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1.0 Descriptive summary of station:

This viva station tests consultancy skills in clinical, ethical and professional realms, including how the candidate identifies and justifies important issues when making immediate decisions without having access to the full information. In this scenario, a 13-year-old boy with suicidal ideation has been referred by a Nurse Practitioner (NP) to a poorly resourced mental health service in a remote area where a locum consultant is about to fly out at the end of their contract. The boy is socially dislocated with a probability of drug use, and the NP has inappropriately commenced an antidepressant medication. Beyond the baseline of the patient's clinical safety, the candidate needs to consider interdisciplinary issues, and clinical and ethical responsibilities of other practitioners in a remote setting; boundaries of the role of a terminating locum employee; safe handover of responsibility; and the role of locums in raising concerns about resource allocation, and advocating for safe levels of service.

1.1 The main assessment aims are to:

- Demonstrate ability to make safe clinical decisions, under time contingent conditions, without full information being available.
- Determine the important underlying clinical, professional and ethical issues in the scenario.
- Identify and outline how to address the NP's prescribing competency and management of clinical boundaries.

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

- Ensure assessment of Carl within 24 hours by a suitably experienced mental health professional, either face-to-face or via videoconference / telehealth.
- Identify that prescription of escitalopram by the NP is not indicated based on the information available.
- Consider escalation to supervisor or involvement of nursing professional body regarding lack of overall competence to practise independently.
- Describe at least three ethical / professional issues (exclusive of potential boundary infringement by the NP).

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Child and Adolescent Disorders, Other Skills (Governance and Ethics)
- **Area of Practice:** Child & Adolescent
- **CanMEDS Domains:** Medical Expert, Collaborator, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Management – Therapy), Collaborator (Teamwork – Treatment Planning), Professional (Ethics, Compliance & Integrity).

References:

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- National Institute for Health and Care Excellence (NICE). (2017) Depression in children and young people: identification and management. Clinical guideline [CG28] Available at <https://www.nice.org.uk/guidance/cg28>
- Best Practice Advocacy Centre NZ, (2016) The role of medicines for the treatment of depression and anxiety in patients aged under 18 years. Available at <https://bpac.org.nz/BPJ/2016/March/docs/BPJ74.pdf>
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Committee for Examinations
Objective Structured Clinical Examination
Station 2
Perth September 2019



1.4 Station requirements:

- Standard consulting room.
- Four chairs (examiners x 2, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: nil.
- Pen for candidate.
- Timer and batteries for examiner.

2.0 Instructions to Candidate

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

This is a VIVA station. There is no role player in the examination room.

You have been working as a locum 'Fly In Fly Out' (FIFO) Consultant Psychiatrist in a remote area. It is the end of the working day, and you have 20 minutes left before you need to get to the airport to fly out from the clinic. You are not returning here in the foreseeable future, and there will be no visiting psychiatrist for three weeks due to sickness and staffing shortages. You had offered to stay longer, but were advised that this was not possible due to 'budgetary constraints'. The three community mental health team members will be covered for emergencies / urgent advice by the base hospital psychiatrist.

One of the community clinical mental health team members brings a referral to you which has just been received from a Nurse Practitioner (NP) at a community clinic over 800 kilometres from the base hospital, and 400 kilometres away from the community clinic where you and the team are.

It reads as follows:

'Please accept this referral for 13-year-old Carl Rogers. Four weeks ago, he arrived in the area to stay with his father who is working here. He came over from Brisbane where he was excluded from his last school for selling drugs. He has been very unhappy since arrival here and has been going out alone, walking around at night, thinking about suicide. He has been skipping school and mainly playing games on his phone. Today, I started him on a low dose of escitalopram – 20mg.'

The clinical team member tells you that there is currently no GP in that area, and that the NP is also the live-in partner of the boy's father.

Your tasks are to:

- Outline how you would ensure Carl's safety is addressed.
- Elaborate on the Nurse Practitioner's practice with regard to prescribing and boundary management, and how you would address this.
- Detail a range of additional professional and ethical issues of concern in this scenario, and explain the actions you might take to address these concerns.

