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**1.0 Descriptive summary of station:**

The RANZCP is committed to redress the inequities in mental health experienced by Aboriginal and Torres Strait Islander and Māori communities (Indigenous mental health). In this station, the candidate is expected to develop a comprehensive formulation of an Aboriginal woman in a culturally sensitive manner that indicates Indigenous cultural awareness. The candidate is expected to recognise illness in the midst of cultural and spiritual complexity, and then attempt to make sense of it in their formulation. The candidate is to take a history including important cultural and spiritual information from Jacinta, who is recovering from a manic episode. As a demonstration of engaging Jacinta, the candidate is asked to read aloud the Acknowledgement of Country document. The candidate will present a formulation that explains why this woman is suffering from these problems at this point in time.

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

- Develop rapport with an Indigenous woman who has a mental illness.
- Clarify the history in respect of culture, spirituality and mental illness.
- Make sense of the history gathered by presenting their formulation for an Indigenous woman with a mental illness, taking into account cultural and spiritual factors.

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

- Read aloud the Acknowledgement of Country in a manner that exhibits cultural sensitivity.
- Specifically explore Jacinta's cultural beliefs.
- Take time to clarify experiences and meaning related to Jacinta's deceased sister.
- Identify the core components of a comprehensive formulation specifically including cultural and spiritual dimensions.
- Succinctly link Jacinta's cultural and spiritual factors into the formulation.

**1.3 Station covers the:**

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Mood Disorders, Other Skills – Indigenous
- **Area of Practice:** Adult Psychiatry
- **Can MEDS Marking Domains Covered:** Medical Expert, Communicator, Scholar
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Process, Assessment – Data Gathering Content, Formulation), Communicator (Cultural Diversity), Scholar (Application of Knowledge)

**References:**

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- Sperry, L., Gudeman, J.E., Blackwell, B., Faulkner, L.R. Psychiatric Case formulations. American Psychiatric Press, Washington. 1992.
- RANZCP Clinical Examinations Formulation Guidelines for Trainees 2004.
- RANZCP Entrustable Professional Activity (EPA) <https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/EPA-forms/EPA-table.aspx>
- RANZCP <https://www.ranzcp.org/About-us/About-the-College/Reconciliation-Action-Plan>
- RANZCP <https://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health>
- RANZCP <https://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health/The-Dance-of-Life>
- RANZCP Understanding the Dance of Life <https://www.ranzcp.org/Files/Resources/The-Dance-of-Life-Helen-Milroy.aspx>

**1.4 Station requirements:**

- Standard consulting room; no physical examination facilities required.
- Five chairs (examiners x 2, role player x 1, candidate x 1, and observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: Aboriginal woman 30–40 years of age
- 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 time.

You are working as a junior consultant psychiatrist in an adult in-patient unit. You have just returned to work after a holiday. You are meeting Jacinta, a 35-year-old Indigenous lady, for the first time. Jacinta was admitted four days ago under the Mental Health Act with symptoms of mania and psychosis. She was initially unhappy about admission but is now more settled. Unfortunately, the Aboriginal and Torres Strait Islander mental health worker is in the community today, so you will be meeting Jacinta alone.

Her family reported Jacinta began worrying about them after her twin sister died two months ago. Jacinta was not sleeping, was behaving erratically, and had driven from Alice Springs to Gold Coast in just a few days. When she arrived, her family tried to take her to hospital, but she had fought with her brother, and would not get into the car.

Jacinta is a well-known Aboriginal woman who has actively advocated for the traditional owners' land rights and cultural integrity. She is strongly connected to her culture, heritage and beliefs, and is passionate about her people and the impact of colonisation. She was born in Alice Springs, raised in the traditional culture, language and spiritual realms of her people.

Jacinta will hand you a document.

### An Acknowledgement of Country

An Acknowledgement of Country is a way of showing awareness of and respect for the Traditional Custodians of the land on which a meeting or event is being held, and of recognising the continuing connection of the Custodians to their Country. Unlike Welcome to Country, An Acknowledgement of Country can be performed by anyone.

### Acknowledgement of Country

I would like to acknowledge the Traditional Custodians of the lands we are meeting on today and pay respects to the Elders past, present and future.

### **Your tasks are to:**

- Take a history from Jacinta to help you understand her background and her illness.
- Describe the components generally included in a comprehensive formulation **to the examiners**.
- Then present your comprehensive formulation for Jacinta **to the examiners**.

**You will not receive 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' and any other candidate material specific to the station.
  - Pens.
  - Water and tissues are available for candidate use.
- Do a final rehearsal with your role player and 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.
- TAKE NOTE there are no cues / time prompts for you to give.
- DO NOT redirect or prompt the candidate unless scripted – the role player has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:  
***'Your information is in front of you – you are to do the best you can'.***
- At **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 **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.

