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1.0 Descriptive summary of station:

In this viva station, the candidate is expected to prepare a short education session for the nurses in an inpatient psychiatry unit within a general hospital after concerns were raised by them following the presentation of a 64-year-old man who has been diagnosed with Parkinson's disease and is now admitted with emerging psychosis.

1.1 The main assessment aims are to:

- Demonstrate the ability to organise an education session about Parkinson's disease, appropriately tailored for nurses.
- Demonstrate knowledge of Parkinson's disease, especially the neuropsychiatric interface and its relevance to psychiatric nurses.
- Apply the principles of least restrictive care to this patient.

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

- Prioritise and synthesise information focussed on nursing needs.
- Identify the need to provide the information to nursing staff who work in different shifts.
- Accurately outline the causal linkages between Parkinson's disease and psychosis.
- Specifically include the risks of delirium and falls.
- Explain how using multiple PRN antipsychotics for behavioural disturbance increases the risk of worsening Parkinson's symptoms.
- Explain the rationale for levels of nursing visual observations based on physical and mental health.
- Acknowledge the pressure nurses experience when dealing with agitated patients.
- Outline the principles of least restrictive care for patients.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Psychotic Disorders, Other Disorders (e.g. sex, neuropsychiatric, sleep, somatoform, eating, etc.)
- **Area of Practice:** Old Age Psychiatry
- **CanMEDS Marking Domains Covered:** Medical Expert, Communicator, Health Advocate, Scholar
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Management – Initial Plan); Communicator (Communication – Findings, Conflict Management); Health Advocate (Recovery – Oriented Care), Scholar (Training & Supervision, Teaching & Presenting, Application of Knowledge, Therapeutic Approaches Management)

References:

- Aarsland D, Marsh L and Schrag A (2009) Neuropsychiatric symptoms in Parkinson's disease. *Movement Disorders*, 24(15), 2175-2186.
- Chahine L and Tarsy D (2020) *Uptodate: Management of non-motor symptoms of Parkinson disease*. Waltham MA: Uptodate.
- Grimes D, Gordon J, Snelgrove B, Lim-Carter I, Fon E, Martin W, et al. Canadian guidelines on Parkinson's disease. *Canadian Journal of Neurological Sciences* 2012;39:S1-30.
- Grover S, Somaiya M and Kumar S et al. (2015) Psychiatric aspects of Parkinson's disease. *Journal of Neurosciences in Rural Practice*, 6(01), 065-076.
- *Parkinsons.org.uk*, (2016) Available from: https://www.parkinsons.org.uk/sites/default/files/2017-12/b030_caringforyourpatientwithparkinsons_0.pdf (accessed 30 January 2020).
- Fagin L, Garelick A, *Advances in Psychiatric Treatment, Volume 10, Issue 4* July 2004 , pp. 277-286
- Parks J (1979) Negotiating ambiguity: an aspect of the doctor-nurse relationship. *New Zealand Nursing Journal*, 72 (11), 14–17.

1.4 Station requirements:

- Standard room with suitable IT equipment and internet connection for all participants.
- Accessibility to Zoom for all participants (examiner x 1, candidate x 1, observer x 1).
- A set of 'Instructions to Candidate' for each candidate.
- Pens for each candidate.

2.0 Instructions to Candidate

You have **15 minutes** to complete this station after **5 minutes** of reading time.

This is a **VIVA** station. In this **VIVA**, there is no role player.

You are working as a junior consultant psychiatrist in an inpatient psychiatric unit in a large general hospital.

Allen Ferguson is a 64-year-old man diagnosed with Parkinson's disease who presented to the emergency department the previous night with behavioural disturbances due to an emerging psychosis and has been admitted to the psychiatric unit under your care.

The hospital notes state that his family report that in the past week:

- he has been verbally aggressive towards them
- he has accused his wife of having an affair with their neighbour
- he has said that he can see strangers moving around his home at times but no one else can see or hear these people.

The nurse-in-charge of the ward and the nursing staff have expressed concern about having to manage Allen because he is a 'neuro' patient and should have been admitted to the Neurology unit.

