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1.0 Descriptive summary of station:

In this station, the candidate will assess a 27-year-old RANZCP Stage 1 psychiatric trainee. He has been referred to a private psychiatrist for diagnostic clarification due to concerns of a possible depressive disorder. The candidate must differentiate between burnout and a clinical depressive disorder, and then provide a response to the trainee's concerns regarding the medical regulatory body.

1.1 The main assessment aims are to:

- Perform a brief diagnostic assessment to establish that the trainee is experiencing workplace burnout rather than a depressive illness.
- Offer a range of immediate and medium-term suggestions on how to resolve workplace burnout.
- Elicit that the trainee will be concerned about reporting to a medical regulatory body, and demonstrate an understanding of mandatory reporting principles.
- Demonstrate an approach to the trainee which is supportive, professional and empathetic in manner.

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

- Elicit at least two of the core symptoms of workplace burnout including emotional exhaustion, depersonalisation and / or reduced personal accomplishment.
- Confirm that the trainee does not meet the criteria for a depressive disorder AND that the trainee is not suicidal.
- Outline a minimum of four actions or strategies to support the trainee in resolving burnout.
- State clearly and empathetically that the trainee does not need to self-report or be reported to the regulatory body.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Mood Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Marking Domains Covered:** Medical Expert, Communicator, Professional
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Content; Diagnosis; Management – Initial Plan), Communicator (Patient Communication – To Patient / Family / Carer)

References:

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- Kumar S (2006) Burnout in Psychiatrists. World Psychiatry; 6: 186 – 189)
- American Psychiatric Association Well-being resources. Available at: www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/well-being-resources
- Royal Australian and New Zealand College of Psychiatrists' members support information. Available at: www.ranzcp.org/publications/support-for-members#peer
- Australian Health Practitioner Regulation Agency. Available at: www.ahpra.gov.au
- Medical Board of Australia – information on mandatory reporting. Available at: www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx
- Medical Council of New Zealand - Fitness to Practice information. Available at: www.mcnz.org.nz/fitness-to-practise/health-concerns/
- Royal Australian and New Zealand College of Psychiatrists' Code of Ethics (Principle 9). Available at: www.ranzcp.org/files/about_us/code-of-ethics.aspx
- Royal Australian and New Zealand College of Psychiatrists' Guidelines on appropriate Acute in-patient workload. Available at: www.ranzcp.org/files/prefellowship/assessors-and-supervisors/guidelines-for-appropriate-adult-acute-inpatient-n.aspx

Committee for Examinations
Objective Structured Clinical Examination
Station 8
Perth September 2019



1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiner x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: male in his late 20's or early 30's
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

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

You are working as a junior consultant psychiatrist in a private practice clinic, and are about to see a patient referred by a General Practitioner (GP).

Dear Colleague,

Thank you for seeing Doctor Mitch Graham for an urgent assessment.

Dr Graham is a 27-year-old man who lives with his partner and is in the first year of training in Psychiatry. He currently works at Armadale Hospital on an inpatient ward.

Dr Graham was encouraged to come and see me today by the nurse in charge of the ward he works on. She had taken him aside to say she had noticed he appeared irritable, exhausted and frustrated.

- *He is not on regular medications and has no allergies.*
- *There is no relevant past psychiatric or medical history.*
- *There is no relevant family psychiatric history.*

Thank you for your diagnostic opinion.

Your tasks are to:

- Gather a focussed history from the patient.
- Explain your findings to the patient.
- Outline a management plan to the patient.

You are not required to complete a physical examination or suggest any investigations as part of their management.

Station 8 - 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).
- Do a final rehearsal with your role player.

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 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 **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.

There are no prompts.

The role player opens with the following statement:

'Hi, I can't believe I've ended up here.'

3.2 Background information for examiners

In this station, the candidate is a Junior Consultant Psychiatrist based in private practice. They are expected to take a history from a patient, who is a Stage 1 psychiatric trainee in his first year of training. The focus of this station is trainee welfare and managing a doctor presenting with workplace burnout.

