Committee for Examinations
Objective Structured Clinical Examination

Station 1
Melbourne April 2016

The Royal Australian & New Zealand College of Psychiatrists

1.0 Descriptive summary of station:

Mr James West is a 33-year-old man with a more recent diagnosis of major depressive disorder on the background of attention deficit hyperactivity disorder, polysubstance abuse and intellectual disability. He is also facing charges for driving a motor vehicle without a licence. His usual treating psychiatrist has gone on leave for six months and has provided a clinical summary from which the candidate must develop a focussed short and a longer term management plan.

1.1 The main assessment aims are to:

- Review and assimilate the written clinical handover in order to develop a biopsychosocial management plan from the information obtained in the Bye Station.
- Ensure that the plan covers short and longer term interventions which involves the multi-disciplinary team and other agencies in the provision of comprehensive treatment.
- Demonstrate an understanding of the key areas to be covered in a court report in order to address a pending charge.

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

- Confirm compliance to treatment in the context of ADHD and intellectual disability.
- Recommend increasing the dose of escitalopram.
- Recommend specific psychological interventions tailored to the patient's intellectual capacity to address relationship issues and maladaptive coping skills.
- Review readiness to change for alcohol and marijuana.
- Refer to AA and / or other support groups.
- Adequately address the person's unsoundness of mind, understanding the nature of the charge and their fitness to stand trial.

1.3 Station covers the:

- **RANZCP OSCE Blueprint Primary Descriptor Category of:**
  Mood Disorders, Core Assessment Skills
- **Area of Practice:**
  Adult Psychiatry
- **CanMEDS Domains of:**
  Medical Expert, Collaborator, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes of:**
  Medical Expert (Management), Collaborator (Teamwork, External Relationships), Professional (Compliance & Integrity)

References:

- Malhi GS, Bassett D, Boyce P, Bryant R, Fitzgerald PB, Fritz K, Hopwood M, Lyndon RW, Mulder R, Murray G, Porter R, Singh AB. Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines for Mood Disorders. Australian & New Zealand Journal of Psychiatry 2015, Vol. 49(12) 1087–1206
- Depression: The NICE Guideline on the Treatment and Management of Depression in Adults: NICE Guidelines [CG90] Published date: October 2009
- Attention deficit hyperactivity disorder: diagnosis & management NICE guidelines [CG72] Published date: September 2008
- Taylor, D., Paton, C., Kapur. S. (April 2015). Maudsley *Prescribing Guidelines in Psychiatry*, 12th Edition. Wiley Press.
- National Health and Medical Research Council. *Attention deficit hyperactivity disorder*. Canberra: Commonwealth of Australia, 1997
- Professional Practice Guideline 11: Developing reports and conducting independent medical examinations in medico-legal settings. RANZCP February 2015.
- Janet Treasure. Motivational interviewing. *Advances in Psychiatric Treatment* Aug 2004, 10 (5) 331-337; DOI: 10.1192/apt.10.5.331
- Carver, C. S. (2011). Coping. in R. J. Contrada & A. Baum (Eds.), *The Handbook of Stress Science: Biology, Psychology, and Health* (pp. 221–229). New York, NY: Springer Publishing Company.

1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiners x 2, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- No role player required.
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

You have **fifteen (15) minutes** to complete this station and **five (5) minutes** of reading time outside the examination room.

This is a VIVA station.

In this station your FIRST task is to:

- Present a short term and a longer term management plan for Mr James West to the examiners.

Mr West is due to appear in court to face his charge of driving a motor vehicle without a driver's licence while disqualified by Court Order. His lawyer has requested you to prepare a report for this hearing on the issues of criminal responsibility (often referred to as mental impairment or unsoundness of mind) and fitness for trial.

Your SECOND task is to:

- Describe the key areas to address in relation to these matters in a court report to the examiners (assume patient consent).

You will receive a prompt at **twelve (12) minutes** to commence the second task.