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 (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.
- 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 **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your 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.

There is no opening statement or prompt for you to give.

3.2 Background information for examiners

In this station, the candidate is expected to show a broad understanding of clinical, professional and ethical issues related to psychiatrists working in short-term contracts (locums). There is the added complexity of working in a resource-strapped remote area. Another aspect being tested is the candidate's ability to 'think on their feet', and make time-contingent decisions without having full clinical information.

The candidate is expected to identify, prioritise and justify specific clinical, organisational and boundary issues, including internal and external conflicts that may arise from their actions. There are both clinical and organisational issues to take into account when addressing delivery of ongoing clinical care.

The candidate is also expected to outline the reasons why the Nurse Practitioner's (NP) prescribing is inappropriate in this situation, and describe how this should be addressed.

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

- Ensure assessment of Carl within 24 hours by a suitably experienced mental health professional, either face-to-face or via videoconference / telehealth.
- Identify that prescription of escitalopram by the NP is not indicated based on the information available.
- Consider escalation to supervisor or involvement of nursing professional body regarding lack of overall competence to practise independently.
- Describe at least three ethical / professional issues (exclusive of potential boundary infringement by the NP).

Background:

The crucial points in answering this question are in the candidate raising ethical / professional issues and questions, then providing options for addressing these problems rather than coming to a definitive conclusion. However, in terms of the clinical decision-making, there are definitive actions which have to be taken correctly by the candidate in order to pass these sections of the question.

RANZCP Code of Ethics Principle 11

Psychiatrists shall work to improve mental health services, to promote community awareness of mental illness and its treatment and prevention, and to eliminate discrimination against people with mental illness.

- 11.1 Psychiatrists shall be prepared to contribute to improving mental health services and promoting the fair allocation of resources for the community of patients with mental illness.
- 11.2 Psychiatrists have an ethical duty to promote the welfare of their patient, while holding a parallel duty to promote justice for all mental health patients through the fair distribution of mental health resources. In meeting these combined obligations, psychiatrists shall be prepared to work with decision makers and funders in setting open and just expectations in the delivery of resources. There is a consequent duty to abide by those expectations, provided they are ethical and valid.
- 11.3 Psychiatrists shall be willing to act as advocates and join with other advocates in ensuring that the best attainable mental health care is available to people with mental health illness.
- 11.4 Psychiatrists shall acknowledge Aboriginal and Torres Strait Islander peoples and Māori as the traditional owners and custodians of Australia and New Zealand respectively and respect their diverse knowledge, culture, history and traditions as key aspects of their identity which contribute to positive mental health and social and emotional wellbeing.
- 11.5 Psychiatrists' primary responsibility is to patients. Particular care is needed when this conflicts with responsibility to an employer or government. If clinical services fall below acceptable standards, psychiatrists have a duty to advocate for services and take appropriate action. Exceptionally, they may have to dissociate themselves from such services.

According to the AMA, 'Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.'

The aim of any handover is to achieve the efficient communication of high-quality clinical information at any time when the responsibility for patient care is transferred. Good handover is at the heart of an effective health care system and stands alongside patient clinical documentation, letters of referral and transfer and discharge documentation. Together, these make up the links in the chain of continuity of patient care. Handover requires systemic and individual attention and needs education, support, facilitation and sustained effort to ensure it maintains a position of importance in an already full working day. The candidate is expected to ensure appropriate handover to a duty doctor - at airport or next day - to enable continuity of care.

Clinical decision making:

The candidate is expected to demonstrate their ability to 'think on their feet', and make time-contingent decisions without having full information about the individual referral just prior to departure. They must address how to coordinate prompt assessment of Carl by a suitably experienced mental health professional either in person or via videoconference / telehealth.