The ward nurses have limited knowledge about Parkinson's disease and lack confidence in managing Allen. The nurse-in-charge wants to use this as a learning opportunity for the nurses and is requesting you to provide education for nurses about relevant aspects of Parkinson's disease as soon as possible, in particular so they can meet Allen's needs.

Your tasks are to:

- Describe how you plan to provide the education on Parkinson's disease to the nurses.
- Outline options to address the major barriers to delivering this education.
- Justify which key aspects of Parkinson's disease you will include in the education.
- Describe the relevant management that you would like to educate the nurses about, being sure to relate to this patient.

At the time of transfer from ED, the nurses had asked the psychiatry registrar on duty to prescribe 'Acuphase' for Allen as they were concerned about his violence. The registrar refused to do so and the nurses complained to the nurse-in-charge about this.

Your **final task** is to:

- Outline the advice you would offer the nurse-in-charge about managing the dissatisfaction of the nurses with the doctor on duty.

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 station briefly check the photo ID.

This is a VIVA station. Your role is to mark the candidate's performance.

3.2 Background information for examiners

In this station the candidate is expected to prepare a short education session for the nurses in a general hospital psychiatry unit after presentation of a 64-year-old man who has been diagnosed with Parkinson's disease and is now admitted with emerging psychosis.

To achieve the standard, the candidate will carefully tailor the session keeping in mind the nursing perspective rather than just demonstrating their theoretical knowledge of the topic. The candidate is expected to describe the following components of providing education in order to achieve the standard:

- Their approach to organising this session for the nurses.
- As a part of their presentation, the candidate should be able to explain to nurses why a patient with Parkinson's disease can be admitted to a psychiatric inpatient unit.
- Management of such a patient from nurses' perspective.
- Manage conflict between nurses and junior medical staff.

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

- Prioritise and synthesise information focussed on nursing needs.
- Identify the need to provide the information to nursing staff who work in different shifts.
- Accurately outline the causal linkages between Parkinson's disease and psychosis.
- Specifically include the risks of delirium and falls.
- Explain how using multiple PRN antipsychotics for behavioural disturbance increases the risk of worsening Parkinson's symptoms.
- Explain the rationale for levels of nursing visual observations based on physical and mental health.
- Acknowledge the pressure nurses experience when dealing with agitated patients.
- Outline the principles of least restrictive care for patients.

A surpassing candidate will anticipate some resistance from staff regarding both the admission of this patient and the education session and should be able to mention how they will tackle it.

To organise the session for the nurses, the candidate is expected to keep the following issues in mind:

- Discuss time, duration and location of the session keeping in mind the need to provide this education soon.
- Expected number of nurses that may attend the session.
- How to disseminate information to the night shift nursing staff.
- Judicious use of audio-visual material.
- Possibility of recording the session for night staff and providing online and other resources for reference.
- Gather knowledge of skill mix of nurses (senior, junior, casual) from nurse-in-charge prior to the session to tailor it to their needs.
- The need to have more than one session to include most of the staff.
- How to include staff who might resist/refuse to attend the session and at the same time object to looking after the patient.
- Talk should include examples, vignettes, clinical scenarios and be interactive.
- Handling questions during session, acknowledging and validating staff's anxiety and assuring that the patient may need to be transferred to another unit.
- Possibility of CPD points for this session for the nurses as an incentive.
- Post-session feedback and addressing ongoing queries of staff in managing this patient.

The candidate should be able to demonstrate their skills as a medical scholar, expert and a sensitive colleague who can structure the session well.

Rationale for admission of Parkinson's disease to a psychiatric inpatient unit

Parkinson's disease (PD) is the most common movement disorder and represents the second most common degenerative disease of the central nervous system. The cardinal features of PD are tremor, bradykinesia and rigidity. A fourth feature, postural instability, is commonly mentioned although it does not generally occur until much later in the course of the disease and is thus not included in any published diagnostic criteria for PD.