The role player opens with the following statement:

**(Role player hands the candidate a card with Acknowledgement of Country)**

***'Before we talk...read this aloud!'***

The card will read:

**Acknowledgement of Country**

**I would like to acknowledge the Traditional Custodians of the lands we are meeting on today and pay respects to the Elders past, present and future.**

#### 3.2 Background information for examiners

The RANZCP is committed to addressing the inequities in health experienced by Aboriginal and Torres Strait Islander and Māori communities (Indigenous Mental Health). In the long OSCE station, the successful candidate will need to give careful attention to rapport, and ease into the history gathering which may take some time.

Of key importance in a station involving Indigenous patients is the expectation that candidates respect the patient's dignity and demonstrate awareness of culture. Candidates need to show a willingness **to listen to the story**, to modify their interview style, to cope with uncertainty, and to manage any significant differences with the patient. Indigenous patients may well differ depending on their connection to culture, their life experiences, and the personal, lived impact of assimilation. The patient in this station is competent in both Aboriginal and Western culture, having been raised in a traditional setting and having a university education.

In this station, the main focus is on history taking and formulation. The candidate is expected to develop an understanding and present a formulation that displays a cultural awareness of Indigenous peoples. The candidate is expected to tease out and recognise the features of mania in the midst of cultural and spiritual complexity and ambiguity, and attempt to make sense of it in their formulation.

The material provided below is available on the RANZCP website for all candidates to access.

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

- Read aloud the Acknowledgement of Country in a manner that exhibits cultural sensitivity.
- Specifically explore Jacinta's cultural beliefs.
- Take time to clarify experiences and meaning related to Jacinta's deceased sister.
- Identify the core components of a comprehensive formulation, specifically including cultural and spiritual dimensions.
- Succinctly link Jacinta's cultural and spiritual factors into the formulation.

#### **Acknowledgement of Country**

The Instructions to Candidate explicitly states that an Acknowledgement of Country is '**a way of showing awareness of and respect for the Traditional Custodians of the land**'. Having been given this explanation, it would be expected that candidates demonstrate respect for the patient by reading this acknowledgement.

If the candidate fails to read aloud the Acknowledgement of Country as requested by the role player, it will impact on engagement, rapport and the quality of the information gathered. It might well signal a lack of sensitivity and failure to appreciate the importance of acknowledging the cultural origin of the patient. Furthermore, it may indicate a lack of the capacity to begin to engage with an Indigenous person in a culturally sensitive manner.

## **Outline for Indigenous cultural cases:**

As part of the examination process across the two countries, the RANZCP aims to assess candidates' competence to engage, interview and manage people of Indigenous culture. There are three Indigenous nations to consider: Aboriginal and Torres Strait Islander (ATSI) peoples and Māori peoples. Each has its own unique cultural, psychological, social, spiritual and religious parameters. To examine culture is complicated, but some issues overlap, and may be useful as parameters to assess candidates' cultural awareness. These include cultural concepts of health, wellbeing and illness, as well as social determinants of wellbeing such as rituals, histories, ancestral beliefs, and access to Country, lands, waterways, cultural sites.

The Indigenous nations of the two countries have different histories. The Aboriginal and Torres Strait Islander people have an ancient history dating back over 60,000 years, at first contact were sophisticated hunter gatherers, cultivators and seafarers. Māori history in New Zealand dates back 1000 to 2000 years. The Maori people were agricultural and hunter-gatherer with a history of seafaring across the Pacific Ocean from an older period. The impact of Western contact on the Indigenous nations of both countries was immense and is ongoing. They were dispossessed of their lands, traditional lifestyles, customary roles and kinship relations. The Indigenous people of Australia and New Zealand were confronted with violent conflicts, massacres, inequitable pacts, religious conversion, and attempts at cultural annihilation. Memories of this assaulting history remain vivid in the minds of many today, and needs to be acknowledged in attempting to understand Indigenous wellbeing and mental health.

Surviving Indigenous people have accommodated to European cultural in a variety of ways. Some have been able to assimilate, but at the cost of cultural identity. Some have been able to create a cultural identity and fluency in the western world, and to build resilience. For some, the need to forge identity and belonging has been compromised by disadvantage, deprivation and discrimination. This disadvantage may be economic, social, occupational, environmental, psychological, educational, cultural and / or spiritual. Colonisation continues to be less than kind to the Indigenous nations, and may negatively impact on mental and physical health. The loss of spiritual connection may have deep effects on identity and belonging, and thus the psyche with the potential to cause demoralisation.

## **Rapport and approach:**

When interviewing Indigenous people, candidates need to adopt a different approach from standard western medical practice, especially when explaining roles. Indigenous people may expect to hear some personal information from the health professional. This will foster personal connection, build rapport and pave the way for the professional to ask personal questions in return.

