Committee for Examinations
Objective Structured Clinical Examination
Station 5
Adelaide September 2017

The Royal Australian & New Zealand College of Psychiatrists

1.0 Descriptive summary of station:

Jordan, a 36-year-old male patient with history of schizophrenia and polysubstance dependence, is being treated with olanzapine long-acting injectable (LAI), and is also on pegylated interferon-alpha and ribavirin for Hepatitis C. The case manager has booked him in for review as he is concerned about his mood.

1.1 The main assessment aims are:

- To demonstrate knowledge of neuropsychological side-effects of Hepatitis C and its treatments.
- To demonstrate ability to assess for relapse of substance use.
- To competently generate a robust management plan and explain the plan to the patient.
- To accurately assess a range of potential aetiologies of a mood disorder.

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

- Evaluate the role of Hepatitis C and its treatment in the development of current mood symptoms.
- Explore for relapse of substance use.
- Explain their understanding of the problems to the patient.
- Develop the management plan in collaboration with the patient.
- Include liaison with the physician treating Hepatitis C in the management plan.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category**: Mood Disorders
- **Area of Practice**: Addictions
- **CanMEDS Domains**: Medical Expert, Collaborator
- **RANZCP 2012 Fellowship Program Learning Outcomes**: Medical Expert (Assessment – Data Gathering Content, Formulation, Managment – Initial Plan); Collaborator (External Relationships)

References:

- Asnis G, De La Garza R. Interferon Induced Depression, Strategies in Treatment, Progress in Neuropsychopharmacology and Biological Psychiatry. 2005 Jun;29(5):808-18.
- Bonaccorso S1, Marino V,J Depression induced by treatment with interferon-alpha in patients affected by Hepatitis C virus. J Affect Disord. 2002 Dec;72(3):237-41.
- Lieb K1, Engelbrecht MA, Cognitive impairment in patients with chronic hepatitis treated with interferon alpha (IFNalpha): results from a prospective study. Eur Psychiatry. 2006 Apr;21(3):204-10.
- Palumbo E. Pegylated Interferon and Ribavirin Treatment for Hepatitis C Virus Infection. Ther Adv Chronic Dis. 2011 Jan; 2(1): 39–45. doi: 10.1177/2040622310384308.
- Foster G, Goldin R Thomas H Hepatitis C virus causes a significant reduction in Quality of Life in the Absence of Cirrhosis Hepatology 1998 Jan, Vol27, p209-217.
- Adair D et al Differential display analysis from brains of Hepatitis C infected patients. AIDS 2005 Vol 19 pS145-S150.

1.4 Station requirements:

- Standard consulting room
- 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 mid 30s, slim build, unshaven, wearing T-shirt and jeans, appearing a bit bedraggled.
- Pen for candidate.
- Timer and batteries for examine.

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 community outpatient clinic. A case manager has arranged an appointment for a patient as she is concerned about his mood.

Jordan is a 36-year-old man with history of schizophrenia, and polysubstance dependence who is being treated with olanzapine long-acting injectable (LAI). He is also being treated with pegylated interferon-alpha and ribavirin for Hepatitis C as he is currently unable to access interferon-free direct acting antiviral agents.

Your tasks are to:

- Take a focussed history in order to understand his presentation.
- Explain your understanding, of what is going on, to Jordan.
- Devise a suitable management plan with Jordan, with reference to your hypothesised diagnosis.

You will not receive any time prompts.

Station 5 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
  - A copy of 'Instructions to Candidate' and any other candidate material specific to the station.
  - Pens.
  - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient.

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 for any scripted prompt.
- DO NOT redirect or prompt the candidate – the simulated patient 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 <u>final task</u>:

- You are to state the following:

  'Are you satisfied you have completed the task(s)?
  If so, you <u>must</u> remain in the room and <u>NOT</u> 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.

You have no opening statement or scripted prompt.

The role player opens with:

'I feel awful since starting this treatment: it's getting worse and worse – I feel like giving up.'