In addition to the cardinal manifestations, there are a number of other motor features seen in PD that involve the craniofacial, visual and musculoskeletal system for example, speech impairment, dysphagia, sialorrhoea, blurred vision, impaired vestibulo-ocular reflex, dystonia, shuffling gait, festination and freezing.

Non-motor symptoms of PD

PD has traditionally been considered a motor system disorder but it is now widely recognised to be a complex disorder with diverse clinical features that include neuropsychiatric and non-motor manifestations in addition to its motor symptomatology. These features include the following:

- cognitive dysfunction and dementia
- psychosis
- mood disorders including depression, anxiety and apathy/abulia
- sleep disturbances
- fatigue
- autonomic dysfunction
- olfactory dysfunction
- gastrointestinal dysfunction
- pain and sensory disturbances
- dermatologic findings (seborrhoea)
- rhinorrhoea.

The candidate is expected to emphasise the neuropsychiatric aspects of PD and explain the psychiatric symptoms in some detail thereby providing rationale for such an admission to a mental health inpatient unit.

Psychosis – Psychosis occurs in 20–40% of drug-treated patients with PD and visual hallucinations are the most common psychotic symptom. Auditory, olfactory and tactile hallucinations also occur in PD, although less frequently, and generally in conjunction with visual hallucinations. The prevalence and severity of hallucinations increase over time in patients with PD. Delusions can also be a prominent feature of psychosis in PD and are usually paranoid in nature.

Relationship between Parkinson's disease and psychosis

The mechanism of psychosis in Parkinson's disease is varied and a variety of factors, both intrinsic and extrinsic, contribute to their occurrence. The main ones identified are:

- Dopamine: The role of dopamine in the genesis of psychosis is well established. Medications used in the treatment of Parkinson's disease act through dopaminergic pathways and can induce psychosis.
- Deficits in visual processing: These may result in an increased vulnerability to visual hallucinations.
- Sleep disorders and sleep deprivation.
- Lewy body dementia is often associated with Parkinson's disease and increases the risk of psychosis.
- Pre-existing psychotic illness or a psychosis independent of the Parkinson's disease.
- Co-existing physical illness such as an infection causing a delirium and psychotic symptoms.
- Other medications such as opiates, hypnotics and antidepressants may contribute to the presentation.

Depression – Depression is the most common psychiatric disturbance seen in PD. Though generally mild to moderate in severity, depressive symptoms in PD are associated with a negative impact on motor disability and decreased quality of life. Estimates for the prevalence of depression in PD vary but up to 50% of patients have depressive symptoms, occasionally as a presenting complaint. The rates for major depressive disorder in PD are less, ranging from less than 10% in community studies to 20% in speciality movement disorder clinics. Despite the high prevalence, however, depression in PD remains undertreated.

Anxiety – Anxiety is the next most frequent psychiatric disturbance in PD after depression and is estimated to occur in approximately 30% of patients. All types of anxiety disorders have been reported in PD though generalised anxiety disorder and social phobia appear to be the most common.

Depression and anxiety are often comorbid conditions in PD; they are also associated with 'on-off' fluctuations, with worsened mood and anxiety during 'off' periods, and with improvement when in the 'on' state.

Issues most relevant for nurses in the inpatient psychiatric unit will include but are not limited to:

- risk of fall due to motor symptoms, orthostatic hypotension and acute confusion
- high risk of development of delirium
- high risk of aspiration pneumonia from swallowing difficulties
- slowness of movement and verbal response
- difficulty walking
- incontinence, more so because of bradykinesia
- constipation
- risk of pressure sores
- physical pain
- behavioural difficulties secondary to psychiatric symptoms (delusions, hallucinations, aggression, anxiety related).

Management of PD in psychiatric inpatient unit from nurses' perspective

In this station, the candidate is expected to organise their talk specific for nurses, hence they are **not** expected to focus exclusively on pharmacotherapy.

To achieve the standard, the candidate may provide an overview of

1. Pharmacological management of motor symptoms of PD.
2. Pharmacological management of non-motor/psychiatric symptoms of PD.
3. Non-pharmacological management of PD relevant for nurses including liaison with other specialties and the multidisciplinary team (MDT).