Station 1 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
  - Duplicate copy of 'Instructions to Candidate'.
  - Any other candidate material specific to the station e.g. investigation results.
  - Pens.
  - Water and tissues are available for candidate use.
- Do a final rehearsal with your co-examiner.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry and say:
  "Please commence the first task"
- TAKE NOTE of the time prompt at **twelve (12) minutes** that you are to give.
- DO NOT redirect or prompt the candidate unless scripted.
- 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 **twelve (12) minutes** prompt the candidate to commence the second task by saying:
  "Please proceed to the second task."
- At **fifteen (15) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

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

If a candidate elects to finish early after the first task (i.e. before 12 minutes):

- You are to state the following:
  "Are you satisfied you have completed the first task?
  If so, do you want to proceed to the second task?"
- If yes, say the following:
  "You may proceed to the second task and you can return to the first task at a later time."

If a candidate elects to finish early:

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

3.0 Instructions to Examiner

3.1 In this station, your role is to:

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

When the candidate enters the room briefly check ID number.

This is a VIVA station, please direct the candidate to address the first task:

"Please commence the first task"

Please provide the following prompt if the candidate has not commenced the second task by **twelve (12) minutes**:

"Please proceed to the second task"

Your role is to observe the presentation of short term and long term management plan by the candidate. The candidate is also expected to list the key areas to address in the pending court case.

3.2 Background Information for Examiners

In this station the candidate is expected to review a written clinical summary for patient Mr James West who is a 33-year-old man with recent diagnosis of major depressive disorder on the background of attention deficit hyperactivity disorder, polysubstance abuse and intellectual disability. His usual treating psychiatrist has gone on leave for six months and has provided a clinical summary from which the candidate must develop a short and a longer term management plan.

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

- Confirm compliance to treatment in the context of ADHD and intellectual disability.
- Recommend increasing the dose of escitalopram.
- Recommend specific psychological interventions tailored to the patient's intellectual capacity to address relationship issues and maladaptive coping skills.
- Review readiness to change for alcohol and marijuana.
- Refer to AA and / or other support groups.
- Adequately address the person's unsoundness of mind, understanding the nature of the charge and their fitness to stand trial.

<u>First Task</u>

In the first task the candidate is expected to develop a biopsychosocial management plan that involves a multi-disciplinary team approach and includes other agencies in the provision of comprehensive treatment. The plan should outline short and longer term approaches.

Consensus psychiatrist feedback on key components of the management plan include:

NB: Throughout the presentation clarify which activities or interventions members of the MDT will be responsible for:

Safety

- acute changes in mental state and suicidal ideation.
- review risks in light of mood symptoms and recent stressors (e.g. court case, current relationship with partner, ongoing substance use).
- comment on role of compulsory treatment and consideration of any benefit of admission.
- monitor behavioural responses to stress in light of impulsivity and prior aggression.
- may consider safety of partner and son.

Short term biological management of low mood and weight loss.

- ascertain quality of response to medication.
- seek collateral.
- mechanisms to enhance compliance: explore ambivalence / attitudes / meaning, psychoeducation, webster packing, checking impact of substance use on capacity to be compliant, close monitoring by case manager / key worker / mental health clinician.

- increase escitalopram to maximum dose, then consider switch if required.
- consider role of Ritalin in presentation.

Clarify substance use
- details of current usage, salience and motivation to change.
- details of previous attempts to stop and what strategies have worked / been helpful in past.
- window of opportunity to increase motivation for reduction based on pending court appearance.
- consider benefit of a group program that meets on a consistent basis to provide repetition to assist in processing and new learning.
- consider AA or other support services / groups.

Management of ADHD and borderline IQ
- clarify diagnoses by beginning to source available information / reports / collateral.
- if not already done, check cardiac history and order ECG in case as decision is made to increase Ritalin (to maximum 30mg bd or longer-acting alternative).
- no specific change to management in short term.

