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**1.0 Descriptive summary of station:**

This is a viva station following an active bye in which the candidate will review information about a complaint and background documentation regarding use of restraint in mental health settings. Following an episode of restraint, the parents of a young person with first episode psychosis have made a complaint to the service about the care their son received while in hospital.

In this station the candidate will assess the situation leading to the complaint, plan a meeting with the persons making the complaint, and apply their understanding of current recommended practice in the use of restraint to plan changes to their service.

**1.1 The main assessment aims are to:**

- Assess the facts in relation to the complaint, and the associated incident report in the context of the service policy and the RANZCP position statement that they have been given.
- Evaluate the candidate's ability to synthesise the key elements of a clinical complaint and respond to the complaint.
- Develop an action plan for how the service can respond to the issues identified in the analysis of the complaint, and explain their role in its implementation.

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

- Accurately identify at least three suboptimal aspects of management: e.g. lack of use of alternative strategies; extended prone restraint position; failure to inform parents in timely manner; delay in accessing a medical review; leaving the patient lying sedated in the supine position;
- Prioritise the importance of acknowledging errors to the parents and the patient OR
- Prioritise the importance of apologizing to the parents OR
- Mitigate the potential impact of the incident on future treatment seeking by the patient;
- Identify the need for changing the culture within their organisation as an important part of the action plan OR
- Involve consumers and carers as part of the planning process;
- Identify the key role of the psychiatrist in ensuring adequate treatment plans OR
- Identify the key role of the psychiatrist in setting expectations for practice that lead to culture change.

**1.3 Station covers the:**

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Governance Skills, Other Skills (advocacy, complaints management, collaboration.)
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domain:** Manager, Communicator, Scholar
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Manager (Workload & Resource & Change Management; Organisational Structures – Governance), Communicator (Conflict Management), Scholar (Application of Knowledge)

**References:**

- RANZCP Position Statement 61, Minimising the use of seclusion and restraint in people with mental illness (2016)
- National MH Commission. A case for change: Position Paper on seclusion, restraint and restrictive practices in mental health services (2015)
- Sailas EES, Fenton M. Seclusion and restraint for people with serious mental illnesses. Cochrane Database of Systematic Reviews 2000
- Steinart T et al Incidence of seclusion and restraint in psychiatric hospitals: a literature review and survey of international trends. Soc Psychiat Epidemiol (2010) 45:889-897
- National Mental Health Seclusion and Restraint Project - National Document Outputs 2009 – Documents 1, 3, 5, 11
- Restraint Minimization and Safe Practice, New Zealand Standard 8134.2:2008, Ministry of Health

Committee for Examinations  
Objective Structured Clinical Examination  
Station 1  
Sydney April 2018



**1.4 Station requirements:**

- Standard consulting room.
- Four chairs (examiners x 2, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Copy of Bye Station materials:
  - Attachment 1 - Complaint letter from Sean and Sally Wright, dated 4th April 2018
  - Attachment 2 - Incident Report 1087, dated 9th March 2018
  - Attachment 3 - Western Health Ward Policy on Personal Restraint
  - Attachment 4 – An excerpt from the RANZCP Position Statement 61, minimising the use of seclusion and restraint in people with mental illness (2016).
- Pen for candidate.
- Timer and batteries for examiners.

## 2.0 Instructions to Candidate

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

This is a **VIVA** station.

You are working as a junior consultant psychiatrist in an adult general inpatient ward in the Western Health Service.

The service has received a complaint about a recent episode of restraint involving a young man whose care has been transferred to you since the incident. The previous psychiatrist involved in his care has since retired and so no longer works for the mental health service.

The director of the service has asked to meet with you to discuss your recommendations as to how the complaint should be dealt with, and discuss whether you see any issues that the service needs to follow up. You have been given copies of the complaint, the associated incident report, the Western Health Service policy on restraint and an excerpt from the RANZCP position statement on restraint (2016).