Typically, Indigenous peoples are more interested in how person interacts and reacts rather than that person's role (doctor, specialist). In this station, relatedness is tested by the way the candidate manages the interaction. In developing rapport, it is helpful to establish family connections, and find out if the family is concerned about the patient's behaviour. Enquiring about cultural activities, family expectations, where Jacinta was raised, and her family relationships / genealogy will give context to her presentation. Specifically exploring Jacinta's own explanations for the current situation, and her concepts of illness and wellness is important in the cultural context, as well as inquiring about spiritual upbringing and beliefs.

In an Indigenous clinical setting, an interrogating approach will not foster rapport or elicit useful responses. Clinicians generally need to proceed at a slower, measured pace, expecting and tolerating silence periods and allowing ample opportunity for the patient to consider and answer direct inquiries. By asking multiple, closed question, unaware interviewers may cause unnecessary distress and engender feelings of shame. An indigenous person may feel negatively judged when they cannot answer questions, they may feel rushed to answer or may not understand what is being asked of them. As with all interviews, it is important to explain medical or technical jargon so it is understandable to the person and their family. The interview should be a careful balance between limiting closed-ended questions, and avoiding the use of open-ended questions too soon. Appropriate use of language can help the person relax, encourage disclosure, and reduce shame. Equally, it is important to seek clarification about the cultural or spiritual significance of matters raised. Similarly, clarifying language used is important to enhance mutual understanding. Sometimes the use of storytelling about people with similar symptoms can help the person to overcome feelings of shame or shyness.

With regard to non-verbal communication, a downward gaze may be to show respect for the interviewer, rather than indicate mental illness or display the overused MSE phrase 'avoids of eye contact'. With Indigenous patients, it may be appropriate to shake hands or to engage in some other ritual, with guidance either from the person or a cultural mental health worker in an interview.

## Deep listening / Dadirri:

Miriam-Rose Ungunmerr-Baumann has articulated **Dadirri**, a technique of inner, deep listening and quiet, still awareness which is important to understand in relating to Indigenous people. She emphasises the importance of listening to **the story** carefully, and allowing the person adequate time to tell their story. **Dadirri** also accommodates long silences that can occur when developing rapport or when issues are difficult to verbalise. It acknowledges that, at times, there may be no need for words. It requires the listener to listen deeply; to listen over and over again; '**for to listen is to learn**'.

In many Indigenous cultures, one learns by watching, following and listening, not by asking questions; learning involves observing, waiting and then acting. It is useful to have some comprehension of this way of being for Indigenous Australians. '*We don't mind waiting, because we want things to be done with care. We don't like to hurry. There is nothing more important than what we are attending to; there is nothing more urgent that we must hurry away for.*' While useful in the clinical setting, this technique may prove difficult for candidates to adopt with an aroused, hypomanic patient, such as with Jacinta in the examination situation.

In summary the candidates are to:

- Manage potentially challenging communication, and put this woman at ease by adapting an accepting communication and interview style.
- Balance her giving her story within the time-frame available; responding to concerns raised and maintaining open communication whilst gathering information.

## Culture and spirituality

It is not expected that the candidate will have an in-depth knowledge of the cultural ramifications. In the examination setting it may be difficult to demonstrate, but the formulation of a superior candidate may show an awareness of the cultural traditions, spiritual beliefs of meaning and belonging, history of colonisation, an understanding of impact of cultural violation, and disposition of values. The value of this understanding is the ability to explore other underlying cultural issues that may influence the presentation of mental illness.

Often there are expectations for Indigenous people to return '*to their families*' because of the belief that all Indigenous people have intact communities and families. Recent times have seen a breakdown in some of the traditional structures that could have absorbed and comforted people in need.

In summary the candidate is expected to:

- Demonstrate an ability to remain non-judgmental.
- Be aware that limited views of wellbeing and predetermined ideas of pathology can result in distress being attributed to mental illness rather than to cultural expectations, norm and beliefs. Such misinterpretations may cause further suffering and anguish for the person and those who support them.
- Demonstrate an ability to explore Jacinta's cultural beliefs by allowing her to tell her story, and by listening with an open mind to her lived experience.
- Demonstrate an ability to explore Jacinta's spiritual beliefs regarding her ability to connect with and to hear her sister, and recognising this as a cultural norm not a sign of psychosis.

## Background for Indigenous Formulation: The Dance of Life

To best understand Aboriginal and Torres Strait Islander peoples, a holistic approach is needed. To assist conceptualising Indigenous culture, Professor Helen Milroy has developed **The Dance of Life**; a multi-dimensional model derived from narrative, theory, paintings and existing evidence. This framework was specifically designed to assist practitioners in understanding health and wellbeing from an Aboriginal perspective. It could well prove useful to assist candidates develop a formulation of Jacinta's issues.

