Committee for Examinations
Objective Structured Clinical Examination

Station 9
Gold Coast April 2019

The Royal Australian & New Zealand College of Psychiatrists

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The Royal Australian & New Zealand College of Psychiatrists

1.0 Descriptive summary of station:

The candidate is meeting with Sarah, who has an 8-year-old son named Jason. Jason has just been assessed having attention deficit hyperactivity disorder (ADHD). Sarah has some specific questions about medications and other treatments. She is also concerned that his problems are her fault.

1.1 The main assessment aims are:

- Explain ADHD to Sarah, and discuss medications used to treat ADHD.
- Outline non-pharmacological strategies that can help with Jason.
- Appropriately listen and respond to the concerns raised by Sarah.

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

- Discuss the likely genetic linkages.
- Establish that Jason has symptoms across more than two domains (school, home and friendships).
- Discuss at least one stimulant and one non-stimulant medication.
- Indicate that psychological and / or behavioural therapy is needed for both the child and the parents.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category**: Child & Adolescent Disorders
- **Area of Practice**: Child & Adolescent
- **CanMEDS Domains**: Medical Expert, Scholar
- **RANZCP 2012 Fellowship Program Learning Outcomes**: Medical Expert (Assessment – Data Gathering Content; Diagnosis; Management – Therapy); Scholar (Application of Knowledge).

References:

- The National Health and Medical Research Council (NHMRC) developed clinical practice points on the Diagnosis, Assessment and Management of ADHD in Children and Adolescents (http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/mh26_adhd_cpp_2012_120903 .pdf).
- Attention Deficit Hyperactivity Disorder: Diagnosis and Treatment in Children and Adolescents, Rockville (MD): Agency for Healthcare Research and Quality (US); 2018 Jan.
- Editors Kemper AR[1], Maslow GR[1], Hill S[1], Namdari B[1], Allen LaPointe NM[1], Goode AP[1], Coeytaux RR[1], Befus D[1], Kosinski AS[1], Bowen SE[1], McBroom AJ[1], Lallinger KR[1], Sanders GD[1]. Source: Rockville (MD): Agency for Healthcare Research and Quality (US); 2018 Jan.
- Kelly A. Brown, Sharmeen Samuel, and Dilip R. Patel, Transl Pediatr. 2018 Jan; 7(1): 36–47. doi: 10.21037/tp.2017.08.02 : PMC5803014 PMID: 29441281 Pharmacologic management of attention deficit hyperactivity disorder in children and adolescents: a review for practitioners.
- ADHD, stimulant treatment, and growth: a longitudinal study. *Harstad EB, Weaver AL, Katusic SK, Colligan RC, Kumar S, Chan E, Voigt RG, Barbaresi WJ Pediatrics. 2014 Oct; 134(4):e935-44.*Pediatrics.
- ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Subcommittee on attention-deficit / hyperactivity disorder, Steering Committee on Quality Improvement and Managememt. Author manuscript; available in PMC 2015 Jul 13. Published in final edited form as: Pediatrics. 2011 Nov; 128(5): 1007–1022. Published online 2011 Oct 16. doi: 10.1542/peds.2011-2654 PMCID: PMC4500647 NIHMSID: NIHMS701937 PMID: 22003063.
- Position Statement 55 – RANZCP Attention Deficit Hyperactivity Disorder in Childhood and Adolescence.

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: woman in her early thirties casually dressed.
- Pen for candidate.
- Timer and batteries for examiner.

2.0 Instructions to Candidate

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

You are working as a junior consultant psychiatrist in a community outpatient clinic.

Your patient, Sarah, comes to you wanting to discuss her son, Jason, whom the paediatrician has just diagnosed with ADHD. She has some questions for you about ADHD.

Sarah has been successfully treated for an episode of major depression that required an admission three years ago. She is in remission, and you have no concerns about her mental state.

Your tasks are to:

- Elicit a history that will enable an explanation of ADHD to Sarah.
- Discuss evidence-based interventions used in the management of ADHD with Sarah.

You will not receive any time prompts.

Station 9- 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 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 <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.

The role player opens with the following statement:

'Doctor**, **I'm fine, but I'm really worried that Jason has just been diagnosed with ADHD.'

3.2 Background information for examiners

In this station the candidate is expected to be able to discuss the presentation of attention deficit hyperactivity disorder (ADHD) in a school age child. They are expected to be able to describe the diagnostic criteria for ADHD, and determine from the mother which symptoms may have lead to the paediatrician making the diagnosis.

It is imperative that a thorough diagnosis is made so that comprehensive treatment is provided to limit the burden of disease.

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

- Discuss the likely genetic linkages.
- Establish that Jason has symptoms across more than two domains (school, home and friendships).
- Discuss at least one stimulant and non-stimulant medications.
- Indicate that psychological and / or behavioural therapy is needed for both the child and the parents.