It is most likely that Carl has an adjustment reaction rather than a major depressive disorder (MDD), it is quite possible that the presentation may be related to the impact of intoxication / withdrawal from alcohol or drugs, and he may also have a gaming addiction. As with adult MDD, psychological interventions, particularly CBT and IPT, are indicated as first-line treatments for child and adolescent MDD, especially if mild to moderate in severity. Parent / family involvement is also recommended.

Prescribing antidepressants in younger teenagers: in general, the evidence does not support the prescribing of an antidepressant for a 13-year-old, and in this circumstance, it is not indicated at such an early stage in the diagnostic and treatment process. SSRIs are most frequently recommended, with fluoxetine having the most consistent evidence of efficacy over placebo, and has been recommended as the first line antidepressant for young people in treatment guidelines (NICE, 2005).

The excerpt below from the Best Practice Advocacy Centre (bpac.org.nz/BPJ/2016/March) (The role of medicines for the treatment of depression and anxiety in patients aged under 18 years.) clearly identifies significant problems with the NP's intervention in this case. 'Psychological and behavioural approaches are the cornerstone of treatment for young people with depression or anxiety. When pharmacological treatment for a patient aged under 18 years is required due to severe or ongoing symptoms, it is almost always 'off-label'. Medicines may be initiated in secondary care, with monitoring and follow up in primary care, or they may be initiated by a general practitioner. In this final article of a three part series focussing on mental health issues for young people, the recommendations and evidence for the use of medicines in people aged under 18 years with depression and anxiety are discussed. Non-pharmacological approaches are preferred for patients aged under 18 years with anxiety disorders or depression; treatment should acknowledge the ongoing importance of family support, sleep, good nutrition and exercise. Clinicians in primary care should consider consulting with a child and adolescent psychiatrist or paediatrician before prescribing a psychoactive medicine to a patient aged under 18 years; these should only be prescribed if symptoms are severe and / or other treatments have been ineffective and they are used alongside psychological therapy. There is evidence that selective serotonin reuptake inhibitors (SSRIs) may be effective for some young people with severe or persistent anxiety or depression. These medicines are only approved for use in patients aged over 18 years, and their use in children and adolescents with depression or anxiety is almost always 'off-label'. Fluoxetine offers the greatest benefit for young people with depression, and is the only SSRI that should be initiated in primary care without consulting with a child and adolescent psychiatrist. General practitioners may be involved in continuing treatment with other SSRIs initiated in secondary care. The pharmacological treatment of mental health conditions in young people should be accompanied by increasing, rather than decreasing, clinical contact. Frequent follow-up, e.g. weekly face-to-face or telephone contact, is recommended for the first month of use.'

Escitalopram would not be the drug of choice for diagnosed depression in a 13-year-old. The NP has also erroneously said the dose is 'low'. It is also reasonable to assume that Carl has not, at this point, received any counselling input or CBT based treatment which would be indicated before initiating an antidepressant if he was to be diagnosed with MDD.

Ethical and professional issues which could be discussed include (but are not limited to):

Intrapersonal conflicts: e.g. balancing personal and clinical needs, duty of care with regard to the individual referral, needing to get to the airport on time; consideration of role in terms of professional responsibility regarding issues beyond the departure of the plane (when does a psychiatrist's professional responsibility end); not wanting to be seen as 'a trouble maker' if raising staffing deficiencies or staff competency issues which could lead to potential loss of future locum jobs; understanding of the clinical and ethical complexities of short-term locum fly-in-fly-out (FIFO) roles, and multifactorial aspects of primarily being employed by a locum agency not workplace.

Interdisciplinary issues: e.g. working out how to ensure prompt review of the patient; making plans for the ongoing management of the decisions made by the locum in the clinic and discussion of interdisciplinary issues; possible need to involve child protection as Carl is not being kept safe by father. The issues of how to address the NP clinical competency, including considering directly addressing this with the NP first or via organisational hierarchy and professional bodies / their employer / nursing council; of conflict which could ensue if a direct approach is taken; supervisory structures of the NP; issues regarding responsibility for and possible methods and legality of stopping the dispensing of the script written by NP.