In using the 'Dance of Life' to understand Indigenous people, culture and spirituality are viewed as **primary** to achieving wellbeing. The biological, psychological and social aspects of life are considered next. This is different from the Western bio-psycho-social model in which culture and spirituality are viewed almost as add-ons. This may be due to the complexity of describing and understanding both culture and spirituality. Often the dominant culture is less aware of its own cultural practices, only looking at other groups as '*having a culture*'. In a similar vein, Western cultures have recently come to view spirituality only in terms of religious practices. Some view the Western World's declining interest in spiritual matters as leading individuals to feel a loss of attachment or connection with the earth, the universe, and something greater than ourselves. Western loss of connection to spirit and community may lead to a more materialistic and self-preoccupied perspective, which is counter to the Indigenous sense of community and spiritual connectness. The Dance of Life framework aims to bridge this divide for the western mind.

Indigenous nations traditionally are firmly grounded and supported by community and spirituality. They tend to reflect back on culture to grow, and reach forward to the experiences life has waiting. The stories of ancestors, the collective grief, as well as healing, begin from knowing one's origins. This perspective then gives direction to the future endeavours.



## Formulation for RANZCP Clinical Examinations:

There are as many ways to formulate a case as there are practising psychiatrists. However, for the present purposes, it is useful to revisit briefly the College Guidelines for Trainees provided by the RANZCP. In essence, formulation involves the ability to postulate or propose a set of explanatory hypotheses or speculations that link the findings on history and mental state examination with the putative diagnosis, and as such should precede the diagnostic statement.

### What is a Formulation?

#### ***'Why does this patient suffer from this (these) problem(s) at this point in time?'***

Formulation is an integrated synthesis of the data, demonstrating an understanding of this unique individual, with their vulnerabilities and resources, and how they come to be in the current predicament. Essentially, formulation highlights possible linkages or connections between different aspects of the patient's history, and adds something new to what has already been presented.

### Formulation Framework – three sections

Both section I & II involve exercising of judgement as to which aspects of the history are selected, and to convey an appropriate sense of emphasis and priority. This choice will be dictated to some extent by Section III.

#### **Section I - brief introductory statement**

That places the patient and their problems in context.

##### **A. Succinctly states demographics and history of diagnosis / presentation**

##### **B. Succinctly states the current context leading to presentation – precipitating factors**

#### **Section II - highlights the important biological, psychological and social, cultural and spiritual factors**

These factors of the history have potential explanatory power - 'longitudinal' perspective.

The concept of 'vulnerability' (or predisposing factors) is to make sense of the presentation; highlighting recurring themes in the history; the impact of genetics and the environment, with the environment seen as modify genes via epigenetic mechanisms.

##### **C. Succinctly states bio-psycho-social cultural & spiritual vulnerabilities; predisposing and perpetuating factors**

#### **Section III - makes linkages between Section I and Section II using hypotheses derived from acceptable models or frameworks**

Patient's vulnerabilities are juxtaposed with current stressors (and / or environment) to provide a plausible explanatory statement. The candidate will select and give priority to the most plausible linkages between the material of Section I and Section II. Given the candidate's limited knowledge of the patient (and our limited knowledge of cause / effect in psychiatry) the formulation will invariably be hypothetical; a set of 'educated guesses'; the plausibility of these speculations makes the difference between a good and a poor formulation.

#### **Additional information**

##### **D. Comment on current psychosocial setting**

##### **E. Incorporate a statement about the patient's strengths (or protective factors) in the formulation.**

### Formulation – including culture, spirituality

Indigenous spiritual and cultural understandings are important, but often difficult to assess or make sense of in a traditional Western clinical perspective. The formulation prioritises the history gathered into a sophisticated bio-psycho-socio-cultural spiritual explanation. The current case involves a woman who is highly educated both within her own cultural and in the Western modern world who presents in a state of distress with a history of recent manic features. The candidate is expected to develop a formulation that works with the patient's expectations. They will achieve this by listening carefully to Jacinta's history; developing understanding of her social, cultural, spiritual, family and personal history, and then proposing a plausible explanation of the causes for her presentation.

In summary the candidate is expected to:

- Demonstrate a broad approach that allows for the complexity of Indigenous culture, and utilises a bio-psycho-socio-cultural spiritual model in formulation and planning management.
- Arrive at an understanding of this woman's spiritual connection with her deceased twin sister (that is not indicative of psychosis), her strong cultural beliefs that drive her to fulfil her role for her people, and the impact of her grief for the loss of her sister causing her to travel to see family, losing sleep and missing medication, likely precipitating her current manic episode and admission.

