalate his level of arousal.
- Attempt to address stigma against mental health patients in a general hospital setting.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Other Skills (e.g. ethics, consent, capacity, collaboration, advocacy, indigenous, rural, etc.)
- **Area of Practice:** Consultation Liaison
- **CanMEDS Domains:** Medical Expert, Collaborator, Health Advocate
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Formulation, Management-Therapy); Collaborator (Teamwork); Health Advocate (Addressing Stigma)

References:

- Groves James, Management of The Borderline Patient on a Medical or Surgical Ward: The Psychiatric Consultants Role International Journal of Psychiatry in Medicine, Vol6(3).1975.
- Stroudmire A, and Thompson T, The Borderline Personality in the Medical Setting, Annals of Internal Medicine 1982;96:76-79.

1.4 Station requirements:

- Standard consulting room.
- Four chairs (examiners x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: middle aged male, tidy grooming.
- 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 a consultation-liaison team.

You have been asked to come and 'sort out' a patient who is 'one of yours', and is 'disrupting' the surgical ward. The nurse in charge is angry about the behaviour of Danny, a 25-year-old male with self-inflicted burns, whom staff are having difficulty treating.

Problems include frequent complaints of severe pain and other discomfort; demands to be looked after only by certain nurses, and non-adherence to schedules, ward boundaries and rules. Staff responses to Danny's behaviours have resulted in staff conflict, and there is a deteriorating ward environment for staff and patients.

The patient was seen earlier in the week by your registrar who ruled out acute mental illness as a cause of these problems.

Your tasks are to:

- Obtain relevant history from the nurse in charge.
- Explain to the nurse in charge your understanding of at least 3 likely underlying factors and mechanisms which have resulted in this referral.
- Negotiate a management plan to address the issues raised, and explain your rationale for this plan to the nurse in charge.

You will not receive any time prompts.

Station 7 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
 - A copy of 'Instructions to Candidate'.
 - Pens.
 - Water and tissues (available for candidate use).
- Do a final rehearsal with your simulated patient.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE there are no cues / times for any scripted prompt.
- 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.

You have no opening statement or prompts for you to give.

The role player opens with the following statement:

'I'm glad you are here at last - we really need you to sort this man out.'

3.2 Background information for examiners

In this station, the candidate is expected to liaise with the nurse in charge of a surgical unit about the behaviour of a young man with borderline personality disorder who is being treated for self-inflicted burns. The aims of this station are to assess the candidate's ability to engage the nurse in charge, to address the issue of stigma, from staff towards patients on a general ward with a mental illness diagnosis, and to achieve acceptance of management strategies and a plan involving education of team members.

The candidate is expected to demonstrate knowledge of the psychodynamic mechanisms underlying the problems encountered when treating a patient with borderline personality disorder in medical / surgical wards.

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

- Describe at least three mechanisms, defences or other psychodynamic factors underlying the problems being experienced by staff and patient.
- Identify and clearly explain key strategies through which the problems can be addressed.
- Engage the nurse in charge in a manner which would be reasonably expected to de-escalate his level of arousal.
- Attempt to address stigma against mental health patients in a general hospital setting.

A surpassing candidate may:

- Address the issue of splitting not only amongst nursing staff but also the team hierarchy, and splitting doctors versus nurses.
- Mention the possibility that he may not be having adequate pain management because of punitive attitudes by staff to patients with personality disorders and self-inflicted wounds.
- Demonstrate exceptional skill in engagement of nurse in charge, and sensitive discussion of issue of stigma and effect on care of mental health patients in general hospital.

Borderline personality disorder (BPD)

The most prominent features of BPD are self-harm / suicidality, emotional instability (unpredictable variations in mood, both sad / happy and angry / irritable), impulsivity (doing things on impulse without due consideration of the consequences), and disordered attachment (stormy relationships, very strong feelings of abandonment when a close relationship ends). It is the first two of these that most commonly lead to people seeking help.

International Classification of Diseases 10 of the World Health Organisation (ICD-10)

Description of emotional unstable personality disorder:

F60.3 Emotionally unstable personality disorder

A personality disorder in which there is a marked tendency to act impulsively without consideration of the consequences, together with affective instability. The ability to plan ahead may be minimal, and outbursts of intense anger may often lead to violence or 'behavioural explosions'; these are easily precipitated when impulsive acts are criticised or thwarted by others. Two variants of this personality disorder are specified, and both share this general theme of impulsiveness and lack of self-control.

F60.30 Impulsive type

The predominant characteristics are emotional instability and lack of impulse control. Outbursts of violence or threatening behaviour are common, particularly in response to criticism by others.