The pharmacotherapy for motor symptoms of PD includes:

- Monoamine oxidase type B inhibitors: selegiline, rasagiline, safinamide.
- Amantadine.
- Anticholinergics: trihexyphenidyl, benzotropine.
- Levodopa, carbidopa.
- Non-ergot dopamine agonists: pramipexole, ropinirole, rotigotine.
- COMT inhibitors: entacapone.

The pharmacotherapy for psychiatric symptoms include:

- selective serotonin reuptake inhibitor (SSRI) or serotonin and noradrenaline reuptake inhibitor (SNRI) for depression and anxiety
- antipsychotic medications like quetiapine and clozapine for psychotic symptoms.

Non-pharmacological management relevant to nurses should include various and diverse practical aspects of managing PD patients in an inpatient psychiatric unit.

- Falls risk prevention plan.
- Importance of dispensing PD medications strictly at same time every day to avoid 'on-off' phenomenon.
- Judiciously using PRN medications for behavioural problems keeping in mind the risks of worsening PD symptoms, delirium, constipation etc.
- Referral to dietitian and carefully choosing foods to prevent choking and aspiration pneumonia.
- Patience in dealing with slowness of movement and speech and fluctuation in symptoms and not to confuse them with malingering or 'behavioural'.
- Providing mobility equipment/walking aid to help walk.
- Carefully choosing room for the patient that is closer to toilet or providing hand-held urinal or commodes.
- Liaising with nurses or nurse specialist in Neurology unit that specialise in PD.
- Nurse-in-charge can organise an in-service/education session with specialist nurse/team for ward nurses.
- Liaising with physiotherapist, occupational therapist, speech therapist, dentist, etc.
- Liaising with social worker and family to psycho-educate and support them.
- Synthesising patient care plan in collaboration with the patient and carers.

Managing conflict between doctors and nurses

Psychiatric practice depends to a substantial degree on a good understanding between nurses and doctors. When this does not exist or is under threat, clinical care is impaired. The in-patient setting highlights an essential aspect of the doctor–nurse relationship: its mutual interdependence. Neither can function independently of the other. If the doctor is the responsible medical officer and a patient is on section under the Mental Health Act, that doctor is dependent on the nurses for the containment and safe care of the patient while in hospital care. Nurses rely on aspects of the doctor's expertise and medico-legal responsibility to support them and help contain the situation. The rules operating between different staff groups in terms of lines of authority, responsibility and reciprocity are often not explicit. A lot of emphasis is placed on the notion of 'teamwork', which implies a democratic structure, but in reality many teams are autocratically led and hierarchically structured. Parks (1979) explored nurses' notion of 'supportive' and 'unsupportive' responses by doctors and found that they thought the doctors' agreement with their opinions to be 'supportive' whereas disagreement was 'unsupportive' (rather than a factual correction or a constructive exchange of ideas).

Doctors can work successfully in their relationship with nurses in many ways including:

- Making sure that clinical decisions are well understood by others and try to cover all contingency plans and set review dates.
- Not volunteering nurses to carry out a task without asking them first.
- Not letting things fester, thinking that the problem will go away: doctors need to be prepared to be criticised and to make changes to clinical judgements when appropriate.
- Creating a culture in which all team members are encouraged to contribute and air their views.
- Discussing with nurses how they can take a leading role in ward reviews, organising priorities for discussion and timetabling of invitations to outside agencies and carers.
- Acknowledging and giving recognition to nurses' skills when the opportunity arises and publicise them to outside agencies and management.
- Emphasising the team approach, the need for collaboration and mutual dependency on each other's skills.
- Being prepared to support nurses when they have arrived at decisions and independent judgements. Review judgements fairly in open, frank discussion in circumstances where all staff can feel comfortable.
- Having regular staff meetings, preferably chaired by nurses, and take action when required; meet with the nurse manager and other senior staff to discuss policy, philosophy of care and management issues.
- One of the roles of a consultant is to contain anxiety in a very stressful environment which exerts a considerable emotional strain on the nursing staff.

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.