3.2 Background information for examiners

In this station the candidate is expected to take a history from Jordan, a 36-year-old male community patient with history of schizophrenia, and polysubstance dependence treated with olanzapine long-acting injectable (LAI). He is currently also being treated with pegylated interferon-alpha and ribavirin for Hepatitis C, and the case manager has booked him in for review as he is concerned about changes in his mood.

The candidate is expected to demonstrate their knowledge of the neuropsychological side-effects of the treatments, pegylated interferon-alpha and ribavirin. They are asked to assess and manage the symptoms that the patient presents with.

The candidate will need to consider the information presented, and differentiate whether the history aligns with a relapse of the underlying Schizophrenia; a Depressive Disorder due to another Medical Condition (Hepatitis C); or Substance / Medication Induced Depressive Disorder.

In this station the latter is the preferred diagnosis, and will require the candidate to enquire about the relationship of the timing of symptoms to onset of Hepatitis C and of its treatment, and hence will inform the management plan.

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

- Evaluate the role of Hepatitis C and its treatment in the development of current mood symptoms.
- Explore for relapse of substance use.
- Explain their understanding of the problems to the patient.
- Develop the management plan in collaboration with the patient.
- Include liaison with the physician treating Hepatitis C in the management plan.

In order to meet the standard in this station the candidate should be able to evaluate mood symptoms including core symptoms of a depressive episode as in DSM-5 including mood, andedonia, sleep, appetite / weight change, agitation / retardation, hopelessness, fatigue, concentration / thinking abililty and thoughts of death / suicide.

They should delineate the time course of symptoms related to the time course of Hepatitis C and its treatment, and also consider whether the symptoms expressed are likely to be caused by the Hepatitis C, treatment of Hepatitis C or a mood episode secondary to the interferon. Suicidality must be explored, and also checking for a relapse of psychotic symptoms or presence of manic / mixed symptoms is also expected (as another possible less common side effect of interferon). Candidates should be able to identify that some of the symptoms (e.g. more physically based symptoms experienced at the treatment initiation such as fatigue, insomnia, aches and pains) are physical side effects of the interferon.

Candidates are also expected to assess whether or not the patient has relapsed into intravenous drug use; or has had cravings; or has felt close to relapsing.

The candidate is asked to outline to the patient in layman's terms the differential diagnosis and preferred diagnosis, ie that symptoms could be simply a part of their schizophrenia, caused by the underlying illness of Hepatitis C, or most likely, given the time course, are caused by the interferon treatment. A better candidate should be able to provide, in more detail, the causes of depression from interferon via inflammatory chemicals and reduction in certain brain chemicals, and identify that interferon rather than ribavirin is the cause - but that ribavirin alone will not treat Hepatitis C.

Candidates should demonstrate a biopsychosocial approach, and be able to identify that there are no symptoms to support a relapse of symptoms of schizophrenia, and would not be expected to make any changes to the antipsychotic medication. Neither is any specific substance use intervention required in this scenario.

The candidate should discuss that antidepressant medication is usually helpful, incorporating the evidence for the good (80%) response rate to antidepressants in this diagnosis (i.e. depression secondary to interferon). They should ask the patient their views on this topic, and discuss options while making suggestions for antidepressant treatment, e.g. SSRI and psychological therapy including time frames to expect improvement. Candidates would be expected to seek patient feedback, and also develop a safety plan for worsening symptoms, e.g. more frequent meetings with case worker, use of respite options, and family involvement.

Given the seriousness of the symptoms (with suicidality and thoughts of returning to IV drug use to escape), candidates are expected to identify the importance of discussing with the Hepatitis C treatment provider about possible risks to treatment success of slowing down treatment or having a pause whilst the antidepressant takes time to work. A candidate should also identify in what circumstances treatment might need to be stopped. This would be a last resort and is unlikely to be necessary. Finally, candidates should be able to clearly address any questions and concerns raised by the patient about these issues, e.g. efficacy or need to stop treatment.