## Combination of 'The Dance of Life' and RANZCP formulation framework

The following table combines Professor Milroy's **Dance of Live** with the RANZCP Guidelines on formulation. Each cell of the table summarises issues from Jacinta's history that may be relevant to understanding her predicament, and might be useful in formulating her case.

	<b>Predisposing / Vulnerabilities</b>	<b>Precipitating / Triggers</b>	<b>Perpetuating / Maintaining</b>	<b>Protective / Strengths / Resilience factors</b>
<b>Cultural</b>	Her culture might have an impact on how she communicates feelings and deals with adversity	Death of twin sister  Increasing fear for safety of family  Impaired ability to make realistic plans and take steps to carry them out	Continuum of cultural identity; Diversity of practice and experience;  Cultural clash, two worlds; Cultural knowledge; Cultural grief;	Strong family connections  Culture - customs and traditions, and the beliefs of the family and community  Lore / Law; Language; Healing Beliefs, Expression, Experiences
<b>Spiritual</b>	Dreaming; Belonging, connectivity; Philosophical views; Beliefs; Experiences	Death of twin sister  Struggling to cope with her strong feelings and impulses	Spirituality and Health; Existential Despair	A positive view of herself and confidence in her strengths and abilities
<b>Social / Lifestyle factors</b>	Employed by Charles Darwin University  Does talk at conferences about the land and cultural issues  Single, recently long-term relationship ended  Community centred; Kinship system; Obligation and reciprocity	Death of twin sister  Currently on leave from work for three months following the death of her sister  Was living with her sister, her home has too many memories and has been living with other family, moving from place to place  Loss of buffering	Missing her twin sister  Fearful of another family member dying suddenly  Travelling to visit family members, driving great distances and not sleeping or eating properly	No alcohol, nicotine or other substance abuse  Generally active and physically well  Well educated  Very supportive family
<b>Psychological / Emotional</b>	Did not access mental health services with level of distress  Instead sought support of family and travelling long distances to see them and check on them  Profound trauma; Loss and grief; Re-traumatisation  Sense of self; Identity and role; bereavement	Struggling to cope with death of twin sister  This level of distress having negative impact on resilience and ability to cope with life's stressors  Increasing levels of distress impacting on sleep and appetite and mood  Place in society; Present trauma, loss, grief; Psychological morbidity, illness	Variable compliance with medication  More episodes of mania and / or depression increased risk of loss of functional achievements and increased risk of further episodes of mania and / or depression  Impact of discrimination; cultural and spiritual phenomenology	Willing to take medication  Belief in what twin sister was trying to do for her in reminding her to take medication and to ensure sleep hygiene maintained to keep well and reduce frequency of episodes of mania and / or depression  Grief and trauma

	<b>Predisposing / Vulnerabilities</b>	<b>Precipitating / Triggers</b>	<b>Perpetuating / Maintaining</b>	<b>Protective / Strengths / Resilience factors</b>
<b>Physical / Biological</b>	<p>Family history of mood disorders</p> <p>Maternal family history of mood disorders</p> <p>Variable compliance with medication</p> <p>Connection of genes and environment epigenetics</p> <p>Presence of mania sufficient to qualify for the diagnosis of BPAD</p>	<p>Poor sleep Poor self-care</p> <p>Had low mood when parents separated, not a major depressive episode, which preceded the onset of mania by several years</p> <p>Present morbidity, burden of chronic illness; Land-rights and treaty; Holistic view; Urban, rural and remote differences</p>	<p>Stress; Grief and mortality; Transgenerational trauma; Chronic mental health; Complimentary healing and practices</p>	<p>Generally, functions well despite two previous episodes of mania. Has understood importance of compliance with medication to reduce risk of functional impairment and episodes</p> <p>Connection to country, source of renewal</p>

### 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.

## 4.0 Instructions to the Role Player

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

You are Jacinta, a 35-year-old Indigenous woman. You are an Arrernte (pronounced Arunda) woman from Alice Springs, Central Australia in the Northern Territory. You were admitted four days ago to the inpatient psychiatric unit at Gold Coast Hospital. You are meeting this psychiatrist for the first time. You want to test the doctor out because you are tired of the way people show lack of respect to your culture. Over the past few days, you have refused to speak to people on the ward until they have read aloud *An Acknowledgement of Country* document. This is to get them to understand and acknowledge your cultural heritage.

Most people have read it with no problems, but there have been some patients on the ward who have thrown it back at you or told you to go away, and this has made you very upset and angry.

It reads:

#### An Acknowledgement of Country

An Acknowledgement of Country is a way of showing awareness of and respect for the Traditional Custodians of the land on which a meeting or event is being held, and of recognising the continuing connection of the Custodians to their Country. Unlike Welcome to Country, An Acknowledgement of Country can be performed by anyone.

#### Acknowledgement of Country

I would like to acknowledge the Traditional Custodians of the lands we are meeting on today and pay respects to the Elders past, present and future.