Social interventions
- permission to engage partner and family.
- ensure access to legal aid to assist him with his court case.

Maintain engagement
- goal setting with patient.
- provide consistency and provision of supportive / behavioural therapeutic interventions.

Monitor mental state and develop a risk management plan
- monitor suicidal ideation and impulsivity.

Ensure depression remits
- work through biological and psychological interventions as required (SNRI, augmentation, quetiapine, CBT) taking into account capacity to manage multiple / complex treatment regimes.

Review diagnoses
- despite prior diagnostic clarification.
- specific assessment of learning, reasoning, planning, abstract thinking, concentration.
- neurocognitive and neuropsychological assessment, psychometric testing to assist in rehab plan.

Ongoing participation in AOD programs
- longer term motivational interviewing, action planning and rehabilitation.
- consider need for residential rehab if not able to manage alone; considering he is surrounded by substance using peers.
- ensure not abusing Ritalin and manage storage of drugs (substance abusing friends, son visiting).

Interventions for intellectual disability
- assess areas of difficulty and identify available strategies to manage IQ between 70-80.
- referral to ID services/ Disability Support Services.
- does he meet criteria for NDIS in Australia.

Psychosocial engagement
- follow-up outcome of court case including bail restrictions or recommendations made by the court as these could include psychiatric care, drug and alcohol counselling or community work.
- ongoing involvement of partner / family.
- alternative social engagement outside of a drug focus.
- relationship counselling, social skills interventions, distress tolerance skills development, problem-focussed coping strategies, anger management, parenting skills.
- may consider benefit of addressing childhood abuse and early paternal loss if able to engage psychologically on that level.

Vocational rehabilitation
- work training and placement in keeping with interests and capability.
- leisure management assistance.

Candidates should conduct the interview and follow up in a respectful manner, recognising the change in role with Dr Duke being away and recognising the impact of borderline IQ on capacity to understand and engage. The candidate needs to incorporate the impact of ADHD and intellectual disability on formulating and implementing a management plan. Because of his wide range of difficulties with life skills, learning, vocation, addiction and mental illness he is likely to need case management and would benefit from a mentor / support worker who can help him attend and participate in treatment as well as gain social and emotional skills.

Frequent checking that Mr West understands the conversations and recommendations is vital, as is the importance of increasing non-drug using adult supports.

It is important to confirm compliance to treatment in this context including whether James manages his medication in an erratic manner due to the intellectual disability and the ADHD. ADHD and intellectual disability will also influence how his substance abuse and relationship issues are addressed.

Drug interactions and side effects need ongoing review. Particularly as methylphenidate may increase the blood levels and effects of escitalopram which is likely to lead the patient to experience side effects, including serotonin syndrome: symptoms such as confusion, hallucinations, seizures, extreme changes in blood pressure, increased heart rate, fever, excessive sweating, shivering or shaking, blurred vision, muscle spasm or stiffness, tremor, incoordination, stomach cramp, nausea, vomiting, and diarrhoea.

This man will benefit from specific psychological interventions tailored to his intellectual capacity to address relationship issues and maladaptive behaviours. These maladaptive behaviours are inhibiting his ability to adjust to situations and while this type of behaviour is often used to reduce anxiety in the short term, the result is dysfunctional and non-productive and tends to result in an increase in dysfunction by maintaining and strengthening the disorder. So the candidate should consider seeking input from a psychologist to provide a tailored approach addressing these issues including gaining more adaptive coping skills: for instance through problem-focussed coping strategies.

When choosing an effective coping strategy, it is useful to consider the changeability of the stressor and the patient's reaction to the stressor, as well as the adaptability of physiological responses. Problem-focused coping focuses on changing or modifying the primary cause of the stress, such as work-related problems and family-related problems. This can be an effective method of coping when it is practical, and the stressor is modifiable. The overarching goal for this type of coping is to reduce or remove the cause of the stressor and focusses on a person taking control of the relationship between them and the stressor. In addition, problem-focussed coping may include information seeking, or developing strategies to avoid the source of the stress. Problem-focussed coping is ineffective when an individual cannot exert control over a circumstance or stressor, or cannot make an adjustment to the stressor.

