

2014 Viva Capability Evaluation Mark Sheet

Stud. Name: _____ Stud. No _____

PLEASE COMPLETE THIS PAGE FOR ALL STUDENTS

Examiner 1 _____ Examiner 2 _____

Clinical Interview

_____ Hospital, Date: _____ Time: _____

| | | | | |
|--|---|----|---|----|
| Listen attentively, engage "patient/relative" and maintain respect - <i>initiate session appropriately, allow patient to use his or her own words without premature interruption, use open and closed questions, reflect important feelings, pick up verbal and non-verbal cues, shows interest in eliciting the patient's perspective, display sensitivity to patient's needs, respect boundaries, gain patient's trust, thank patient etc</i> | F | P- | P | P+ |
| Elicit a relevant clinical history of the presenting illness - <i>establish reason for presentation, course and nature of symptoms, demonstrate clinical reasoning in the approach to questioning, frames questions in ways that take into account patient's concerns and understanding of their situation, summarise back to patient to check understanding, avoids unnecessary repetition</i> | F | P- | P | P+ |
| Gather relevant other history (psychosocial, past history, family history etc) and relevant physical examination and test results - <i>ask patient about family &, social support, cultural & lifestyle factors, employment issues; elicit relevant past medical and family history, as well as specific risk factor history where appropriate, request appropriate physical examination and test results</i> | F | P- | P | P+ |
| Psychiatric knowledge and problem definition – <i>demonstrates through their sequence and choice of history taking, examination findings, investigation requests and explanation to the patient that they have an understanding of key or most relevant features of the case, including relevant medical information</i> | F | P- | P | P+ |
| Safe practice: <i>identifies and responds to signs of patient distress, asks about a history of self harm and other dangerous, aggressive or harmful behaviour; undertakes an appropriate risk assessment;</i> | F | P- | P | P+ |

Case Presentation and Management

F = fail; P- = pass grade; P = credit grade; P+ = distinction grade

| | | | | |
|--|---|----|---|----|
| Interpret patient history and clinical presentation – <i>identifies key aspects of patient history and clinical presentation, MSE applied to support clinical decision making, appropriate differential diagnoses, and, as appropriate, suggest suitable investigations or treatment options,</i> | F | P- | P | P+ |
| Interprofessional communication: <i>clear and concise discussion, demonstrates ability to recognise and respond to critical information, requires minimal prompting to elicit relevant information</i> | F | P- | P | P+ |
| Judgement and approach to management: <i>appropriate provisional diagnosis or differential diagnosis, recognises crucial information, logical approach (e.g. refining diagnosis, exploring options in treatment), approach is appropriate to the clinical context, adapts approach to additional information</i> | F | P- | P | P+ |
| Application of psychiatric and medical knowledge: <i>applies relevant knowledge correctly, depth of understanding demonstrated in decisive and confident approach, approach based on evidence or guidelines, approach demonstrates learning from clinical experiences, approach integrates medical knowledge and management</i> | F | P- | P | P+ |
| Safe practice: <i>recognises life-threatening or potentially serious aspects, considers potential adverse consequences of actions, demonstrates safe judgement, aware of ethical and/or legal implications of actions,</i> | F | P- | P | P+ |

Examiner's Signature:**Examiner's comments:**

1. _____

2. _____

Overall Evaluation (please circle one option)

- **Unsatisfactory with need for a re-sit examination (outright fail)**
- **Unsatisfactory but able to pass term (pass conceded)**
- **Satisfactory (pass)**

Guidelines for Fail Grade

PAGE 2 CAN BE COMPLETED TO PROVIDE FEEDBACK FOR FAILED CRITERIA ON PAGE 1

A fail grade in each of the following criteria would require that the student has failed in all or most of the elements. Failure in only one or few would constitute a P- grade. For unsatisfactory Vivas please place a tick or a cross against each criteria component that raised concern using the other category where necessary