You have spoken with the Aboriginal and Torres Strait Islander mental health worker about the responses you have experienced, and how to cope with the distress this is causing you. You have also spoken with local Elders who have come to the ward to help you. They have done ceremony with you, and you are feeling better.

Yesterday, you had an argument with a patient as they were rude when they refused to read it. The doctors moved you into the more secure part of the ward for several hours to settle down. The Aboriginal and Torres Strait Islander mental health worker brought the Elders in again today, and you feel calmer in yourself. It is upsetting as you really believe that most people disregard your culture, and so you want to teach everyone respect. You are adamant that the best way to start is to get them to read out loud the Acknowledgement of Country. No one can dissuade you because you believe this is the only way for mutual understanding to begin. To you, the reading out loud is a demonstration of the truth of the person's intent to open up to your culture. You want to hear the commitment in their voice.

The doctors, nurses and the Elders have been trying to explain to you that part of the way you are feeling and behaving, is because you are unwell. You disagree; you don't feel sick at all. In fact, you feel very well; better than you have ever felt. You do accept that the medication is helping you sleep better, and your mood is not as high as it was, but you do still get irritated with others pretty easily. You know you are right, because you just are! You know that you respect the nurses and doctors, but you mostly respect the Aboriginal and Torres Strait Islander mental health worker and the Elders, because they listen to you and they know what you need to get better.

### History of presenting issues

You can accept that before coming into hospital you were pretty unwell, and you did not mean to fight with your little brother, Jake. You did not think you needed to come into the hospital, you just needed to sleep. Your family just got into your business, you knew what you were doing. You admit you did not sleep much in almost three days, and drove from Alice Springs to Gold Coast. It is your business that you went via the top of Adelaide. Deep down, you know you almost drove off the road, and okay, you almost drove into another vehicle, but nothing happened! You needed to check the family. It is your right to know they are safe and well. Look your twin sister, she is dead.

Things had been going well until your twin sister passed away two months ago from pneumonia. You do not tell the doctor her name because that is not the way. (In your culture, you do not speak the name of departed people). You miss her terribly, she understood you, she could calm you especially when you got too excited. She made sure you took your medication and had sleep. You always listened to her. She knew how to talk to you. She did not have your illness. Other members of your mother's family have schizophrenia or depression or bipolar.

Sometimes you can hear your sister calling to you. She says your name, but you know she is not singing you to join her. You know she loves you and is watching over you, and your family. Sometimes you see her but when you look closer, she disappears. She looks happy. She is checking up on you... especially now you have been sick. You miss her so much. You know your sister is good and has moved on. This fits with your spiritual beliefs. From a cultural and spiritual perspective this is normal.

After your sister died, you had trouble sleeping, and have not been taking your medications properly. Since her death, you have become worried about the family. You decided to visit them although they live far away. You enjoyed visiting the family and at the time, you could not understand why they kept telling you to sleep, you felt on top of the world. You were talking a lot. You became convinced that by visiting them, you were protecting them from dying suddenly like your sister.

Last week, you drove six hours to Uluru to check on your brother who works as an artist out there. Of course, he was okay, so then you drove down to Coober Pedy to your sister cousin's place and checked on her. She told you to stop and sleep, but you had to get to your little sister in Gold Coast to check on her. You know your sister cousin rang your brother. He told your father and the family were prepared for your arrival. You had fallen asleep while driving, but lucky there was a rut in the road it woke you up. You pulled over to sleep for a short time. In Port Augusta, South Australia you stopped for a sleep. You knew you were getting elevated. You drove faster to get to your family. You forgot your medication when you left home. When you got to your family, you almost collapsed. You were talking and talking, you did not pause, and they said they could not understand you because you were talking so fast. The family wanted you to see the doctor, but you did not want to go, you just needed sleep. They wanted to take you to hospital. You became really irritated with them, your younger brother tried to talk to you, but you fought him and refused to get you in the car. They called the police who took you to hospital. You have been on the inpatient psychiatric unit at Gold Coast Hospital for four days. You were on this unit a year ago, with a similar episode. You feel a little better, maybe your family were right, but you got so angry with them.

When you feel high or elevated mood or manic, it is like being really powerful, energised. You do not need sleep or food. You have many racing ideas, and talk a lot and often fast. Just like now, during the car trip you talked to yourself, played loud music, cried loudly or laughed really loudly. You had stopped the car to yell out loud how you felt. At fuel stations or shops, you noticed people looking at you, but you did not care. You knew that they recognised that you were important and special. The doctors said you were '*grandiose and paranoid*'. But you knew the public were going to vote you in as next prime minister of Australia. You were going to right all the wrongs against your people. You would demand recognition and apology from the government.