Hepatitis C and its impact on mental wellbeing

1. Psychological Impact of HCV – This theory suggests that depression related to HCV infection is due to the psychological burden and distress associated with this chronic disease. Foster and colleagues demonstrated that in a sample of HCV-infected patients without cirrhosis, quality of life scores were reduced, particularly regarding mental health and physical function, when compared with a control group. Many health experts are recognising that chronic Hepatitis C virus infection alone leads to physical symptoms capable of reducing a person's quality of life, the springboard for depression.

2. Biological Result of HCV – This theory describes the potential for the Hepatitis C virus to negatively affect the central nervous system bringing about depression. Although not directly proven, this hypothesis is supported by studies demonstrating that HCV directly causes fatigue and other neuro-cognitive symptoms. Adair and colleagues used gene expression analysis to evaluate gene expression in HCV-infected patients and a control group. The researchers found a difference in the expression of 29 genes, including those involved in brain oxidative and energy metabolism. These findings support a biological basis for the link between HCV infection and depression. Additionally, Hepatitis C viral particles noted to cause chemical changes that could initiate depressive symptoms have been found in the central nervous system.

Traditional medications used in the treatment of Hepatitis C

Interferon (IFN) is a pro-inflammatory cytokine that is widely used for the treatment of a number of disorders including viral infections, hematological proliferative disorders, and skin malignancies. Unfortunately, IFN frequently induces depression, and has led to compromised tolerability with lowering of the dose of IFN, and even discontinuation of treatment. Thus, it is imperative to diagnose IFN-induced depression early, evaluate whether this depression is associated with IFN-induced anemia or thyroid dysfunction, which can be corrected, and if necessary treat with antidepressants. IFN-induced depression is highly responsive to antidepressants with benefits occurring frequently at relatively low doses, and after only a few weeks.

Although SSRIs have mainly been studied, non-SSRIs appear to be effective also. Antidepressants have a number of risks and side effects that must be considered, and may enter into the decision as to which antidepressant to choose. If IFN induces a depression in a patient with a bipolar disorder history, antidepressant treatment must include a mood stabiliser. In the case of vulnerable patients (e.g. those who have significant depressive symptoms prior to IFN or who have had an IFN-induced depression in the past) prophylactic antidepressant treatment appears to decrease the likelihood of having an IFN-induced depression. On the basis of known and effective treatment strategies, IFN-induced depression should not be an obstacle for continued treatment in most patient populations. (*Asnis G, De La Garza R. Interferon Induced Depression, Strategies in Treatment, Progress in Neuropsychopharmacology and Biological Psychiatry. 2005 Jun;29(5):808-18*)

Mechanisms for producing this side effect of pegylated interferon-alpha are unclear but several have been postulated including that IFN-α suppresses hippocampal neurogenesis and induces depression via its receptor in the brain, IFN-α is suggested to modulate mood, behaviour, and the sleep-wake cycle by the activation of the proinflammatory cytokine network and IFN-α treatment-mediated induction of c-jun N-terminal kinases (JNK), and p38 promote the expression of the beta isoform of the glucocorticoid receptor, which is an inactive form of the receptor to which glucocorticoid binding does not result in the inhibition of proinflammatory cytokine release and inhibition of CRH release. These changes magnify the stress response and hence the risk of treatment-emergent depression, μ opioid receptor activation by IFN-α and IFB-β increases brain prostaglandin E2 levels, resulting in excitotoxicity due to an imbalance between the NMDA receptor agonists and antagonist (kynurenic acid). This neurotoxic challenge causes a reduction in the density of serotonergic and adrenergic neuron, and loss of neurons in the hippocampus. Additionally, proinflammatory cytokines such as IFN-α inhibit neurogenesis by inhibiting neural stem cell differentiation. These neurochemical and neurohistological changes predispose to depression.

Pegylated interferon-alpha is an immunomodulatory medication which reduces viral load. It is used in combination with other anti-virals of a different class of drugs. It is injected either subcutaneously or intramuscularly in cycles of treatment. The most common side effects are flu-like symptoms such as headache, sweating, muscle aches, and tiredness after the injection.