A surpassing candidate may:

- Discuss the management in a more sophisticated manner, and comprehensively relate all aspects to the specific scenario of Jason, including collaboration with his school, both parents and his social network.
- Explain the pros and cons of medication including stimulant and non-stimulant medication.
- Also include the importance of regular reviews of his response to all interventions, and the priority to maintain his engagement in his education and with his peer group.

About ADHD

ADHD is the most common neurodevelopmental disorder of childhood, and is a complex syndrome of impairment of brain functions associated with both self-management and executive function. It is a disorder which is recognised globally, and has a high morbidity related to loss of academic, interpersonal and occupational successes or indirectly from high risk-taking behaviours or co-morbid psychiatric diagnoses including mood & substance use disorders.

The core features of ADHD are attention, concentration, hyperactivity, impulsivity and emotional dysregulation, and it is more commonly diagnosed in boys and if left untreated, can affect self-confidence and self-esteem. Factors of inattention and executive dysfunction are important discussion points as these commonly persistent throughout life, and can have debilitating effects into adulthood.

It is critical to obtain information about the child's behaviour across multiple environments in order to make the diagnosis: assessment from the family and school are important parts of a thorough assessment.

DIAGNOSIS

The diagnosis is based on the child displaying symptoms of hyperactivity, impulsivity and inattention. Either the Diagnostic Statistical Manual (DSM-5) or International Classification of Disease (ICD-10) may be used. In the latter it is named a Hyperkinetic disorder rather than Attention Deficit Hyperactivity Disorder.

The following table summarises the diagnostic criteria.

TABLE. **Comparison of DSM-5 and ICD-10 diagnostic criteria for ADHD**

	DSM-5	ICD-10
Name	ADHD	Hyperkinetic disorder
Onset	Some symptoms before age 12	Some symptoms before age 6
Symptom criteria for children	ADHD combined: 6 of 9 symptoms of inattention and 6 of 9 symptoms of hyperactivity/impulsivity; ADHD predominantly inattentive: 6 of 9 symptoms of inattention; ADHD predominantly hyperactive/ impulsive: 6 of 9 symptoms of hyperactivity/ impulsivity	Must have a combination of impaired attention AND hyperactivity; the only subtype is hyperkinetic conduct disorder for those who meet criteria for both disorders
Symptom criteria for persons aged ≥ 17	ADHD combined: 5 of 9 symptoms of inattention and 5 of 9 symptoms of hyperactivity/impulsivity; ADHD predominantly inattentive: 5 of 9 symptoms of inattention; ADHD predominantly hyperactive/ impulsive: 5 of 9 symptoms of hyperactivity/ impulsivity	Must have a combination of impaired attention and hyperactivity
Settings	Several symptoms present in ≥ 2 settings	Full syndrome in ≥ 2 settings and observed by clinician
Duration	≥ 6 months	≥ 6 months
Impairment	Interference with social, academic, or occupational functioning; includes severity specifiers: mild, moderate, severe	Clinically significant distress or impairment in social, academic, or occupational functioning

From http://www.psychiatrictimes.com/special-reports/are-we-overdiagnosing-and-overtreating-adhd

Common Presenting Features are summarised below (adapted Chan et al)

Inattention	Does not listen Difficulty following multi-step commands Disorganised room, locker, desk. Forgetful Easily distracted (except video games)
Hyperactivity & Impulsivity	Fidgets or squirms Runs or climbs excessively – unable to walk slowly. Blurts out answers or thoughts even if really inappropriate Cannot wait to take a turn Interrupts Intrudes on others
School problems	Cannot sit still Easily overwhelmed Speaks out of turn Easily bored

PREVELANCE

There are difficulties with research into the prevalence of ADHD as there is great variation between studies including diagnostic criteria, methods of collecting data and different settings: pooled data estimating prevalence in children is between 3.4 – 8.8%.

TREATMENT
Treatment is both pharmacological and non-pharmacological.

Medication	Action	Common side effects
Methylphenidate	Stimulant	Headache Insomnia loss of appetite Decreased weight Nausea & vomiting Nervousness Dizziness Increased heart rate Increased blood pressure Growth Retardation Aggression
Dexamphetamine	Stimulant	Headache Insomnia Loss of appetite Decreased weight Nausea & vomiting Nervousness Dizziness Increased heart rate Increased blood pressure Aggression
Atomexetine	SSRI Slow onset of action, takes about 4 weeks to start working.	Sedation Anorexia Nausea & vomiting Insomnia Increased alertness Dizziness Constipation Fatigue Skin rashes Jaundice/hepatic damage Aggression
Clonidine	Alpha-blocker	Fatigue Postural Hypotension Dry Mouth Insomnia Constipation Depression

Behavioural treatments include a range of options. The table below (from ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents) outlines Evidence-Based Behavioural Treatments for ADHD.