| Clinical Interview | Case Presentation and Management |
|--|---|
| <p>Criterion 1: Listen attentively, engage "patient/relative" and maintain respect</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to introduce self and confirm agenda with patient. <input type="checkbox"/> Fails to allow patient to describe illness – prematurely interrupts patient and uses closed questions only. <input type="checkbox"/> Fails to recognise patient's feelings and ignores patient's concerns. <input type="checkbox"/> Fails to respond to verbal and non-verbal cues or responds inappropriately. <input type="checkbox"/> Fails to seek to establish rapport with patient – seems disinterested in patient as a person. <input type="checkbox"/> Fails to acknowledge and thank patient at conclusion of Viva. <input type="checkbox"/> Other: _____ | <p>Criterion1: Interpret case history and clinical findings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to identify the clinical significance of key aspects of the patients presentation elicited during interview <input type="checkbox"/> Fails to identify or report key aspects of the mental state examination and to link this to the diagnosis. <input type="checkbox"/> Fails to interpret history, provide a clinical formulation, and is unable to offer any differential diagnoses. <input type="checkbox"/> Fails to explain nature of diagnosis or approach to management. <p>Other: _____</p> |
| <p>Criterion 2: Elicit a relevant clinical history</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to clarify reason for presentation including the patient's underlying concerns. <input type="checkbox"/> Fails to establish the course of the illness. <input type="checkbox"/> History is disorganised and does not follow logical progression in response to patient's answers. <input type="checkbox"/> Fails to establish the impact of the illness on the patient. <input type="checkbox"/> Fails to demonstrate clinical reasoning in approach to questioning. <input type="checkbox"/> Fails to do a MMSE if indicated. <input type="checkbox"/> Other: _____ | <p>Criterion 2: Inter-professional communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to communicate understanding and approach in a clear and concise manner. <input type="checkbox"/> Fails to recognise and respond to critical information in original case or any additional information. <input type="checkbox"/> Lacks focus in discussion. Requires considerable prompting to ascertain understanding and elicit relevant information. <input type="checkbox"/> Fails to present a critical element of the case (e.g. MSE, formulation, diagnosis, differential diagnosis, risk assessment) <input type="checkbox"/> Other: _____ |
| <p>Criteria 3: Elicit relevant other history (psychosocial, past history, family history, medical)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to ask initial questions about these elements of the history. Note that the patient's history may not provide relevant or sufficient details to proceed with questioning but it is essential that the student addresses these elements. <input type="checkbox"/> Fails to pursue aspects of history relevant to the presenting illness. <input type="checkbox"/> Other: _____ | <p>Criterion 3: Judgement and approach to management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to interpret clinical information to determine a suitable provisional diagnosis or differential diagnosis. <input type="checkbox"/> Fails to recognise significance of crucial information. <input type="checkbox"/> Unable to outline a logical approach to management. <input type="checkbox"/> Approach is based solely on a general understanding of a disease and fails to relate approach to the context of the case and any additional information. <input type="checkbox"/> Other: _____ |
| <p>Criterion4: Psychiatric knowledge and problem definition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to demonstrate an understanding of key or most relevant features of the case. <input type="checkbox"/> Fails to elicit or apply questioning <input type="checkbox"/> Fails to ascertain the patient's concerns/issues – focus is solely on the medical issues. <input type="checkbox"/> Other: _____ | <p>Criterion 4: Application of psychiatric and medical knowledge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to demonstrate suitable level of knowledge. <input type="checkbox"/> Knowledge is erratic and not directly relevant to the clinical case. <input type="checkbox"/> Knowledge is superficial and student frequently changes answers reflecting lack of understanding. <input type="checkbox"/> Does not make reference to relevant medical history and health status in psychiatric formulation and management <input type="checkbox"/> Other: _____ |
| <p>Criterion5: Safe Practice</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to use a broad mix of interviewing techniques with an excessively interrogatory style to questioning <input type="checkbox"/> Fails to identify signs of patient distress during interviewing <input type="checkbox"/> Fails to prompt patient about history of suicidal ideation. self-harm, aggression, drug and alcohol use, risk-taking behaviours, and admission status if not disclosed during history <input type="checkbox"/> Fails to ask about medication use and assess risk if present. <input type="checkbox"/> Other: _____ | <p>Criterion 5: Safe practice</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to recognise life-threatening or potentially serious aspects of case. <input type="checkbox"/> Fails to understand potentially serious consequences of actions/decisions. <input type="checkbox"/> Fails to consider safety issues and patient's well-being in decision-making. <input type="checkbox"/> Is not aware of medication risks and side effects (lithium toxicity, agranulocytosis, neuroleptic malignant syndrome, metabolic syndrome, tardive dyskinesia, etc) <input type="checkbox"/> Is not aware of ethical or legal implications of actions. <input type="checkbox"/> Other: _____ |

Observed Clinical Interview and Viva Examination

The clinical interview and viva examination will be undertaken in Week 8. All students should ensure that they undertake at least one supervised practice viva during the psychiatry term before the examination in which the supervisor provides feedback using the Viva Capability Evaluation Mark Sheet that is available on the Psychiatry phase 3 website.

For the Examination the student will be required to interview a patient while being observed by two examiners. Examiners should include at least one psychiatrist and may also include a clinical psychologist, senior registrar or equivalent member of staff as the second examiner.

At the end of the interview, the examiners will question the student on their clinical assessment, knowledge of the condition and possible management of the patient. The interview and viva together will take 50 minutes. The student will be assessed using the Viva Capability Evaluation Mark Sheet that is available on the Psychiatry phase 3 website. The mark sheet allows the examiners to assess the student's performance across five domains or criterion for their clinical interview and five criterions for their case presentation and management.