Ribavirin is in a class of antiviral medications called nucleoside analogues. It works by stopping the virus that causes Hepatitis C from spreading. It is taken in oral form-usually twice daily. It is not effective alone and is prescibed as an adjunct to interferon. The most serious side-effect is anaemia.

Diagnostic Formulation
DSM-5 Diagnostic Criteria for Substance / Medication Induced Depressive Disorder

A: A prominent and persistent disturbance in mood that predominates in the clinical picture, and is characterised by depressed mood or markedly diminished interest or pleasure in all or almost all activities.

B: There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):
1. The symptoms in criterion A developed during or soon after substance intoxication or withdrawal or exposure to a medication.
2. The involved substance / medication is capable of producing the symptoms in criterion A.

C: The disturbance is not better explained by a depressive disorder that is not substance / medication induced. Such evidence of an independent depressive disorder could include the following:
The symptoms preceded the onset of the substance / medication use; or there is other evidence suggesting existence of an independent non substance / medication induced depressive disorder (e.g. a history of recurrent non substance / medication related epiosdes).

D: The disturbance does not occur exclusively during the course of a delirium.

E: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

In this station Criterion B2 is met by Interferon, and it is well accepted that depression can be a serious and common side effect of interferon with literature to support this.

There is a diagnostic code in the International Classification of Disease that refers to mood disorders caused by substances: ICD-10 F19.94 - *Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder.*

As an alternative diagnosis, some candidates could identify Depressive Disorder Secondary to Hepatitis C as the key issue, and develop a management plan to address this diagnosis. Whilst acceptable, this is not the preferred diagnostic conclusion in this station.

In this station it is also important that the candidate screens for the relapse of substance use (though it is not present at this stage). The low mood is a significant stressor increasing the risk of substance relapse or if relapse had already occurred then this could be a further possible differential diagnosis (as cause of the low mood), and if relapse is present then this would increase the risk of suicidal thinking or behaviour as well as endangering the success of Hepatitis C treatment if the use was intravenous.

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.

Does Not Achieve the Standard – 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.

4.0 Instructions to the Role Player

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

You are Jordan, a 36-year-old man with a diagnosis of schizophrenia. Your illness is stable, and you are receiving a regular monthly injection of an antipsychotic medication called OLANZAPINE. You also have a history of taking a range of drugs in the past, and you contracted Hepatitis C because you used to share needles when injecting a drug called Ritalin with friends. You have been through a residential rehab programme, and have not used any drugs for three years.

After you were diagnosed with Hepatitis C your doctor referred you to a 'liver clinic' where you are currently receiving treatment for your Hepatitis C. This involves a weekly injection of a medication called INTERFERON plus you take RIBAVIRIN tablets every day. You have been on this treatment for about 4 months under the care of the local Hepatitis C clinic, but you don't know the name of the doctors who work there.

You have this appointment today because you have not been feeling well, and your mental health case manager has been worried about you.

The candidate should ask you about the following symptoms, you do not need to offer them unless asked:
Since you started your Hepatitis C medication you noticed that you have been more tired, experiencing aches and pains all over, and your appetite is reduced. At present you are sleeping poorly with trouble getting to sleep and then waking during the night, but in the daytime you feel exhausted and slowed up.

You thought you could deal with all of this but lately (over the past month), you have been experiencing very low mood and anxiety, and feeling agitated. You have been thinking dark thoughts about your future and the world in general, and a feeling of 'brain fog' which makes it hard to concentrate on anything. You have also lost interest in your usual activities, even online gaming which you had been doing quite a bit near the start of treatment, as you don't have energy for anything more active. You feel like you aren't really enjoying anything, even catching up with mates. You have started to feel worthless as you can't do anything.

You are frightened by how low you are feeling, and have been having suicidal thoughts, which has led you to want to give up on treatment. You have thoughts about hanging yourself, but have made no preparations. You have never harmed yourself or had suicidal thoughts in the past, but you don't know if you can carry on like this. However, the thought of having to keep living with Hepatitis C if you give up the treatment also makes you feel like there is no point in living, as you are aware that it has damaged your liver, and you think it will get worse over time.