The station requires the candidate to recognise that the trainee has experienced significant workplace burnout due to having changes in supervisors; a consistently high-case load of complex patients, and working longer than expected hours. This history should reveal a hard working doctor with high standards with a good track record. The candidate should communicate with the trainee in a professional manner as they are assessing a colleague, and address the concern that the trainee has about reporting to a medical regulatory body. Candidates should be supportive and empathetic in their approach. Candidates should address the trainee's concerns about reporting to the regulatory body, and state that it is not necessary in this case because he is not depressed.

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

- Elicit at least two of the core symptoms of workplace burnout including emotional exhaustion, depersonalisation and/or reduced personal accomplishment.
- Confirm that the trainee does not meet the criteria for a depressive disorder AND that the trainee is not suicidal.
- Outline a minimum of four actions or strategies to support the trainee resolve burnout.
- State clearly and empathetically that the trainee does not need to self-report or be reported to the regulatory body.

A surpassing candidate may:

- Quickly understand that the trainee is suffering from workplace burnout, and provide a succinct explanation of this including all its main features: emotional exhaustion, depersonalisation and reduced personal accomplishment.
- Describe that burnout can translate into more serious mental illness.
- Confidently explain that there are no grounds with which to either self-report / be reported to the regulatory body.
- Suggest as an immediate action that the trainee takes some urgent recreational leave / sick leave.
- Direct the trainee to some useful resources relating to wellbeing and burnout e.g. American Psychiatric Association.
- Offer to talk to the partner.
- Organisational welfare program or welfare officer / Employee Assistance Program / RANZCP Member Welfare Support line which support doctor's welfare.

Trainee Welfare

In October 2013, Beyondblue released its National Mental Health Survey of Doctors and Medical Students which revealed that doctors reported substantially higher rates of psychological distress and attempted suicide compared with both the Australian population and other Australian professionals (3.4%, 2.6% and 0.7% respectively). The levels of psychological distress in doctors aged 30 years and younger was significantly higher than individuals aged 30 years and younger in the Australian population and other professionals (5.9%, 2.5% and 0.5%, respectively). 21% of doctors reported having ever been diagnosed with or treated for depression and 6% had a current diagnosis. 10.4% of doctors reported having suicidal thoughts in the previous 12 months. Compared to older doctors (51-60 years), younger doctors reported higher rates of burnout across three domains of emotional exhaustion (47.5 vs. 29.1), low professional efficacy (17.6% vs. 12.8%), and high cynicism (45.8% vs. 33.8%).

In February 2015, RANZCP reported to its members that three psychiatric trainees working in Victoria had died unexpectedly. This brought focus on trainee mental health and training intensity.

Burnout

Psychiatrists as a group are vulnerable to experience burnout, more so than other physicians and surgeons. Burnout can be defined as a work-related syndrome involving emotional exhaustion, depersonalisation and a sense of reduced personal accomplishment. Burnout symptoms can have an adverse effect on patient care, healthcare workforce costs, and the health of doctors.

Emotional exhaustion: feeling 'used up' at the end of the workday, and having nothing left to offer patients from an emotional standpoint.

Depersonalisation: feelings of treating patients as objects rather than human beings, and becoming more callous towards patients.

Reduced personal accomplishment: feeling of ineffectiveness in helping patients with their problems, and a lack of value of the results of work-related activities, such as patient care or professional achievements.

Other symptoms can include:

- Reduced efficiency and energy
- Lowered levels of motivation
- Fatigue
- Headaches
- Irritability
- Frustration
- Suspiciousness
- More time working with less being accomplished.

Some factors that make psychiatry stressful include:

- Patient violence and suicide
- Limited resources
- Crowded inpatient wards
- Changing culture in mental health
- High work demands
- Poorly defined roles of consultants
- Inability to effect system change
- Isolation.

RANZCP has a number of resources focussed on assisting psychiatrists and trainees in looking after their health and wellbeing. This includes a web page dedicated to self-care for psychiatrists and trainees; advice around recognising stress and burnout, building effective coping mechanisms and maintaining an effective support network. There is also a confidential RANZCP Member Welfare Support Line.