Using the information that you have reviewed in the active by your tasks are to:

- Outline your assessment of the facts of the complaint in relation to the Incident Report, the service policy and the RANZCP Position Statement (2016).
- Describe your approach to responding to the complaint.
- Propose a brief outline of an action plan for service improvement and your role in its implementation.

**You will not be given any time prompts.**

## Station 2 - 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).

### 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 scripted prompts for you to give.
- DO NOT redirect or prompt the candidate.
- 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 **fifteen (15) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

### At conclusion of examination:

- Retrieve bye station material from the candidate and place into the bag provided. Candidate **MUST NOT** take bye station material with them.
- Complete marking and place your co-examiner's and your mark sheet in **one** 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.

This is a VIVA station. There is no opening statement and no prompts.

#### 3.2 Background information for examiners

This is a viva station that aims to assess the candidate's capacity to review an inpatient incident and assess the facts in relation to the complaint. They are expected to interpret the associated incident report in the context of the service policy and the position statement that they have been given. The candidate must then synthesise the key elements of a clinical complaint so as to respond to the complaint.

Finally the candidate is expected to outline a local action plan for how their service can respond to the issues identified in their analysis of the complaint, and to specifically explain their role as a junior consultant psychiatrist in the implementation of the plan.

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

- Accurately identify at least three suboptimal aspects of management: e.g. lack of use of alternative strategies; extended prone restraint position; failure to inform parents in timely manner; delay in accessing a medical review; leaving the patient lying sedated in the supine position;
- Prioritise the importance of acknowledging errors to the parents and the patient OR
- Prioritise the importance of apologising to the parents OR
- Mitigate the potential impact of the incident on future treatment seeking by the patient;
- Identify the need for changing the culture within their organisation as an important part of the action plan OR
- Involve consumers and carers as part of the planning process;
- Identify the key role of the psychiatrist in ensuring adequate treatment plans OR
- Identify the key role of the psychiatrist in setting expectations for practice that lead to culture change.

A surpassing candidate may provide additional detail, and a comprehensive coverage of the issues demonstrating their extensive knowledge of the challenges involved in the sustainable minimisation of restraint and other restrictive practices, and their understanding of their role in leadership in service development, change management and clinical governance.

The candidate is expected to recognise that a number of aspects of care have been lacking, and identify that principles of clinical governance and standards were not closely followed, in particular a failure of staff to follow organisational protocols.

The candidate is expected to recognise the importance of arranging a meeting with the patient and parents to discuss the complaint, and to mitigate the potential impact of the incident on future treatment seeking by the patient.

To assist in preparation for examining this station, it is recommended that examiners review the RANZCP Position Statement No. 61. This document has been provided in your pack.

### 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.

## STATION 1 – MARKING DOMAINS

The main assessment aims are to:

- Assess the facts in relation to the complaint, and the associated incident report in the context of the service policy and the RANZCP position statement that they have been given.
- Evaluate the candidate's ability to synthesise the key elements of a clinical complaint and respond to the complaint.
- Develop an action plan for how the service can respond to the issues identified in the analysis of the complaint, and explain their role in its implementation.

Level of Observed Competence:

### 6.0 SCHOLAR

#### 6.4 While assessing the complaint, did the candidate prioritise and apply appropriate and accurate knowledge based on available literature and clinical experience? (Proportionate value - 30%)

**Surpasses the Standard (scores 5) if:**

recognises the impact of environment, people and new knowledge on current understanding; considers impact on institutional attitudes in current situation; acknowledges their own gaps in knowledge.

**Achieves the Standard by:**

identifying key aspects of the available information and literature; commenting on the voracity of the available information; discussing major positives and limitations of the information provided; describing the relevant applicability of theory to the scenario; correctly analysing the suboptimal aspects of the management of the episode of restraint; aligning errors in care and governance with literature base; considering the ramifications for patient care; recognising how literature can lead to a greater understanding of how to develop core clinical skills.