Clinical Interview

- Criterion 1: Listen attentively, engage "patient/relative" and maintain respect
- Criterion 2: Elicit a relevant clinical history
- Criterion 3: Elicit relevant other history (psychosocial, past history, family history, medical)
- Criterion 4: Psychiatric knowledge and problem definition
- Criterion 5: Safe Practice

Case Presentation and Management

- Criterion 1: Interpret case history and clinical findings
- Criterion 2: Inter-professional communication
- Criterion 3: Judgement and approach to management
- Criterion 4: Application of psychiatric and medical knowledge
- Criterion 5: Safe practice

Each criterion is assessed using the F, P-, P, P+ system. In using this system the following anchor points should be considered: F = fail; P- = pass grade; p = credit grade; and P+ = distinction grade.

In addition to the assessment of capabilities we ask examiners to provide a global rating of the performance of the student during the long viva examination as either satisfactory or unsatisfactory. The unsatisfactory result is further divided into "unsatisfactory with need for a re-sit examination (outright fail)" and "Unsatisfactory but able to pass term (pass conceded)".

The pass conceded option recognizes that a student may not have performed well during the viva exam but it allows them to pass their psychiatry term if they have performed adequately in other assessments components of the term.

The outright fail option is used where the assessment team feels that the viva was undertaken in a way that raised serious concern about the safety of the practice of the student or that the level of knowledge and practice in psychiatry raised such serious concern that the student should sit another viva that they will need to pass in order to graduate or repeat their psychiatry term.

The format for the viva should be as follows:

Approx. 50 minutes

- 30 minutes - student patient interview
- 2 minutes – thinking time
- 5 minutes - student to present a summary of the case to examiners including: history/mental state/diagnosis/formulation
- 14 minutes - questions from examiners covering issues to do with history/mental state/diagnosis/formulation and clinical management

Examiner Instructions on student grading

The award of a Satisfactory (pass)

Examiners should complete page one of Viva grading sheet assessing the student's performance across the 10 assessed criteria and if possible provide a short comment on the student's performance. If there are any areas of unsatisfactory performance the examiners can indicate this using the fail rating criteria on page 2.

The marksheet including the comments to the student will be provided to the student after the completion of the psychiatry term (not directly following the viva exam)

The award of an "Unsatisfactory but able to pass term (pass conceded)"

The award of an "Unsatisfactory but able to pass term (pass conceded)" result is used to provide feedback to a student that their performance during the viva has not been at the level required. This student will not be required to re-sit their Viva Exam and they will be able to pass their psychiatry term if the other components of the psychiatry placement have been satisfactory.

The examiners should complete the rating system on page 2 of the marksheet to outline the key areas where the student had areas of unsatisfactory performance in addition to the ratings and comment on page 1 of the marksheet. There is no requirement to provide an additional written report on the student's performance for this result.

The maximum score for the Viva assessment obtained by a student who receives "Unsatisfactory but able to pass term (pass conceded)" result is 50%

The award of an "Unsatisfactory with need for a re-sit examination (outright fail)"

Students that attain an "***Unsatisfactory with need for a re-sit examination (outright fail)***" should if possible be given verbal notice at the time of the examination by the examiners or within a 24 hour period by the clinical site coordinator.

The examiners should complete the rating system on page 2 of the marksheet to outline the key areas where the student had areas of unsatisfactory performance in addition to the ratings and comment on page 1 of the marksheet.

In addition we also ask examiners to provide a short written report providing a more detailed account of the areas of unsatisfactory performance in relation to the clinical presentation and context. Written feedback on the student's performance should be sent to the School by the end of the day on which the examination occurred.

If possible, the examiners should also debrief the clinical site coordinator in the case of an 'outright fail' then if a student requires further feedback they should get this from the clinical site coordinator where they undertook the exam.

Extra exam preparation for students requiring resits will only be given if it can be arranged.

The following factors will also be taken into account in rating the patient interview:

1. Your professional manner;
2. The appropriate use of misuse of the physical arrangements of the interview setting;
3. Whether you introduce yourself and explain the purpose of the interview;
4. The extent to which you take account of the patient's age, social status, cultural background or language difficulties;
5. Your capacity to understand the way in which the patient presents their complaint;
6. The sensitivity with which you deal with the distressing material;
7. The strategies you use to deal with the patient's defences of inappropriate behaviours such as aggression or irritability;
8. The extent to which you alter your behaviour, or the setting, or the conduct of the interview to take account of appropriate patient concerns, thereby facilitating communication;
9. Your capacity for empathic responses that facilitate communication;
10. Your use of an appropriate mix of open and closed questions to facilitate communication or clarify key issues;
11. Your capacity to choose language appropriate to the patient's age, intellectual capacity or educational background;
12. The manner in which you manage note-taking or other forms of recording information within the context of the clinical interview.