Doctors and Suicide

Doctors are as exposed as anyone else to risks associated with genetic predisposition, early traumatic life events, later bereavements, illnesses or relationship breakdowns.

Doctors also have additional risk factors. They are chosen for personality traits that predict good doctoring – perfectionism, obsessiveness and even elements of martyrdom – traits that can act against them. From an early age they are driven, competitive, compulsive, individualistic and ambitious – features that can go into overdrive when stressed. As doctors work harder, they blame themselves for not being able to deliver the care required by their patients, and feel guilty for events beyond their control. Consequently, doctors can suffer from a triad of guilt, low self-esteem and a persistent sense of failure. To survive a lifetime in medicine, doctors also have to develop psychological defences that include depersonalisation and dissociation. This can make it harder to create attachments to others or to recognise when the emotional burden of their work becomes too much, and thus contributes to the spiralling of discontent and increased risk of suicide.

Physicians' relative suicide risk is at 1.1–3.4 for men and 2.5–5.7 for women compared with those for the general population, and at 1.5–3.8 for men and 3.7–4.5 for women compared with those for other professionals. Psychiatrists appear to be associated with higher risk. In an Australian survey, approximately a quarter of doctors reported having had thoughts of suicide prior to the past 12 months (24.8%), and 10.4% reported having had thoughts of suicide in the previous 12 months. Thoughts of suicide are significantly higher in doctors compared with the general population and other professionals (24.8 vs. 13.3 vs. 12.8).

Workload

Accreditation committee Guidelines: Appropriate Acute Adult inpatient workloads for RANZCP trainees (March 2018) Standards:

- 3.5.1** The workload for trainees within each post is such that time spent in clinical service delivery does not compromise training and trainee welfare.
- 3.5.2** The working conditions for trainees within each post are such that the working conditions are conducive to training and trainee welfare.
- 3.5.3** Fatigue management programs are in place to diminish the impact of fatigue on the training experience, incorporating automatic mechanisms for sending trainees home or considering shift or night duty options.

Proposed Appropriate Acute Adult Inpatient Workloads for RANZCP Trainees

Trainee Acute Inpatient Duties	Recommended Inpatient Numbers
Full-time	8 – 10
Half-time	4 – 5

- The recommended inpatient numbers is consistent with projections produced by the National Mental Health Service Planning Framework.
- A maximum number of inpatients approaching 15 patients for full-time trainee or 8 for half-time trainee flags to the trainee and services when workload is excessive, and should be flagged to Service Managers, Clinical Directors, Training Committees and Directors of Training to urgently review the training post's workload.
- Workloads above the recommended inpatient numbers should be monitored closely by the supervisor, and discussed with the Service Manager / Clinical Director. If workload concerns cannot be addressed satisfactorily, the post should be referred to the Director of Training and / or training committee.
- Whilst noting there may be short periods when inpatient numbers may temporarily increase beyond the recommended numbers, the relevant Training Committee should be notified if the maximum number is reached for more than 14 days.

Reporting to Regulatory Bodies

Australian Health Practitioner Regulatory Authority (AHPRA)

1. Self-notification

Doctors are able to self-notify to AHPRA if they believe that they have a mental health concern that could impact on their clinical work.

2. Notifiable conduct

Section 140 of the National Law defines 'notifiable conduct' as when a practitioner has:

- a) *practised the practitioner's profession while intoxicated by alcohol or drugs; or*
- b) *engaged in sexual misconduct in connection with the practice of the practitioner's profession; or*
- c) *placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or*
- d) *placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.*

Medical Council of New Zealand

The Health Practitioners Competence Assurance Act 2003 notes that a '*mental or physical condition means any mental or physical condition or impairment, and includes, without limitation a condition or impairment caused by alcohol or drug abuse*'. This supports a lower threshold for referral than that of alcohol or drug dependence. According to MCNZ a practising doctor needs to be able to:

- make safe judgments
- demonstrate the level of skill and knowledge required for safe practice
- behave appropriately
- not risk infecting patients
- not act in ways that adversely impact on patient safety.