Managing boundaries: boundary of own role regarding advocating for safe service provision, and raising issue of unsafe staffing levels to save money; possible involvement of service director or hospital high level management regarding the lack of provision of service following the locum leaving.

Perceived boundary infringements: e.g. the difficulty of dealing with boundary issues in remote areas with very limited staffing and resources, specific issues of the NP, compounding factors of non-disclosure of the relationship with Carl's father, allocation of responsibilities for reporting issues with the NP's competence (i.e. interdisciplinary ethical and professional responsibilities).

Nurse Practitioners (NPs):

In New Zealand, the Nursing Council established the broad scope of NPs to enable them to safely and appropriately meet changing health needs. NPs are highly skilled autonomous health practitioners who have advanced education, clinical training and demonstrated competency. They have the legal authority to practise beyond the level of a registered nurse. They combine advanced nursing knowledge, and skills with diagnostic reasoning and therapeutic knowledge, and provide care for people with both common and complex conditions. Many NPs work in primary care where, like general practitioners, they may be the lead health care provider for health consumers and their families / whānau. Some NPs own their own practice whereas others work for district health boards, non-governmental organisations, or for Māori / Iwi providers. They are often more likely to work in rural areas and in under-served communities.

NPs are authorised to provide a wide range of assessment and treatment interventions: making diagnoses and differential diagnoses; ordering and interpreting diagnostic and laboratory tests; and prescribing medicines within their area of competence with the same authority as medical practitioners. Their broad scope of practice enables them to have the same prescribing authority as medical practitioners.

NPs may be provided with admitting rights, and discharge people from hospital and other health care services. As NPs work across health care settings they can influence health services and the wider profession, including involvement in research, having leadership roles, and supervising or mentoring other senior nurses. NPs are funded and subsidised for the treatment they provide.

<https://www.health.govt.nz/our-work/nursing/nurses-new-zealand/nurse-practitioners-new-zealand>

In Australia, a Nurse Practitioner classified as a Registered Nurse with the experience and expertise to diagnose and treat people of all ages with a variety of acute or chronic health conditions. NPs have completed additional university study at Master's degree level, and are the most senior clinical nurses in the health care system. The title of 'Nurse Practitioner' can only be used by a person who has been endorsed by AHPRA through the Nursing and Midwifery Board of Australia.

National standards for practice ensure that NPs are capable of providing high quality, patient-centred care. They are also capable in clinical research, education and leadership as applied to clinical care and health service development. NPs:

- Have practised in Australia for over 15 years.
- Provide health care in all states and territories in Australia.
- Can provide patient rebates through Medicare.
- Provide prescriptions and access to PBS medicines.
- Can refer patients to hospitals and specialists.
- Can order x-rays and diagnostic tests.
- Are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

NPs work as key members of the healthcare team, and collaborate with other nurses and healthcare professionals including GPs, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others. They work in a variety of locations, both in hospital and community settings. The NP role aims to:

- Improve access to treatment.
- Provide cost-effective care.
- Target at-risk populations.
- Provide outreach services in rural and remote communities.
- Provide mentorship and clinical expertise to other health professionals.

<https://www.acnp.org.au/aboutnursepractitioners>

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 most of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

STATION 2 – MARKING DOMAINS

The main assessment aims are to:

- Demonstrate ability to make safe clinical decisions, under time contingent conditions, without full information being available.
- Determine the important underlying clinical, professional and ethical issues in the scenario.
- Identify and outline how to address the NP's prescribing competency and management of clinical boundaries.

Level of Observed Competence:

3.0 COLLABORATOR

3.2 Did the candidate appropriately involve treatment team in developing management plans? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

takes a leadership role in treatment planning; effectively negotiates complex aspects of care; works to reduce barriers to care; clearly addresses difficulties in the application of the plan in a rural area with limited resources.