Emotion-focussed coping strategies involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Stressors perceived as less controllable, like certain kinds of health problems, are better addressed using more emotion-focussed coping. People tend to use both types of strategies to combat most stressful events.

Anger management is readily available in most communities and on the internet and aims to assist people to better understand their anger and why it happens. These techniques encourage the person to prevent anger from occurring in the first place by recognising their triggers and early warning signs, or managing a situation before it gets out of control by learning and practising better ways of expressing anger and techniques to calm down.

It is important that candidates identify and outline their own role and those of other members of the multi-disciplinary team in treatment and reducing risk of relapse. Interface and referral with other stakeholders and service providers should also be clarified. This will include involvement family and friends and agencies like department of child services or similar services to improve child safety. Social worker input will be helpful in this regard. The candidate may consider recommending NGOs / support services to James' partner and services to provide psychological support to the child.

A surpassing candidate may:

- Meet the majority of the treatment plan as identified by the consensus group
- Clearly outline a hierarchy of options for the treatment of depression, particularly about the timing and choice of augmentation or switching.
- Consider the possibility of an antisocial personality and how this is difficult to diagnose on a background of ADHD and ID.
- Tailor the type of psychological interventions to the specific needs of James.

<u>Second Task</u>

Mr West is also facing charges for driving a motor vehicle without a licence for which a court report is due and for the second task the candidate should identify the key areas that need to be addressed in a court report for the pending charge; including the nature of the court report request and details of the charges as provided by the police and the potential impact of disposition. The candidate should be able to discern between a letter of

fact and a letter of opinion. The letter of fact, being written by the treating doctor about issues related to the diagnosis and treatment, the patient's possible level of wellness at the time and attendance for ongoing care. The letter of opinion focusses more on whether the person is deemed to not be criminally responsible because of a serious mental illness; whether they were deprived of capacity at the time of the alleged offence and whether they are fit for trial.

The candidate needs to demonstrate that they are familiar with the assessment process to complete a court report. This would include clarifying the whether the mental illness was active at the time, whether it has an impact on decision making capacity, specifically to know the nature and quality of the act, capacity and fitness to plead/stand trial, whether there are other relevant issues (dispute of facts, intoxication).

Some jurisdictions also consider culpability (insanity defence), responsibility and mitigation. A better candidate will also comment on the impact of any court decision on mental health and recommendations to court regarding treatment and make cautious comment on discussing the risk of re-offending.

A candidate may also comment on the detail of the report itself, which involves outlining your qualifications, explaining your relationship and role with Mr James including the time period you have known him, responding to the specific areas that the lawyer has requested for comment if a legal request, details as to the limits of confidentiality discussed, assessment of capacity, mental state assessment, overall summary and confirmation of mental health follow up, possible disposition options.

The McNaughton (M'Naghten) Rule:

In 1843, a man named Daniel McNaughton attempted an assassination on the British Prime Minister Robert Peel, and mistakenly shot the secretary of the Prime Minister's secretary Edward Drummond. McNaughton believed the government was out to get him.

McNaughton was acquitted of his actions because he was deemed "insane," and was not held accountable for his actions. The House of Lords established the main idea that posed as the question, "did the defendant know what he was doing, or, if so, that it was wrong?" ("United Kingdom House of Lords Decisions," 1843).

Essentially in the McNaughton Rule:

- There is a presumption, that the defendant is sane, and that they are responsible for their criminal acts.
- At the time of the crime, the defendant must have been suffering from a "disease of the mind."
- If the defendant knows the nature of the crime, do they know what they did was wrong.

Whether a particular condition amounts to a disease of the mind within the Rules is not a medical but a legal question and it is decided in accordance with the ordinary rules of interpretation. Any disease which produces a malfunctioning of the mind is a disease of the mind and need not be a disease of the brain itself.