F60.31 Borderline type

Several of the characteristics of emotional instability are present; in addition, the patient's own self-image, aims, and internal preferences (including sexual) are often unclear or disturbed. There are usually chronic feelings of emptiness. A liability to become involved in intense and unstable relationships may cause repeated emotional crises, and may be associated with excessive efforts to avoid abandonment and a series of suicidal threats or acts of self-harm (although these may occur without obvious precipitants).

Diagnostic and Statistical Manual of the American Psychiatric Association (DSM 5)

Specifies 5 out of the following 9 symptoms must be present for the diagnosis to be made:

1. *Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.*
2. *A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation.*
3. *Identity disturbance: markedly and persistently unstable self-image or sense of self.*
4. *Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.*
5. *Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour.*
6. *Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).*
7. *Chronic feelings of emptiness.*
8. *Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).*
9. *Transient, stress-related paranoid ideation or severe dissociative symptoms.*

BPD differs from the other PDs in important ways. It is probably less stable than other PDs, although this may be an artefact of the larger body of research devoted to BPD. It appears to be less pervasive, meaning people with BPD do not tend to present in the same way in different situations. This is curious, as pervasiveness is a central element of the personality disorders. People with BPD are also more likely to seek treatment than people with other PD diagnoses; most people receiving treatment in specialist centres suffer from BPD, often with one or more other PDs.

There is some debate about whether BPD should continue to be regarded as a single entity, as it can appear to be a collection of symptoms which happen to occur together in a group of people but perhaps as commonly occur separately, and that labelling them as a syndrome when occurring together does not add much to our understanding. A similar argument occurs about PDs as a whole, as comorbidity is so common (i.e. if you have one you are very likely to have more than one), and statistical experiments sometimes fail to identify the PDs (or indeed BPD) in the population (through for example cluster analyses).

The patient with borderline personality hospitalised on a medical or surgical ward has a disorganising effect on the staff, who may themselves regress in response to the patient's impulsivity, dependency, entitlement, and rage.

The candidate is expected to elaborate on defence mechanisms and other psychodynamic factors underlying the problems between staff and patient, as on the following page, and may name them and explain their meaning to the nurse in charge or clearly describe without naming (as they are talking to a health professional who is not trained in mental health). As this is not an exhaustive list, if a candidate describes another defence or psychodynamic factor not mentioned here, but the candidate clearly justifies its importance in the scenario then that may be accepted.

<p>Splitting</p> <p>The division or polarisation of beliefs, actions or persons into good or bad, and focussing on only either positive or negative qualities. Idealisation and Devaluation are opposing mechanisms of splitting.</p>
<p>Regression</p> <p>Reverting to an earlier developmental stage in the face of unacceptable thoughts or impulses.</p>
<p>Acting Out</p> <p>Performing an extreme behaviour to show thoughts or feelings which the person cannot express verbally</p>
<p>Denial</p> <p>The refusal to accept or acknowledge a reality or fact, and acting as if it did not exist.</p>
<p>Distortion</p> <p>Changing the facts, thoughts etc to make them more easily acceptable and bearable.</p>
<p>Projection</p> <p>The misattribution of a person's own (usually negative) feelings, thoughts or impulses to others.</p>
<p>Reaction Formation</p> <p>Converting unwanted or dangerous thoughts or feelings into the opposite and behaving as such.</p>
<p>Rationalisation / Justification</p> <p>Making excuses, explaining away or justifying negative or dangerous behaviour / thoughts / feelings which them less threatening.</p>
<p>Other psychodynamic factors which may be affecting the patient-staff interaction, and which may be considered and explained by candidate include:</p> <p>Help rejecting behaviour</p> <p>Passive-Aggressive behaviour</p> <p>Sense of entitlement</p> <p>Transference and Counter-transference</p>

The consultation-liaison psychiatrist's role in the management of such a patient should consist of a specialised type of consultee-oriented approach in which countertransference, hatred and fear typically generated in the staff by the borderline patient, are drawn away from the patient and strategically processed within the staff-consultant relationship. The consultant should actively promote a behavioural management plan, placed in the medical chart for reference and as a symbol of the psychiatrist's helping presence, which discusses: a) clear communication with the patient and among staff, b) understanding the patient's need for constant personnel, c) dealing with the patient's entitlement without confronting the patient's needed defences, and d) setting firm limits on the patient's dependency, manipulateness, rage, and self-destructive behaviours. The consultant should work to counteract feelings of helplessness in the staff, to neutralise punitive superego in the staff, and to diminish fearfulness toward the patient.