Achieves the Standard by:

communicating proposed plans clearly and with good judgment to involve others; addressing the impact of remoteness in treatment planning; demonstrating the ability to prioritise and implement acute care in remote environment using appropriate technologies and interdisciplinary skills; planning for risk management in a timely manner; suitably engaging necessary other health professionals and treatment resources; expressing expectations candidly and respectfully; taking appropriate and effective leadership to ensure positive patient outcomes; recognising their role in assessment and treatment, identifying potential barriers to implementation of the plan.

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

- Ensure assessment of Carl within 24 hours by a suitably experienced mental health professional, either face-to-face or via videoconference / telehealth.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions impact adversely on the finalised plan; plan not tailored to patient's immediate needs or circumstances.

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

3.2. Category: TEAMWORK – Treatment Planning	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

1.14 Did the candidate demonstrate an adequate knowledge and application of relevant biological therapies? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

includes a clear understanding of levels of evidence to support treatment options; discusses major strengths and limitations of applying available evidence.

Achieves the Standard by:

demonstrating the understanding of appropriate use of medications; questioning the apparent diagnosis of MDE by NP without full assessment; describing the relevant applicability of theory to the scenario; identifying relevant specific treatment outcomes and prognosis; addressing whether the dosage of medication is considered low; outlining possible approaches; identifying role of other health professionals and treatments other than medication; providing feedback on the prescribing.

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

- Identify that prescription of escitalopram by the NP is not indicated based on the information available.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions impact adversely on patient care; plan not tailored to patient's needs.

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

1.14. Category: MANAGEMENT - Therapy	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"/>	

4.0 MANAGER

4.5 Did the candidate demonstrate effective supervision and regulation usage with regard to the NP? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

demonstrates a sophisticated knowledge of legislative or regulatory requirements; takes system / organisational considerations to decision making; incorporates the compounding issue of relationship non-disclosure by NP; recognises the different approaches available to address non-compliance; balances aspects of rights to natural justice; provides tailored strategies to address areas for improvement.

Achieves the Standard by:

deliberating on the apparent lack of NP prescribing competency; recognising the importance of appropriate clinical documentation in health care; distinguishing between professional and unprofessional behaviours; justifying decisions for addressing competency; incorporating likely service policies into decision making; identifying areas for improvement like aspects of attitude and professionalism in interaction with patient; showing understanding of the subtleties and difficulties of boundary management in a rural isolated environment; applying legislative / regulatory requirements to practice.

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

- a. Consider escalation to supervisor or involvement of nursing professional body regarding lack of overall competence to practise independently.

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; discussion not tailored to the circumstances; demonstrates inadequate or inaccurate understanding of policy and / or regulatory requirement; limited knowledge of regulation usage potentially places patients at risk.

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

4.5. Category: REGULATION USAGE	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"/>

7.0 PROFESSIONAL

7.1 Did the candidate appropriately adhere to principles of professional and ethical conduct and practice? (Proportionate value - 40%)

Surpasses the Standard (scores 5) if:

comprehensively considers major aspects of ethical conduct and professional practice; demonstrates sophisticated understanding of the complexities of the locum FIFO role regarding clinical and ethical responsibilities, and aspects of agency employment.

Achieves the Standard by

demonstrating the capacity to: identify and adhere to professional standards of practice in accordance with RANZCP Code of Ethics and institutional guidelines; integrate ethical practice into the clinical setting and apply ethical principles to resolve conflicting priorities; utilise ethical decision-making strategies to manage the impact on professional practice / patient care; explain appropriate personal / interpersonal conflict and boundaries including duty of care, financial issues, duty of management to provide safe clinical cover, tight time frames involved, handover requirements, responsibilities as a locum, duty to advocate for patients.

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

- a. Describe at least three ethical / professional issues (exclusive of potential boundary infringement by the NP).

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; did not appear aware of or adhere to accepted medical ethical principles including potential boundary infringement of the NP.

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

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

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the level of a junior consultant psychiatrist?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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