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### 1.0 Descriptive summary of station:

This is a station that tests the understanding of the candidate to manage an alleged sexual assault in an adult inpatient psychiatry unit. The candidate receives a call after hours from their registrar who reports that a patient with minor intellectual disability has had a sexual encounter with another patient on the unit. The station requires the candidate to present the immediate and longer-term management of this situation.

### 1.1 The main assessment aims are to:

- Demonstrate knowledge of the governance issues that must be addressed in sexual assault on an inpatient unit.
- Explain the procedures that need to be taken in this situation that includes addressing both patients' needs.
- Clearly outline the communication required for the staff and patients.

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

- Verify the legal status of both patients involved in the incident.
- Identify their role in informing Tamara's primary care giver / legal guardian of the incident.
- Address the safety and welfare of both patients following the incident.
- Acknowledge their role in participating in an incident review.

### 1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Governance Skills
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator, Collaborator, Manager
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Management – Initial Plan), Communicator (Patient Communication – To Carer), Collaborator (Teamwork – Treatment Planning), Manager (Governance)

#### **References:**

- Promoting sexual safety, responding to sexual activity, and managing allegations of sexual assault in adult acute inpatient units, Department of Health, October 2009 (updated June 2012), [www.health.vic.gov.au/mentalhealth/cpg](http://www.health.vic.gov.au/mentalhealth/cpg)
- Sexual safety in inpatient settings – service response, Department of Health & Human Services, Health Victoria, <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/promoting-sexual-safety-in-inpatient-settings/sexual-safety-in-inpatient-settings-service-response>
- 'I was raped by Santa Claus': Responding to disclosures of sexual assault in mental health inpatient facilities, Ashmore, Toni; Spangaro, Jo; McNamara, Lorna, International Journal of Mental Health Nursing. Vol.24(2), 2015, pp. 139-148
- Managing sexual behaviour on adult acute care inpatient psychiatric units, Ford, Elizabeth; Rosenberg, Michele; Holsten, Margarita; Boudreaux, Tyson, Psychiatric Services. Vol.54(3), 2003, pp. 346-350

### 1.4 Station requirements:

- Standard consulting room.
- Three chairs (examiner x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Pen for candidate.
- Timer and batteries for examiner.

## 2.0 Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

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

You are working as a junior consultant psychiatrist in an adult inpatient unit, and are on call over the weekend.

The registrar on call rings you at 11pm on Saturday night to inform you that a new patient, Tamara, had been found by nursing staff in the female toilets with a young male inpatient, Brett. At the time, Brett's pants were pulled down and Tamara was upset. Brett has since absconded, and Tamara remains distressed.

Brett is not known to the ward staff, and had been admitted earlier in the day with first episode psychosis and disinhibited behaviour.

Tamara has mild intellectual disability, and was admitted on Friday after lacerating her wrist and threatening suicide. Tamara is begging the staff not to tell her mother because '*Mum will get cross and I'll be in trouble*'.

Your tasks are to:

- Explain **to the examiner** how you would proceed at this time.
- Outline **to the examiner** the management of this situation over the next few days.

**You will not receive any time prompts.**

## Station 4 - 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.

### 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 that there is no cue / time for any scripted prompt.
- DO NOT redirect or prompt the candidate unless scripted.
- If the candidate asks you for information or clarification say:  
***'Your information is in front of you – you are to do the best you can.'***
- At **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 mark sheet in an 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

In this station, the candidate is expected to demonstrate their understanding of how to manage an alleged sexual assault in an adult inpatient psychiatry unit. The candidate receives a call after hours from their registrar who reports that a patient with minor intellectual disability has had a sexual encounter with a male patient on the unit. The station requires the candidate to present the immediate, and longer-term management of this situation that demonstrates their knowledge of the governance issues that must be addressed in an inpatient sexual assault, and explain the procedures that need to be taken in this situation. There is an expectation that the candidate addresses both patients' safety and needs.

There are both individual capacity / consent / welfare issues as well as broader governance issues, and both must be addressed. From an individual patient perspective, sexual behaviour between patients is not an uncommon event, however issues of consent and capacity have to be addressed. Issues of safety for individual patients at risk should always be identified, and proactively managed. This is a difficult situation as a sexual activity includes an intellectually disabled woman, and her capacity to consent is unclear, and will need to be investigated.

In addition, the perpetrator is described as psychotic, and behaviourally disinhibited. He has absconded, and is potentially at risk himself. Decisions will need to be made about his current risk level, irrespective of his legal status - voluntary versus involuntary (different states / territories and New Zealand have different mental health acts that need to be followed).

Systems issues are covered under local clinical governance procedures and policies as well as overarching principles of good clinical care. Candidates need to be aware of policies of the appropriate institution, and put them into place (so a range of answers will be acceptable).

The candidate should consider a number of ward issues that may arise which include working with a potentially distressed registrar and staff. Their focus needs to put in place a plan to reduce the distress of the female patient who may have been sexually assaulted:

- The welfare of the female patient - has she been physically harmed; does she need a rape assessment; what did nurses (or other patients) witness; how distressed is she, and what interventions have been made?
- Management decisions of the absconded male patient – risk assessment and urgency to return him to the unit (or elsewhere); wellbeing of the alleged perpetrator taking into account his first presentation of psychosis with behavioural disinhibition; levels of observation ordered prior to the incident.
- Ward management – care for the staff including the registrar to ensure ongoing continuity of care in the ward; debriefing of any staff or patients involved / witnessing the incident; documentation and recording of the incident by staff; access to supports for staff and patients.
- The broader governance issues - governance issues may vary from state to state but the issues that need to be addressed include: invoking of hospital protocols / procedures for management of sexual assault; clarification of legal status of both patients, and the implications for consent; consideration of calling the police; management of the potential crime scene; capacity of the two patients to fully participate in management of the incident; identification of legal guardians for both patients; managing disclosure to family members / carers / support persons for both patients (particularly as Tamara has asked that her mother not be advised); escalation and notification to relevant senior staff.