Domain Not Addressed – the candidate demonstrates significant defects in all of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

STATION 3 – MARKING DOMAINS

The main assessment aims are to:

- Demonstrate the ability to organise an education session about Parkinson’s disease, appropriately tailored for nurses.
- Demonstrate knowledge of Parkinson’s disease, especially the neuropsychiatric interface and its relevance to psychiatric nurses.
- Apply the principles of least restrictive care to this patient.

Level of Observed Competence:

6.0 SCHOLAR

6.4 Did the candidate demonstrate an appropriately skilled approach to training and supervision of others? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

provides a well-structured approach to the teaching session and systematically works through the process; recognises the opportunity that teaching and learning present; provides tailored strategies to work on the areas for improvement.

Achieves the Standard by:

including effective educational strategies to encourage learning; communicating at a level and in a manner appropriate to nurses; clearly see their role in the delivery of education; seeking advice as required; suggesting areas for improvement like aspects of attitude and professionalism in interaction with patient.

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

- Prioritise and synthesise information focused on nursing needs.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; does not apply any structure to their approach; does not see provision of education as part of their role.

Does Not Address the Task of This Domain (scores 0).

6.4. Category: TRAINING & SUPERVISION	Surpasses Standard	Achieves Standard			Below the Standard		Domain Not Addressed
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"/>	

6.7 Did the candidate skilfully apply principles of presenting/teaching and learning session for the nurses? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

provides a well-structured approach to preparation; systematically works through a process; recognises the opportunity that teaching and learning present; prioritises the learning needs of others; provides carefully tailored educational strategies; realises that there may be resistance to attend the session by nurses.

Achieves the Standard by:

demonstrating the capacity to: identify requirements for preparing a lecture/teaching session to portray the main points of the session; include key aspects to ensure a successful outcome; present effective educational strategies to encourage learning in others; communicate at a level and in a manner comprehended by the audience; clearly see their role in the delivery of teaching/learning; seek advice as required; demonstrating awareness of practical difficulties in organising a session for all nurses in the unit at such a short notice.

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

- Identify the need to provide the information to nursing staff who work in different shifts.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; does not apply any structure to their approach; missing major aspects of preparation; does not see teaching/presenting as part of their role.

Does Not Address the Task of This Domain (scores 0).

6.7. Category: TEACHING & PRESENTING	Surpasses Standard	Achieves Standard			Below the Standard		Domain Not Addressed
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"/>	

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2.0 COMMUNICATOR

2.4 Did the candidate demonstrate that they would communicate the findings to the nurses appropriately and accurately? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

communicates findings in a sophisticated manner; interprets findings in a resource effective and ethical manner.

Achieves the Standard by:

correctly communicating results in suitable language, with appropriate detail and sensitivity; reflects on any limitations in their knowledge of the subject

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

a. Accurately outline the causal linkages between PD and psychosis.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered if the candidate includes most or all correct elements.

Below the Standard (scores 2):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; inability to synthesise and communicate information in a cohesive manner.

Does Not Address the Task of This Domain (scores 0).

2.4. Category: COMMUNICATION – Findings	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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"/>

6.0 SCHOLAR

6.2 Did the candidate prioritise and apply appropriate and accurate knowledge based on available literature/research/clinical experience to explain details of Parkinson’s disease relevant for nurses? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

demonstrates in-depth knowledge of Parkinson’s disease including the diagnostic criteria; provides information supported by data and references; clearly focuses all data on information highly relevant to nurses.

Achieves the Standard by:

describing Parkinson’s disease in an organised fashion emphasising the psychiatric aspects which may lead to an admission in a psychiatric inpatient unit; describing both the motor and non-motor symptoms of PD; tailoring the information for the nursing care; demonstrating awareness of symptoms and issues relevant to nurses for example, ‘on-off’ symptoms, risk of fall, swallowing difficulties, risk of aspiration, incontinence, constipation, speech difficulties, pain, pressure sores, delirium, and memory difficulties.

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

a. Specifically include the risks of delirium and falls.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; unable to demonstrate adequate knowledge of the literature/evidence relevant to the scenario; inaccurately identifies or applies literature/evidence.