If anyone believes a doctor is unwell and may be unable to practise safely, they are required by law to let AHPRA / MCNZ know if they are one of the following:

- a doctor - self notification
- the doctor's employer
- any registered health practitioner
- anyone in charge of an organisation that provides health services
- a person in charge of an educational programme or course who believes a student may be unable to practise medicine safely.

Under section 140 of the National Law, one of the four identified areas of notifiable conduct for AHPRA includes '*practice while intoxicated by alcohol or drugs*'. Under the National Law, AHPRA works with health complaints organisations in each state or territory to decide which organisation takes responsibility for and manages complaints or concerns raised about a registered health practitioner. State-based arrangements for reporting concerns; for instance, in Queensland reports are made to the Office of the Health Ombudsman; in New South Wales concerns are made via NSW Health Professional Councils Authority of the NSW Health Care Complaints Commission.

Every doctor has a responsibility to tell us about a colleague / doctor who is unable to practise safely. In New Zealand, the reporting threshold is that of 'reasonable belief', that a doctor may be unable to perform the functions required for the practice of medicine, the obligation of a doctor to notify takes effect, otherwise meet a breach of professional obligation giving rise to disciplinary proceedings.

Delaying assessment, treatment, and assistance for the doctor can negatively impact on patient care, and may also affect the doctor professionally and personally. Without help and support, an unfit colleague or doctor puts the community, the profession, and their reputation at risk, so early intervention can often enable a doctor to continue practising while receiving treatment.

Actions or strategies to manage burnout may include:

Immediate:

1. Speak to seniors for support e.g. reducing case load, fatigue leave, temporarily coming off on-call roster, extra supervision.
2. Take urgent recreational or sick leave.
3. Welfare officer or welfare programme at place of work.
4. Contact person in charge of RANZCP training e.g. Chief Training Supervisor / Director of training.

Short – medium term:

1. Mindfulness or meditation including the use of apps.
2. Lifestyle choices: reducing or eliminating alcohol intake, reducing caffeine; sleep, diet, exercise.
3. Taking regular holidays.
4. Making time for friends and family.
5. Starting new hobbies.
6. Getting a mentor.
7. Regular therapy / counselling.

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 Dr Mitch Graham, and you are 27 years old, and currently work as a training registrar at Armadale Hospital in Perth. You were born and raised in Manchester, UK.

You have come to see the psychiatrist today following a referral from your GP, whom you went to see because a senior nurse at work raised concerns about your coping at work. You were staying late trying to complete your discharge summaries and the Nurse in Charge, whom you get on well with, came into see you a couple of days ago. She asked if you were okay, and said that she was worried about you as she had noticed that you looked tired, and she had noticed that you had been short with a couple of the nurses; seemed frustrated, and also appeared impatient when talking to some patients.

She suggested that it might be a good idea to see your GP. You spoke to your partner, Tom, who 'dragged' you to a GP. The GP worried that you were becoming depressed, and referred you to see the psychiatrist urgently.

Recent Work Experiences:

You are currently mid-way through on your second (six month) inpatient rotation in the first stage of training to be a psychiatrist. Your first rotation was busy, but you had a consistent Consultant Psychiatrist, and received regular supervision. Then a few consultants left the service recently, and there has been a reliance on locum inpatient consultants, and there has also been a shortage of other registrars as they have struggled to get overseas doctors here quickly. You have had five different locums in the last three months. The unit on which you work is a 35 bedded mixed gender acute adult psychiatric inpatient unit in a general hospital setting. When fully staffed, there are four registrars, and an intern working as junior doctors on the ward, and three full-time consultants. At present you are two registrars and an intern. The on-call roster can be busy, and you do night shifts every three weeks.

You do receive regular supervision, and you are meeting all of your College training requirements which is a good thing. Due to the shortage of doctors, you are often left to cross cover other teams which means that you consistently have to manage 16 to 18 inpatients at any one time which is very stressful, and you are worried about making mistakes. The turn-over of patients is high which means you have endless numbers of discharge summaries to complete. You sometimes feel out of your depth with patients having complex needs, and this is making you feel overwhelmed even though you pride yourself as being a hard worker. You often feel like you are not making good progress at work or effectively helping your patients. You also have nobody to discuss your patients with.