In 1851, the McNaughton Rule was adopted in the US court system. There were several criticisms to the McNaughton Rule including:

- There was medical irrelevance, making it not as valid.
- There was ineffectiveness to distinguish between those who represent a public danger, and who do not.
- There were problems with sentencing.
- It did not permit complete and adequate testimony, making it less trusted.

When considering an understanding of the charges, there is no clear definition of 'dispute of facts' apart from that the common interpretation. The person charged with an offence may choose to dispute the facts recorded in the charge sheet / court brief. The dispute of facts is less to do with mental health and more a legislative implication.

Therefore if the person disputes the documented facts they can argue their case in court. In a court report the psychiatrist would usually make a note stating whether the person agrees to or disputes what is written on the charge sheet/court brief. No further action is required for a report.

Presser Criteria:

The 'Presser criteria', the test for unfitness to stand trial derives from the judgment of Justice TW Smith in the case of R v Presser (Presser). In the case of R v Pressor Justice TW Smith expanded the Prithcard criteria described in the 1836 R v Pritchard case (which had set out the following questions for the jury to answer in determining a defendant's sanity:

'There are three points to be enquired into:- first, whether the prisoner is mute of malice or not; secondly, whether he can plead to the indictment or not; thirdly, whether he is of sufficient intellect to comprehend the course of the proceedings in the trial so as to make a proper defence - to know that he might challenge any of you [the jury] to whom he may object - and to comprehend the details of the evidence, which in a case of this nature must constitute a minute investigation.'

The seven Pritchard criteria determine unfitness to stand trial:

- ability to understand the charge.
- ability to plead to the charge and to exercise the right to challenge jurors ability to understand generally the nature of the proceedings (that it is an inquiry as to whether the accused did what they are charged with).
- ability to follow the course of the proceedings.
- ability to understand the substantial effect of any evidence that may be given against them.
- ability to make their defence or answer to the charge.
- ability to give any necessary instructions to their legal counsel.

An accused person is unfit to stand trial for an offence if, because their mental processes are disordered or impaired, they are or, at some time during the trial will be:

- unable to understand the nature of the charge.
- unable to enter a plea to the charge and to exercise the right to challenge jurors or the jury.
- unable to understand the nature of the trial.
- unable to follow the course of the trial.
- unable to understand the substantial effect of any evidence given against them.
- unable to give instructions to their legal practitioner.

Each of these criteria stands alone. An accused person need only satisfy one of the above criteria to be found unfit to stand trial.

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 well-being 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.

STATION 1 – MARKING DOMAINS

The main assessment aims are to:

- Review and assimilate the written clinical handover in order to develop a biopsychosocial management plan from the information obtained in the Bye Station.
- Ensure that the plan covers short and longer term interventions which involves the multi-disciplinary team and other agencies in the provision of comprehensive treatment.
- Demonstrate an understanding of the key areas to be covered in a court report in order to address a pending charge.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.14 Did the candidate demonstrate an adequate knowledge and application of relevant biological and psychosocial treatments as per examiners instructions? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
Achieves a score of at least 4 *and* includes a clear understanding of levels of evidence to support treatment options; demonstrates knowledge of capacity to manage the interaction between methylphenidate and escitalopram.

Achieves the Standard if:
addresses the clinical value of methylphenidate, considers implications with escitalopram; checks for side effects; consider augmentation or switch of the antidepressant; demonstrates consideration of other barriers to implementation including substance abuse; recognises their role in treatment plan implementation; proposes motivational interviewing to address substance abuse; considers issues regarding his relationship with his partner especially looking at anger management.

To score 3 or above the candidate **MUST**:
a. Confirm compliance to treatment in the context of ADHD and intellectual disability.
b. Recommend increasing the dose of escitalopram.