If asked about your schizophrenia: you don't think you are experiencing any relapse of psychosis which in the past had made you feel paranoid, and hold very strong beliefs that your family wanted to kill you. In the past you have also heard voices (but this has not recurred). You have never experienced any episodes of mania (where you would have had extreme energy, lots of ideas, and a sense of being driven accompanied by little sleep).

If asked about your substance use: you used to drink, and smoke cannabis as a teenager then started using other tablets like amphetamines. You then started injecting intravenous (IV) RITALIN, and this is how you got Hepatitis C. Lately, feeling so exhausted and low, you have been reminded of when you were hanging out, and you have been wondering if some Ritalin could make you feel better even though you know this is a bad idea. However, these thoughts have been getting stronger lately.

Your social and living arrangements: you live in a flatting situation having split up with a long term partner, Jilly, a year ago. You do drink alcohol although you know this is a harmful to your liver, and try to keep this to a 24 pack of beer a week.You have had to stop working as a part-time gardener because you are so tired, and are now on the sickness benefit.

Your upbringing was unremarkable but you had trouble at school, and fell in with the 'wrong crowd' in adolescence and got into drug use. You have a rather strained relationship with your parents who live in Melbourne. However they are pleased with your recent progress in treatment. You have a brother whom you don't see. You don't have any children.

You have no other medical problems apart from Hepatitis C, but your teeth are in bad shape, and you want to be able to work, and be able to pay for dental treatment.

The plan: the candidate is expected to tell you they think you have depression caused by your medication, and they may ask whether you are willing to take an antidepressant, and talk to you about which one and its possible side effects. You are willing to give it a go but you are sceptical of it helping, as you can't see how it will help if the depression is caused by the treatment. You wonder if this means you will have to stop the treatment for Hepatitis C.

4.2 How to play the role:

You are casually dressed in a t-shirt and jeans, unshaven, a bit bedraggled.

You are feeling ill and tired, listless and flat.

4.3 Opening statement:

'I feel awful since starting this treatment: it's getting worse and worse – I feel like giving up.'

4.4 What to expect from the candidate:

The candidate should ask about your physical symptoms (pain, tiredness, and poor sleep) as well as mood (low and fed up), feelings (hopeless), and thoughts (negative and at times suicidal), and the timecourse of your physical symptoms (since the start of the Hepatitis C treatment 4 months ago), and mood, motivation and enjoyment symptoms (just over the past 3-4 weeks).

Candidates should also check for recurrence of psychotic symptoms such as hearing voices or paranoid ideas or strange things happening. They should ask about any recent drug use (no, but thoughts of it), and suicidal thoughts (yes, but no plan).

They should then explain what they think is happening for you (depression caused by the interferon treatment), and what could help to make you feel better (antidepressants, support, and maybe psychological therapy). They should involve you, and ask your opinion of possible strategies. They may ask you about the liver clinic, and the name of the doctor who is treating your Hepatitis C.

4.5 Responses you MUST make:

'Should I stop the interferon?'

If told that 'This could be a side effect of your interferon.' you **MUST** respond:

'What do you mean, my symptoms could all be related to the interferon?'

4.6 Responses you MIGHT make:

If asked about whether you would start an antidepressant

Scripted Response: ***'I don't see how that would help if it's the interferon that has caused it.'***

If asked whether you would consider seeing a drug counsellor again for some relapse prevention work (to help with the thoughts you have been having about drugs)

Scripted Response: ***'Yes, if you think it will help although I kind of know what I should do.'***

4.7 Medication and dosage that you need to remember:

- PEGYLATED INTERFERON-ALPHA injections twice a week – for Hepatitis C
- RIBAVIRIN 2 tablets twice daily – for Hepatitis C
- OLANZAPINE antipsychotic injection once a month – for schizophrenia.

You do not know any of the doses.