You have also noticed that you are not getting as much satisfaction from work. You tend to find seeing patients a chore, and feel like you are just going through the motions. You have started to feel detached from work, and the process feels mechanical. You have even found yourself being short with patients, and nursing staff which is unlike you.

You have been staying at work late to complete medical reports and discharge summaries, and you have started to find the prospect of doing them sickening. Recently you have noticed that you are '*emotionally spent*' by the time you get home, and it takes you much longer to relax. You have a glass of wine after work which helps you unwind. You never drink more than one glass on working days as you do not want to risk getting drunk. You have at least one alcohol free day every week. Your partner, Tom, is understanding but you do not want to be discussing work at home every night, and he is studying for his examinations, and feeling stressed out.

You have not had leave since you started working at the hospital because doctors are short. You would feel bad taking leave because it would put pressure on your colleagues. You have not felt unwell so have not taken sick leave. You don't really know where else to turn. You have not discussed the way you feel in supervision, and have not approached the Director of Training or the Medical Director with your concerns.

If you are asked:

- Your mood is *'just tired, I feel exhausted'*.
- Your sleep has been a little disrupted but no major sleep disturbance or insomnia.
- Your appetite has been fine, and you have not experienced any weight loss.
- There have been no significant changes to your sex drive.
- You have felt weary after work, and have tended to stay at home and catch up on sleep, and haven't had the energy to see friends for drinks and dinner.
- You absolutely do not feel suicidal.
- You do not feel paranoid or suspicious about others, and do not hear voices in the absence of people.
- You have never had an elevated mood or been impulsive or done dangerous things.

One of your main concerns is that you will be referred to the medical regulatory body if the psychiatrist thinks you are unwell (Medical Board of Australia / Australian Practitioner Regulatory Body (AHPRA) / Medical Council of New Zealand), and are worried that you could then lose your licence to practice medicine.

If asked, there have been no complaints about your performance and you believe that, even though you are stressed out, you are continuing to practise safely. You were not keen on seeing a psychiatrist because you think this will jeopardise your career.

About your family and personal life:

You have a loving family and a good upbringing. You do not have any family history of mental illness. You attended public school and excelled. You completed medical school at University College London. You knew wanted to do psychiatry after your first clinical rotation in medical school. You met partner (Tom Seaton, aged 34) at medical school. He was in his final year at the time. Tom is an intensive care trainee, and is in the middle of doing his examinations. You were always keen to move to Australia after doing your medical elective here in Western Australia. You initially moved to the Perth, and worked in a non-training position in psychiatry before being accepted into the training program. You have a good friendship group, and your relationship with your partner is solid.

You usually drink alcohol socially at weekends with your friends or at home with your partner, and party occasionally. You do not use illegal drugs. You have increased the amount of coffee you consume in order to keep you awake, and are now having about five to six double espressos per day. You are not on any prescribed medication. You have never seen a psychiatrist or psychologist in the past for treatment.

Although you still get enjoyment out of things, you have probably been watching more Netflix recently rather than going out. You are still going to the gym when you have time. You are hopeful about the future, and your mood is generally okay.

4.2 How to play the role:

You are dressed neatly but casual. You are well groomed.

You are cooperative but appear a little uncomfortable because you are nervous about the implications of the assessment. You will answer the questions asked to you specifically, but not necessarily volunteer information. You will consider the opinion and options that the candidate offers.

4.3 Opening statement:

'Hi, I can't believe I've ended up here.'

4.4 What to expect from the candidate:

The candidate should ask you some historical information, but should focus on your current situation and symptoms. If asked questions that are not covered by the script, you will respond that you **'can't really remember'**.

Towards the end of the interview, the candidate is expected to provide an explanation of your symptoms and a plan, which you will agree with. If you are asked if you have any questions about the plan, reply **'No'**.

4.5 Responses you MUST make:

'I'm finding it a real chore to be at work.'