Admission status - voluntary or involuntary, as whichever implies some capacity for consent or non-consent.

Tamara's legal guardian - if not clearly documented, assumption is that Tamara's mother is the guardian. The mother or the legal guardian, if this is not the mother, needs to be informed, irrespective of the desires of the patient (in this case, an adult who is in the care of her mother and has an intellectual disability).

Police reporting - this is often decided at an institutional level. However, all sexual assaults should be reported to the police.

Longer term issues that might be considered include safe areas for female patients; how to provide safe spaces for all patients including those at risk from acting on disinhibited behaviour; difficulties that often arise after hours, and the need for a consultant to act decisively and respond promptly.

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

- Verify the legal status of both patients involved in the incident.
- Identify their role in informing Tamara's primary care giver / legal guardian of the incident.
- Address the safety and welfare of both patients following the incident.
- Acknowledge their role in participating in an incident review.

A surpassing candidate may:

- Be able to discuss consent vs non-consent in an intellectually disabled patient, and think about the issues including capacity.
- Explore issues of capacity and how that may be determined.

### 3.3 The Standard Required

**Surpasses the Standard** – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

**Achieves the Standard** – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

**Below the Standard** – the candidate demonstrates significant defects in several of the domains listed above.

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

## STATION 4 – MARKING DOMAINS

### The main assessment aims are:

- Demonstrate knowledge of the governance issues that must be addressed in sexual assault on an inpatient unit.
- Explain the procedures that need to be taken in this situation that includes addressing both patients' needs.
- Clearly outline the communication required for the staff and patients.

### Level of Observed Competence:

#### 2.0 COMMUNICATOR

##### 2.1 Did the candidate demonstrate an appropriate professional approach to gathering information from staff? (Proportionate value - 30%)

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

able to generate a complete and sophisticated understanding of the complexity of this situation; effectively tailors interactions to maintain overall safety of the ward environment.

###### **Achieves the Standard by:**

demonstrating empathy and providing a safe environment for discussion; attempting to gain an understanding of the situation including the capacity to consent of both parties involved; checking on clinical status of both patients; ensuring the victim is not injured; clarifying the next of kin / guardianship status for both patients; recognising confidentiality needs for both patients; considering the welfare and safety of all patients, staff and the registrar involved in managing the situation; involving other staff members who were present at time of incident in the data gathering process.

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

- Verify the legal status of both patients involved in the incident.

**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 consider exploring of details of incident prior to describing steps involved in management.

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

2.1. Category: PATIENT COMMUNICATION - To Carer	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"/>	

#### 3.0 COLLABORATOR

##### 3.2 Did the candidate appropriately involve treatment team in developing management plans? (Proportionate value – 15%)

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

takes a leadership role in incident planning; effectively negotiates complex aspects of care; elaborates on the sensitivities related to informing Tamara's mother and the family of the alleged perpetrator.

###### **Achieves the Standard by:**

taking appropriate and effective leadership to ensure patient safety and positive patient outcomes; communicating proposed plans clearly and with good judgment to involve others; suitably engaging necessary other health professionals; expressing views and expectations candidly and respectfully; identifying tasks for staff members to undertake; dealing effectively with disagreement or concerns; considering their own emotional response to the situation, and taking steps to manage this.

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

- Identify their role in informing Tamara's primary care giver / legal guardian of the incident.

**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 approach and plan.

###### **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**

**1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value - 35%)**

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

provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan; works to reduce conflict and risk of complaint from family members.

**Achieves the Standard by:**

being aware of policies / procedures of the appropriate institution and putting them in place; specifically outlining the need to invoke hospital protocol on the management of alleged sexual assault in the inpatient setting; considering the implications of capacity to consent in a developmentally disabled person who is possibly an involuntary patient; planning for risk management; recognising the need for consultation / supervision; considering report of incident to the police; informing the unit director and hospital management of the incident.

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

- a. Address the safety and welfare of both patients following the incident.

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 will impact adversely on patient care; plan lacks structure or is inaccurate; plan not tailored to immediate needs or circumstances.

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

<b>1.13. Category: MANAGEMENT - Initial Plan</b>	<b>Surpasses Standard</b>	<b>Achieves Standard</b>			<b>Below the Standard</b>		<b>Domain Not Addressed</b>
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>	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**

**4.1 Did the candidate demonstrate a capacity to apply principles of clinical governance? (Proportionate value - 20%)**

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

able to tolerate and manage uncertainty; effectively consults around complex governance issues; leads change management.

**Achieves the Standard by:**

identifying principles of clinical governance and standards; taking a broad view including patient safety, staff training in managing such situations, and possible medicolegal implication for the organisation; ensuring good clinical handover to colleagues responsible for patients' care; proposing options to address issues of female only wards or vulnerable patients' safe space areas.

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

- a. Acknowledge their role in participating in an incident review.

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; lacks clarity about clinical governance and standards; poorly defines own scope of practice and responsibilities.

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

<b>4.1. Category: GOVERNANCE</b>	<b>Surpasses Standard</b>	<b>Achieves Standard</b>			<b>Below the Standard</b>		<b>Domain Not Addressed</b>
<b>ENTER GRADE (X) IN ONE BOX ONLY</b>	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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