It is important for the candidate to outline a range of acceptable interventions that staff can utilise to enhance clinical care delivery to this patient with BPD. They could specify the need for clear rules and expectations, with boundary identification and enforcement, and avoidance of conflict with the patient.

In this scenario, successful interventions are likely to depend on provision of education to staff about BPD and how this patient is affecting staff, encouraging a team approach including team responsibility for all decisions, need for empathy and staff awareness of their own responses.

Of great importance will be working towards consistency of staff working with patient, involvement of medical staff in this plan, consistency of messages to be given to patient about treatment, having the plan discussed with the team at the start of each shift, having an identified nurse per shift to communicate any decisions or changes, provision of clear information to patient and avoidance of individualised staff approaches to treatment. It may include written information for the staff and a written management plan to promote consistency.

The candidate could highlight the importance of the role of the nurse in charge in managing staff conflict, encouraging the team to stick to the plan, and demonstrating excellent inter-team staff communication.

3.3 The Standard Required

Surpasses the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients, (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Does Not Achieve the Standard – the candidate demonstrates significant defects in most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

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

Your name is Joe, and you are the nurse in charge on a busy surgical ward. Danny is a young 25-year-old male patient on your ward with severe burns to his legs, which he admits to having caused himself. You feel his presence and behaviour is disrupting your ward team and the other patients. You are aware he has a history of repeated visits to the emergency department with self-harm including overdoses of pills, and his clinical file says he has a Personality Disorder.

You have asked to meet the psychiatrist who consults to the surgical ward so they can '*sort him out*', as you are concerned about the effects of the conflict and disruption on your staff and the other patients.

You find Danny to be very demanding as he is requesting to be nursed by only certain nurses because he has identified some as '*horrible and nasty*,' and others as '*incompetent*'. He says he is not receiving enough pain relief, and you suspect he is '*drug seeking*'. His mother is spending a lot of time on the ward, and is also very vocal about what she sees as poor treatment and staff's bad attitude. She has threatened to call the media.

Danny is needing to go to theatre for dressing changes because of his complaints about excessive pain, however most patients would be having this procedure done on the ward at this point in their recovery. Despite these demands, Danny is often not ready, or he is out of the ward smoking when he is due to go to theatre, and this causes disruption to the theatre schedule which then affects other patients. This is really frustrating for staff.

Danny rings his bell frequently with complaints about issues such as thirst, hunger, being too hot or too cold, and general pain and discomfort. He often complains that he is being ignored. He is not following the ward rules about visitors, but some staff also do not enforce them, e.g. allowing friends to come late at night with takeaway food. However, when staff do enforce the rules he becomes very loud and agitated which disturbs other patients.

There is a lot of conflict between team members about how Danny should be treated, and the enforcement (or not) of rules. Some staff have been ringing the on-call doctors to get more pain relief for Danny, and others think he needs to '*toughen up*'. The on-call doctors also have had varying ideas of what to do. Some say to be strict, and others want to give him what he thinks he needs so he will be quiet. Some staff are refusing to work with him, and some think he needs more sympathy and leeway as he has had a tough life.

You have asked to meet the psychiatrist who consults to the surgical ward so they can '*sort him out*', as you are concerned about the effects of the conflict and disruption on your staff and the other patients. You want the psychiatrist to organise a transfer to a mental health ward, as he is '*one of yours*' or at least to talk to Danny and make him be "*more reasonable*".

4.2 How to play the role:

Wear smart shirt and trousers - tidily groomed; no tie is necessary.

You are quite angry, and feeling busy and stressed. You have strong feelings about Danny and his frustrating behaviour, and especially how it is impacting on the ward that you are responsible for.

4.3 Opening statement:

'I'm glad you are here at last - we really need you to sort this man out.'

4.4 What to expect from the candidate:

The candidate should acknowledge your role in the ward, and proceed to ask questions about how the patient is disrupting the ward, and what the problems are. They should attempt to make you feel listened to, so you can calm down.

The candidate should then provide you with an explanation about how the patient might be feeling, and why and how this relates to his behaviour through what are called unconscious mechanisms (i.e. these are not conscious, deliberate behaviours), and how this relates to his diagnosis of a personality disorder.

The candidate is expected to give you an explanation of how the staff's reactions to the patient are also affected by unconscious responses (called defence mechanisms), and how the unpredictability of different staff responses to him is probably inflaming the situation.

The candidate should then negotiate a plan involving the team, including education, either by the candidate directly or via yourself, and strategies of how the staff need to behave as a team and with the patient.

Better candidates may enter into a brief discussion of stigmatising attitudes from general hospital staff against mental health patients and / or the stigmatising nature of some of your own comments.

4.5 Responses you MUST make (and can be repeated):

'We don't have time for this behaviour – we have got really sick patients here.'