'My boyfriend thinks I'm depressed. Do you?'

'Are you going to report me to the medical board?'

'What can I do to change this situation?'

4.6 Responses you MIGHT make:

If asked about workplace burnout:

Scripted Response: 'I don't really know what that is. Can you explain?'

If asked about additional professional support that could be available through the workplace / Employee Assistance Programs:

Scripted Response: 'I know there's something. They told us about it at induction.'

If asked if they talk to one of the senior doctors in the hospital or training supervisor:

Scripted Response: 'If you have to. I can't lose my job.'

If asked if they can talk to your partner:

Scripted Response: 'Yes, that's fine. He dragged me here!'

4.7 Medication and dosage that you need to remember:

You are not on any medication.

STATION 8 – MARKING DOMAINS

The main assessment aims are to:

- Perform a brief diagnostic assessment to establish that the trainee is experiencing workplace burnout rather than a depressive illness.
- Offer a range of immediate and medium-term suggestions on how to resolve workplace burnout.
- Elicit that the trainee will be concerned about reporting to a medical regulatory body, and demonstrate an understanding of mandatory reporting principles.
- Demonstrate an approach to the trainee which is supportive, professional and empathetic in manner.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.2 Did the candidate take appropriately detailed and focussed history including information required to recognise that the trainee is experiencing workplace burnout? (Proportionate value - 30%)

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; integrating key sociocultural issues relevant to the assessment; demonstrating ability to prioritise; eliciting the key issues in the history; completing a risk assessment relevant to the individual case

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

- Elicit at least two of the core symptoms of workplace burnout including emotional exhaustion, depersonalisation and / or reduced personal accomplishment.

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; 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"/>	

1.9 Did the candidate formulate and describe the relevant diagnosis? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

provides a sophisticated and appropriate explanation of the diagnosis to a colleague.

Achieves the Standard by:

demonstrating capacity to integrate available information in order to formulate a diagnosis; adequate prioritising of conditions relevant to the obtained history and findings, utilising a biopsychosocial approach, and / or identifying relevant predisposing, precipitating perpetuating and protective factors; including communication in appropriate language and detail.

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

- Confirm that the trainee does not meet the criteria for a depressive disorder AND that the trainee is not suicidal.

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; inaccurate or inadequate diagnostic formulation; errors or omissions are significant and do materially adversely affect conclusions.

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

1.9 Category: DIAGNOSIS	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"/>	

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1.13 Did the candidate describe a relevant initial management plan? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

provides a sophisticated link between the plan and key issues identified including the trainee, the hospital and the workload; current challenges of taking leave with a lack of other doctors; clearly addresses difficulties in the application of the plan.

Achieves the Standard by:

demonstrating the ability to prioritise; plans for risk management; recommend that medication is not necessary; safe skilful engagement of appropriate treatment resources / support; safe, realistic time frames / risk assessment / review plan; communication to necessary others; recognition of their role in effective treatment; identification of potential barriers; recognition of the need for consultation / referral / supervision.

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

a. Outline a minimum of 4 actions or strategies to support the trainee in resolving burnout.

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 patient's immediate needs or circumstances.

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

1.13. Category: MANAGEMENT - Initial Plan	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"/>

2.0 COMMUNICATOR

2.1 Did the candidate demonstrate an appropriate professional approach to gathering information from a patient who is a psychiatric trainee? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

able to generate a complete a sophisticated understanding of a doctor presenting to see a private psychiatrist; effectively tailors interactions to maintain rapport within the therapeutic environment.

Achieves the Standard by:

demonstrating empathy and ability to establish rapport; forming a partnership using language and explanations tailored to a psychiatric trainee as a patient; communicating plans and discussing acceptability; negotiating alternatives; effectively managing challenging communications; recognising confidentiality and bias.

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

a. State clearly and empathetically that the trainee does not need to self-report or be reported to the regulatory body.

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 materially adversely impact on alliance; inadequately reflects on relevance of information obtained; unable to maintain rapport.

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

2.1. Category: PATIENT COMMUNICATION - To Patient	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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