Does Not Address the Task of This Domain (scores 0).

6.2. Category: APPLICATION OF KNOWLEDGE	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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"/>

6.3 Did the candidate demonstrate an adequate knowledge of management of patients with Parkinson's disease specific to nurses (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

able to organise their answer in subheadings like management of motor symptoms, non-motor symptoms and specific nursing management issues in greater depth including topics like development of care plan with patients and carers.

Achieves the Standard by:

demonstrating and understanding of pharmacological and non-pharmacological treatments for both motor and non-motor symptoms of Parkinson's disease. The candidate should demonstrate knowledge regarding aspects of management of Parkinson's disease relevant to nurses. This will include practical management of both the motor and non-motor symptoms. The candidate is expected to demonstrate knowledge of the various specialists and MDT members required to comprehensively manage a patient of Parkinson's disease such as specialist neurologist, pain specialist, dentist, specialist nurses, dietitian, physiotherapist, occupational therapist, social worker etc. The candidate should be able to provide practical solutions for symptoms like walking aids for falls risk, hand-held urinal or assigning room closer to toilet for patient for urinary urgency or incontinence, diet and stool softeners for constipation, aids in case of bradykinesia, dyskinesia and measures to prevent aspiration pneumonia.

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

- a. Explain how using multiple PRN antipsychotics for behavioural disturbance increases the risk of worsening Parkinson's symptoms.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions impact adversely on patient care; plan lacks structure and/or is inaccurate; plan not tailored to patient's needs or circumstances.

Does Not Address the Task of This Domain (scores 0).

6.3. Category: THERAPEUTIC APPROACHES MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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"/>

1.0 MEDICAL EXPERT

1.11 Did the candidate develop and describe a relevant initial management plan? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:

provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan.

Achieves the Standard by:

demonstrating the ability to prioritise and implement evidence based acute care skills for an individual with physical comorbidities; planning for risk management; selection of treatment environment; recommending medication and other specific treatments in accordance with evidence and guidelines; suggesting safe, realistic time frames/risk assessment/review plan; record keeping and communication to necessary others; recognition of their role in effective treatment; identification of potential barriers; recognition of the need for consultation/referral/supervision.

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

- a. Explain the rationale for levels of nursing visual observations based on physical and mental health.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; omissions will impact adversely on patient care; plan lacks structure or is inaccurate; plan not tailored to patient's immediate needs or circumstances.

Does Not Address the Task of This Domain (scores 0).

1.11. Category: MANAGEMENT – Initial plan	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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"/>

2.0 COMMUNICATOR

2.6 Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

constructively de-escalates the situation; positively promotes safety for all involved; demonstrates sophisticated reflective listening skills.

Achieves the Standard by:

recognising challenging communications; listening to differing views; demonstrating capacity to apply management strategies; effectively managing psychiatric emergencies with due regard for safety and risk; applying de-escalation techniques; utilising the MDT to effectively promote positive outcomes.

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

a. Acknowledge the pressure nurses experience when dealing with agitated patients.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions impair attainment of positive outcomes; inadequate ability to reduce conflict.

Does Not Address the Task of This Domain (scores 0).

2.6. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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

5.3 Did the candidate promote patient rights? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

able to balance safety, risk and patient goals in patient care; applies recovery-oriented principles in broader service planning and provision.

Achieves the Standard by:

demonstrating capacity to apply principles of recovery and non-maleficence to interactions with patients: advocating for patients to make independent decisions that are important to them; engage with multiple systems to positively influence outcomes; builds this into the education planned for the nurses as well as in the conversation with the nurse-in-charge.

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

a. Outline the principles of least restrictive care for all patients.

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):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; demonstrates inadequate knowledge of recovery and recovery oriented services; neglects to consider patients' rights.

Does Not Address the Task of This Domain (scores 0).

5.3. Category: RECOVERY – Oriented care	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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 level of a junior consultant psychiatrist?

Circle One Grade to Score	Definite Pass	Marginal Performance	Not Proficient
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