### **Past psychiatric history**

When you were 17 years old your parents separated. You were sad wanting to join your ancestors, but it settled with the support of family.

You were diagnosed with a mental illness called Bipolar Disorder when you were 20 years old, and experienced your first manic episode. At that time, you had started a movement to get white fellas to take your people seriously. You believed the government would send you to the United Nations as their representative. You went to the Tent Embassy at Parliament. They called the Police. You were in Canberra Hospital inpatient psychiatric unit for five weeks.

Your second admission under the Mental Health Act was at the Gold Coast. You stopped medication after three years of being well. You were in a manic state, and recommenced on medication to balance out your mood and to help calm your thinking, Lithium 750 milligrams at night. You were in hospital for six weeks.

You have had issues with the police because of your erratic driving when unwell. You believe they have not charged you with a fine because they know how important you are.

You see your GP regularly and get your prescriptions from him. If you are asked, you do not use cannabis or drink alcohol, and you do not smoke cigarettes.

### **Personal History**

You live with your mum in Alice Springs, and your extended family lives locally and remotely back in community. Your mother is Arrernte and your father is a white fella, Anglo-Australian from Queensland. They separated when you were 17 years old. It was hard for you because you wanted your family to stay together. You had your twin sister and you supported each other. You grew up with three brothers and three sisters, one of whom was your twin sister. You have always looked out for each other. You grew up listening to stories and dreaming. You were raised in the culture, the language and the lore. Your grandma and grandpa were highly respected elders, and together always tried to work with government, and were influential in getting recognition for your people, the traditional owners. You come from a long line of *knowledge holders*, and know it is important to uplift people and be proud of who you are. Your people observe the lore and look after country, and teach the children the Arrernte language and culture. You know your dreaming stories and your own dreaming. You went to school in Alice Springs. You have a Degree in Indigenous Studies from Charles Darwin University in Alice Springs and Gold Coast. Your father moved to Queensland from Alice Springs. Your siblings visit with him from time to time.

## Cultural history

You know some of the locals in Gold Coast. You spoke at local meetings from time to time about your work with land and culture. You are a well-known Aboriginal woman. You actively advocate for the traditional owners' land rights and cultural integrity. You are passionate about your people, your culture and the impact of colonisation. Being raised in the traditional culture, language and spiritual realms of your people, you know how important Country is and your need to protect it and teach others about it. Your elders have supported you in promoting and teaching others the necessary cultural knowledge to protect Country. You have met many other mobs from around Australia including white fellas who support the call to protect Country. The mining companies and the Northern Territory and federal governments have wanted to mine for uranium. Over and over, you have fought against this with your people, with the elders due to the risk to the artesian basin that holds two hundred years of water becoming contaminated by mining.

### 4.2 How to play the role:

You are well dressed, and proud of who you are and where you come from. You talk straight and direct. You might become annoyed with the candidate if you feel they are not taking you seriously or disregard what you are trying to tell them. You expect them to listen to you and to engage with you.

When the candidate enters the room, you gesture with the card in your hand, for them to sit down in the chair provided for them.

Do not answer any questions or speak with the candidate until they are seated and have the card. Then make your opening statement **'Before we talk...read this aloud!'**

### 4.3 Opening statement:

**(Role player hands the candidate a card with Acknowledgement of Country)**

**'Before we talk...read this aloud!'**

### 4.4 What to expect from the candidate:

You can expect the candidate to do as you request, and read the document you hand them aloud. They should behave in a respectful manner, and have some knowledge of how to approach your cultural history.

If the candidate does not seem to have knowledge of Aboriginal and Torres Strait Islanders cultures (some may be from New Zealand), you expect them to be respectful and to try to understand what your concerns are.

The candidate may ask you a range of questions, only answer from the information you have been given.

If you do not have answers for what they ask, say **'I don't know'** or **'Why don't you ask someone else.'**

### 4.5 Responses you MUST make:

If the candidate reads it aloud respectfully (you feel respected by the candidate), then acknowledge and say: **'Thanks'**

If the candidate reads it aloud in an off-hand manner (you feel uncomfortable about the way the candidate has spoken to you), then say:

**'Read it again...show my culture respect.'**

If the candidate does not read it aloud (reads it silently or quietly to themselves) then say:

**'Read it aloud, then we can talk.'**

If the candidate has not read it aloud and keeps trying to engage you in conversation after one (1) minute, then say:

**'Show my culture respect, read it aloud.'**

During the rest of the assessment:

**'I am an Arrernte (Arrernte pronounced Arunda) woman.'**

**'I can see and hear my sister...but it's different to those other things I was thinking about...it's our way.'**

**'I know I gotta take my medication to stay well.'**

### 4.6 Responses you MIGHT make:

If the candidate asks whether you have felt like dying or suicidal.