STATION 5 – MARKING DOMAINS

The main assessment aims are:

- To demonstrate knowledge of neuropsychological side-effects of Hepatitis C and its treatments.
- To demonstrate ability to assess for relapse of intravenous drug use.
- To competently generate a robust management plan and explain the plan to the patient.
- To accurately assess for presence of mood disorder.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value – 30%)

Surpasses the Standard (scores 5) if:
meets the requirements to achieve the standard, and is able to elicit the important cognitive / emotional symptom groups when assessing depression in the context of physical illness; demonstrates knowledge of less common side effects of interferon such as psychosis / mania through their interview questions.

Achieves the Standard by:
asking about physical side effects of Hepatitis C treatment; clarifying details of physical / neurovegetative, and emotional / cognitive symptoms of depression; including timeframes of symptoms; obtaining sufficient detail to make a diagnosis of depressive episode; checking for relapse of positive symptoms of psychosis or presence of mania; assessing for relapse of drug use thoughts / craving; undertaking a risk assessment, including suicidal ideation and plans.

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

a. Evaluate role of Hepatitis C and its treatment in development of current mood symptoms.
b. Explore for relapse of substance use.

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 or 1):
scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
multiple omissions in history taking adversely impact on the obtained content; significant deficiencies such as substantial omissions about suicidal ideation and planning, or relapse into drug use.

1.2. Category: ASSESSMENT – Data Gathering Content	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.11 Did the candidate provide the patient an appropriate explanation in order to make sense of his presentation? (Proportionate value – 30%)

Surpasses the Standard (scores 5) if:
demonstrates prioritisation and sophistication in formulation; justifies pathological mechanisms for interferon induced depression as the primary agent; clearly explains onset of specific physical symptoms with treatment; separates out psychological symptoms as part of treatment induced depression; cites relevant literature.

Achieves the Standard by:
identifying and succinctly summarising important aspects of the history; synthesising information using a biopsychosocial framework; integrating physical, developmental, cognitive, psychological, and sociological information as it relates to illness and side effects; developing diagnostic hypotheses to make sense of the patient's predicament; accurately linking formulated elements to any diagnostic statement; analysing vulnerability and resilience factors particularly to relapse of drug use; considering differential diagnoses of mood symptoms secondary to the interferon, or Hepatitis C, or the symptoms being part of their schizophrenia, or an adjustment disorder.

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

a. Explain their understanding of the problems to the patient.

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 or 1):
scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
unable to synthesise information in a cohesive manner; does not make link between interferon and symptoms of depression.

1.11.Category: FORMULATION	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.13 Did the candidate describe a relevant initial management plan? (Proportionate value – 30%)

Surpasses the Standard (scores 5) if:
meets the requirements to achieve the standard, and provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan; incorporates evidence in explanations; demonstrates comprehensive knowledge of medication effects and side effects.

Achieves the Standard by:
recommending evidence-based treatment of the depression with antidepressants including brief discussion of side effects, likely response and timeframe; suggesting possible psychological treatment for mood e.g. CBT; outlining increased social / practical supports while unwell; planning risk management of suicidal ideation, and working with patient to temporarily increase monitoring; considering inpatient care or respite; mitigating against substance use relapse; appropriately responding to questions around ceasing medication; identifying stopping treatment as a last resort.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Develop the management plan in collaboration with the patient.

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 or 1):
scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
errors or omissions will impact adversely on patient care; plan lacks structure or is inaccurate; fails to discuss management; takes an autocratic approach and does not take patient's views into account.

1.13. Category: MANAGEMENT - Initial Plan	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

3.0 COLLABORATOR
3.3 Did the candidate demonstrate an appropriately skilled approach with other health professionals? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:
meets the requirements to achieve the standard; proactively consults with the patient as to the form and content of the communication with the physician.

Achieves the Standard by:
investigating where Hepatitis C treatment is received; identifying medical staff involved in care; acknowledging and understanding stakeholder roles; intending to develop effective working alliances.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Include liaison with the physician treating Hepatitis C in the management plan.

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 or 1):
scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response; significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:
does not consider informing Hepatitis C physician of symptoms and treatment plan.

3.3. Category: EXTERNAL RELATIONSHIPS	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the defined tasks?

Circle One Grade to Score	**Definite Pass**	**Marginal Performance**	**Definite Fail**