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

- Accurately identify at least three suboptimal aspects of management: e.g. lack of use of alternative strategies; extended prone restraint position; failure to inform parents in timely manner; delay in accessing a medical review; leaving the patient lying sedated in the supine position.

**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:**

unable to demonstrate adequate appraisal of the literature / evidence relevant to the scenario; inaccurately identifies or applies literature / evidence.

6.4. Category: APPLICATION OF KNOWLEDGE	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"/>	

### 2.0 COMMUNICATOR

#### 2.3 Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value - 30%)

**Surpasses the Standard (scores 5) if:**

constructively describes an approach to de-escalation of the situation; positively promotes safety for all involved; demonstrates sophisticated understanding of the need for transparency in communication and reflective listening skills; is aware of the need to progress with this without delay, considers involving the nurse in charge in this process and in the family meeting.

**Achieves the Standard by:**

recognising the importance of arranging a meeting with the patient and parents to discuss the complaint; acknowledging that interaction with staff and parents may be challenging; consulting with involved parties and listening to differing views; demonstrating capacity to apply management strategies; utilising supervision to effectively promote positive outcomes; managing the complaint in accordance with accepted strategies.

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

- Prioritise the importance of acknowledging errors to the parents and the patient OR
- Prioritise the importance of apologising to the parents OR
- Mitigate the potential impact of the incident on future treatment seeking by the patient.

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

**Below the Standard (scores 2 or 1):**

scores 2 if the candidate does not meet (a) or (b) or (c) 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 impair attainment of positive outcomes; inadequate ability to reduce conflict.

2.3. Category: CONFLICT MANAGEMENT	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"/>	



**4.0 MANAGER**

**4.4 Did the candidate demonstrate effective allocation of tasks and resources for the plan to improve their service? (Proportionate value - 20%)**

**Surpasses the Standard (scores 5) if:**

effectively consults around complex implementation issues; chooses to lead change management to reduce restraint; sophisticated approach to financial and human resource allocation; robust approach to cost / risk / benefit analysis.

**Achieves the Standard by:**

demonstrating the ability to make decisions based on patient needs; taking responsibility for the allocation and management of tasks and resources; participating in inpatient redesign; organising and delegating tasks within a clinical setting; including education of all staff about the restraint policy; considering cost implications; including a process of review of changes made in their planning.

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

- a. Identify the need for changing the culture within their organisation as an important part of the action plan OR
- b. Involve consumers and carers as part of the planning process.

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

**Below the Standard (scores 2 or 1):**

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

**Does Not Achieve the Standard (scores 0) if:**

does not underpin decisions on a clinical evidence base; the candidate does not prioritise decisions on efficient allocation of resources.

4.4. Category: WORKLOAD & RESOURCE & CHANGE MANAGEMENT	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"/>	

**4.3 Did the candidate demonstrate capacity to contribute to clinical leadership within a service? (Proportionate value - 20%)**

**Surpasses the Standard (scores 5) if:**

effectively uses local clinical governance structures for quality improvement; communicates / escalates gaps at a systems level; takes a leadership role in service planning and review; manages conflicts of interest in the organisation and sponsorship.

**Achieves the Standard by:**

working in operational structures within services; participating in activities concerning inpatient service improvement, identifying the impact of staff attitudes on patient care; engaging widely with peers and managers about the process; consulting with multiple stakeholders on systems issues / quality improvement.

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

- a. Identify the key role of the psychiatrist in ensuring adequate treatment plans OR
- b. Identify the key role of the psychiatrist in setting expectations for practice that lead to culture change.

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

**Below the Standard (scores 2 or 1):**

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

**Does Not Achieve the Standard (scores 0) if:**

demonstrates disorganised approach to clinical leadership; does not use clinical leadership role to improve health care systems.

4.3. Category: ORGANISATIONAL STRUCTURES - GOVERNANCE	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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