Scripted response: **'No, never.'**

### 4.7 Medication and dosage that you need to remember

You take Lithium 750 milligrams at night for your Bipolar Disorder.

## STATION 2 – MARKING DOMAINS

The main assessment aims are to:

- Develop rapport with an Indigenous woman who has a mental illness.
- Clarify the history in respect of culture, spirituality and mental illness.
- Make sense of the history gathered by way of a formulation for an Indigenous woman with a mental illness.

Level of Observed Competence:

### 2.0 COMMUNICATOR

#### 2.4 Did the candidate demonstrate a culturally sensitive approach to patient? (Proportionate value - 10%)

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

demonstrates a sophisticated and knowledgeable approach to cultural aspects of patient.

**Achieves the Standard by:**

recognising and incorporating cultural needs / expectations; adapting assessment and management to the specific cultural needs; considering when to use interpreters or cultural health workers.

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

a. Read aloud the Acknowledgement of Country in a manner that exhibits cultural sensitivity.

**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 Address the Task of This Domain (scores 0).**

2.4. Category: CULTURAL DIVERSITY	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

#### 1.1 Did the candidate adequately conduct an assessment of the patient? (Proportionate value - 25%)

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

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

**Achieves the Standard by:**

managing the interview environment; integrating generalist and sub-specialist assessment skills; engaging the patient as well as can be expected; demonstrating flexibility to adapt the interview style to the patient, problem or special needs; prioritising information to be gathered; appropriate balance of open and closed questions; summarising; being attuned to patient disclosures, including non-verbal communication; recognising emotional significance of the patient's material and responding empathically; sensitively evaluating quality and accuracy of information; clarifying inconsistent information efficiently.

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

a. Specifically explore Jacinta's cultural beliefs.

**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 Address the Task of This Domain (scores 0).**

1.1. Category: ASSESSMENT – Data Gathering Process	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"/>

**1.2 Did the candidate take appropriately detailed and focussed history that includes the spiritual aspects of Jacinta’s history? (Proportionate value - 20%)**

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

clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication.

**Achieves the Standard by:**

demonstrating use of a tailored biopsychosocial approach; conducting a detailed but targeted assessment; obtaining a history relevant to the patient’s problems and circumstances with appropriate depth and breadth; demonstrating cultural awareness by gathering the important cultural and spiritual history; hypothesis-driven history taking; integrating key sociocultural issues relevant to the assessment; demonstrating ability to prioritise; eliciting the key issues; completing a risk assessment relevant to the individual case; demonstrating phenomenology; clarifying important positive and negative features; assessing for typical and atypical features.

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

- a. Take time to clarify experiences and meaning related to Jacinta’s deceased sister.

**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 scores 1; omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

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

1.2. Category: ASSESSMENT – Data Gathering Content	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**

**6.4 Did the candidate prioritise and describe the core components of formulation based on available literature and clinical experience? (Proportionate value - 20%)**

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

candidate acknowledges the documented evidence of recognising cultural diversity and Indigenous culture; incorporates the impact of environment, people and new knowledge on current understanding; acknowledges their own gaps in knowledge.

**Achieves the Standard by:**

identifying key aspects of the available literature on health in Indigenous people; commenting on the development of psychiatric formulation based on history and presentation in the context of culture; discussing major strengths and limitations of available clinical experience; describing the relevant applicability of medicine and culture to the scenario; referring to relevant RANZCP guidance on formulation; incorporating literature and government resources into their framework of understanding.

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

- a. Identify the core components of a comprehensive formulation specifically including cultural and spiritual dimensions.

**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 scores 1; omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

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

6.4. 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"/>



**1.0 MEDICAL EXPERT**

**1.11 Did the candidate generate an adequate formulation to make sense of the presentation? (Proportionate value - 25%)**

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

provides a superior performance in a number of areas; demonstrates prioritisation and sophistication; applies a sophisticated sociocultural spiritual formulation.

**Achieves the Standard by:**

identifying and succinctly summarising important aspects of the history, and observation; synthesising information using a biopsychosocial cultural spiritual framework; integrating medical, developmental, psychological and sociological, cultural and spiritual information; developing hypotheses to make sense of the patient’s predicament; accurately describing recognised theories and evidence; demonstrating the links between culture, spirituality and mental illness in this woman; incorporating cultural and Indigenous theories and understandings; commenting on missing or unexpected data; accurately linking formulated elements to any diagnostic statement; including a sociocultural spiritual formulation; analysing vulnerability and resilience factors.

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

- a. Succinctly link Jacinta’s cultural and spiritual factors into the formulation.

**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 scores 1; omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

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

1.11. Category: FORMULATION	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?

<b>Circle One Grade to Score</b>	<b>Definite Pass</b>	<b>Marginal Performance</b>	<b>Definite Fail</b>
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