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) if:
scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
errors or omissions in plan would impact adversely on patient care; lack of tailoring of plan to this patient's specific needs or circumstances would have adverse consequences; candidate demonstrates level of skill and knowledge which is grossly inadequate.

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

1.16 Did the candidate formulate an appropriate longer term management plan, including preventative treatment and referral to other specialists / resources? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:
achieves a score of at least 4 *and* overall plan is sophisticated, tailored yet comprehensive; tailors each psychological intervention to his unique levels of functioning; identifies long term therapy needs to address relationship issues and impact of mental illness on the child; elaboration of discharge / termination arrangements.

Achieves the Standard if:
prioritises and implements evidence based care; gives priority to continuity of care; long term monitoring of use of antidepressants and stimulants and complications; ongoing monitoring of substance abuse to reduce risk of relapse; identifying therapy options to address relationship issues and the impact of mental illness on the child; appropriate reference to long-term outcomes; acknowledging appropriately realistic possibility of treatment failure – of treatment alliance, resources, drug or psychological therapies.

To score 3 or above the candidate **MUST**:
a. Recommend specific psychological interventions tailored to his intellectual capacity to address relationship issues and maladaptive coping skills.

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) if:
scores 2 if the candidate does not meet (a) above or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
errors or omissions will adversely affect outcomes; candidate has difficulty with most of the skills above.

1.16. Category: MANAGEMENT - long-term, preventative	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

3.0 COLLABORATOR

3.1 Did the candidate demonstrate an appropriately skilled involvement of multidisciplinary team members? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:
achieves a score of at least 4 *and* takes a leadership role; effectively negotiates complex issues; works to reduce conflict.

Achieves the Standard if:
involves other disciplines in the multi-disciplinary team especially psychologist, drug and alcohol services and social worker; demonstrates respect, by 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 score 3 or above the candidate **MUST**:
a. Review readiness to change for alcohol and marijuana.

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) if:
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 if:
does not readily identify relevant people / agencies involved in care; any errors or omissions adversely on constructive teamwork.

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

3.3 Did the candidate demonstrate an appropriately skilled approach to consumer / carer representatives / other health professionals / community agencies? (Proportionate value - 15%)

Surpasses the Standard (scores 5) if:
achieves a score of at least 4 *and* recognises complexity of liaison; manages potential conflicts of interest; readily contributes to interagency activities. Involve psychological support for his partner and child.

Achieves the Standard if:
liaising with relevant stakeholders / agencies; interface with Department of Child Safety or equivalent service; utilising services available; demonstrating respect, acknowledging and understanding roles, listening to differing views; building therapeutic relationships to improve patient outcomes; maintaining an effective working alliance; effectively liaising with other psychiatrists in complex clinical situations.

To score 3 or above the candidate **MUST**:
a. Refer to AA and / or other support groups.

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) if:
scores 2 if the candidate does not meet (a) above or has omissions that would detract from the overall quality response; Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
any errors or omissions adversely impact on collaborative relationships.

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

7.0 PROFESSIONAL

7.2 Did the candidate demonstrate an adequate knowledge of legislation / regulatory requirements? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:
achieves a score of at least 4 below *and* analyses and incorporates professional guidelines and codes of conduct into practice; considers aspects of individual rights / rights to natural justice for the patient; competently articulates McNaughton's rule and Presser criteria.

Achieves the Standard if:
demonstrates capacity to apply relevant medicolegal assessment requirements; seeks advice and support as required; refers to McNaughton's rule / Presser criteria; discusses dispute of facts; clarifies letter of fact versus letter of opinion.

To score 3 and above the candidate MUST*:*

- adequately address the person's unsoundness of mind, understanding the nature of the charge and their fitness to stand trial.

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) if:
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:
poor knowledge of medicolegal frameworks for assessing offences; does not seek advice or support if unfamiliar with key aspects; does not see the court report as part of their role.

7.2. Category: COMPLIANCE & INTEGRITY	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

GLOBAL PROFICIENCY RATING

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

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