'Why is he behaving like this?'

'So aren't you going to go and see him then? He's one of yours you know.'

4.6 Responses you MIGHT make:

'He brought this on himself you know.'

4.7 Medication and dosage that you need to remember:

If asked about specific pain medications or dosages, state that you don't know this information off the top of your head. However (as per the above information) there is a problem with varying approaches to pain relief especially among on-call doctors.

Danny is not taking any psychiatric medications.

STATION 7 – MARKING DOMAINS

The main assessment aims are to:

- Evaluate knowledge of the psychodynamic mechanisms and factors which may be underlying the problems encountered on a surgical ward when treating a patient with a borderline personality disorder.
- Assess the appropriateness of strategies suggested by the candidate to help the team to work effectively in treating this patient.
- Assess ability to de-escalate and engage the nurse in charge, and achieve acceptance of a plan involving education of team members as a mainstay.
- Assess candidate's ability to address stigmatising attitudes when encountered in interactions with other health professionals.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.11 Did the candidate generate an adequate formulation to describe the psychodynamic factors underlying the presentation and referral? (Proportionate value 35%)

Surpasses the Standard (scores 5) if:

provides a sophisticated explanation; interprets the interplay of patient and team defences and dynamics with escalation of problems; utilises terminology that enables understanding by a general trained nurse; discusses possible punitive stance taken by staff resulting in ineffective dosing of pain medication.

Achieves the Standard by:

identifying and succinctly summarising important aspects of the presentation; synthesising information using a biopsychosocial framework; integrating medical and psychological information; presenting hypotheses to make sense of the patient's predicament; accurately describing recognised theories and evidence; analysing vulnerability and resilience factors; describing how reactions or defence mechanisms from team members as well as the patient are involved in evolution or escalation of the problems.

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

- Describe at least three mechanisms, defences or other psychodynamic factors underlying the problems being experienced by staff and patient.

A score of 4 may be awarded depending on the depth and breadth of 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 including inability to synthesise and present defence mechanisms; providing an inadequate description of specific defences or does not include the role of staff defences and reactions.

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

1.14 Did the candidate demonstrate an adequate knowledge and application of relevant therapeutic approaches? (Proportionate value - 35%)

Surpasses the Standard (scores 5) if:

discusses the role of medical staff including on-call doctors; includes a clear understanding of levels of evidence to support interventions; raising the possibility of the need for consistent and higher doses of pain relief.

Achieves the Standard by:

taking an educational approach towards staff to address patient needs; considering training via the nurse in charge or via team-based education sessions by the psychiatrist / registrar; explaining the need for and use of specific strategies in the education and plan; prioritising an ongoing indirect advisory and educative role for the psychiatrist; specifying the roles of other health professionals; identifying specific outcomes of interventions; putting monitoring processes for interventions; considering barriers to implementation.

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

- Identify and clearly explain key strategies through which the problems can be addressed.

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:

mainstay of plan relies on psychiatrist's direct intervention with patient, e.g. engaging patient in therapy; plan lacks structure and / or is inaccurate; plan not tailored to patient's needs or circumstances.

1.14. Category: MANAGEMENT - Therapy	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.0 COLLABORATOR

3.1 Did the candidate demonstrate an appropriately skilled approach to a multidisciplinary team member? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

demonstrates exceptional skill in acknowledging, and de-escalating the anger and arousal levels of the nurse in charge; takes a leadership role; works to reduce conflict.

Achieves the Standard by:

facilitating collaboration within group settings; demonstrating respect; acknowledging and understanding other roles and contributions; listening to differing views; maintaining open communication while providing leadership; actively encouraging contributions; demonstrating awareness of interpersonal issues that affect functioning.

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

a. Engage the nurse in charge in a manner which would be reasonably expected to de-escalate his level of arousal.

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:

using a patronising, bullying, denigrating, hostile or other unhelpful style likely to lead to a failure of the intervention.

3.1. Category: TEAMWORK	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"/>

5.0 HEALTH ADVOCATE

5.2 Did the candidate appropriately seek to address stigma? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

recognises the important role of psychiatrists in addressing stigma; reflects on personal behaviours that increase stigma.

Achieves the Standard by:

identifying the impact of cultural beliefs and stigma of mental illness on patients, families and carers; recognising the role of staff in the generation and maintenance of stigma; applying principles of recovery to clinical practice.

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

a. Attempt to address stigma against mental health patients in a general hospital setting.

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:

limited capacity to identify impact of stigma on wellbeing of people with mental illness; does not actively seek to address stigma.

5.2. Category: ADDRESSING STIGMA	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

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

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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