Intervention Type	Description	Typical Outcome(s)	Median Effect Size[a]
Behavioural parent training (BPT)	Behaviour-modification principles provided to parents for implementation in home settings	Improved compliance with parental commands; improved parental understanding of behavioural principles; high levels of parental satisfaction with treatment	0.55
Behavioural classroom management	Behaviour-modification principles provided to teachers for implementation in classroom settings	Improved attention to instruction; improved compliance with classroom rules; decreased disruptive behaviour; improved work productivity	0.61
Behavioural peer interventions (BPI)[b]	Interventions focussed on peer interactions / relationships; these are often group-based interventions provided weekly and include clinic-based social-skills training used either alone or concurrently with behavioural parent training and / or medication	Office-based interventions have produced minimal effects; interventions have been of questionable social validity; some studies of BPI combined with clinic-based BPT found positive effects on parent ratings of ADHD symptoms; no differences on social functioning or parent ratings of social behaviour have been revealed	

[a] Effect size **=** (treatment median − control median) / control SD.
[b] The effect size for behavioural peer interventions is not reported, because the effect sizes for these studies represent outcomes associated with combined interventions. A lower effect size means that they have less of an effect. The effect sizes found are considered moderate.

Adapted from Pelham W, Fabiano GA. *J Clin Child Adolesc Psychol.* 2008;37(1):184–214.

3.3 The Standard Required

Surpasses the Standard – a better 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 medico-legal 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 well-being 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 Sarah, a 33-year-old woman married to Paul, and a mother of two children, Katherine and Jason.

You have come to your routine mental health appointment today, and want to discuss Jason's recent diagnosis of attention deficit hyperactivity disorder (ADHD) that was made by a child health specialist (paediatrician).

About Jason's mental health:

Jason is 8 years old, and in Grade 1. Your son had been struggling at school, and his ability in reading is particularly poor. He has not been able to make many friends, and is always 'busy'.

The school suggested you take Jason to a paediatrician who then gave you and your husband the diagnosis of ADHD two days ago, and you have a follow-up appointment next week to discuss treatment options. You really want to talk with your psychiatrist before this, so you can be more prepared for the next appointment with the paediatrician.

Jason had been assessed by a team of specialists prior to the diagnosis being made:
Jason saw a psychologist, and a neuropsychologist assessed his learning abilities. Jason's teacher also spoke to the clinical team. You and your husband were asked to answer a series of questions about Jason's development, and his behaviour at home.

The candidate should ask you a series of questions for which you can provide the following information:

Jason struggled at kindergarten, and always wanted to go outside. Now he is at school, he is struggling with reading, writing, mathematics, and making friends. The teacher says he gets up during class when the children are working on a task, and goes to other tables, looks at the notices and posters on the wall, and sometimes just asking questions completely unrelated to the topic. He fidgets all the time, cannot seem to sit still in any situation.

The teacher has also told you that Jason struggles to wait his turn in class, and will blurt out his answers. He is often not able to go outside at break because he cannot find his hat, which then leads him to be even more disruptive when the other children return.

You had thought that it was endearing when Jason was being 'busy' all the time as a toddler. His constant fidgeting, jiggling his legs when sitting, and pulling at his clothing often causes you to be irritable with him, and you feel guilty that sometimes you nag him about it. He is impulsive, often damaging things in a rush to do something which leads to problems with his dad, Paul, who loves to make model cars as a hobby.

The following behaviour at home with Katherine should only be told reluctantly, as you are embarrassed that Jason breaks things in anger as you think it represents bad parenting: he is very active at home, and fights with his sister Katherine (10 years old) all the time. Jason will often break her things when she won't share or if he cannot use them properly. The worst argument was when he broke her iPad that had been her 10th birthday present – she was playing a word game that Jason could not understand.

Only provide this information if you are asked about your own mental health:

You have been coming to the mental health services for the treatment of an episode of major depression 3 years ago that led to you being admitted to a mental health unit for two weeks. You are still on medication, and have been attending the clinic every two months for review. Your mental health is very stable, and have been discussing discharge back to your GP with the psychiatrist. When you were depressed, the family had rallied around and helped with the children, and they do not appear to have any adverse problems from your depression.

Only provide this information if you are asked about anything similar for yourself and your family:

You have one brother, Mark, and he struggled at school, and was regularly being sent to the headmistress for interrupting in class. He left school at 15 years old to be a jackaroo in outback Australia (if a candidate asks what a jackaroo is – a young man working on a sheep or cattle station to gain experience). Mark has always found it difficult to settle down to one task for long, and has had minor problems with legal system as he always seems to get into debt.

You found concentrating at primary school difficult as you were always 'day dreaming', but you had no problems academically. You work as a receptionist in a tour company, and have held that job for many years.

Your husband has no problems like this, in fact he can be very focussed, and loves spending hours with his car models. Katherine does not present with any behaviour problems at school or at home.

4.2 How to play the role:

You are casually dressed in clean tidy clothes. You are well presented, and easily engaged by the candidate. You are interested in the answers the candidate gives, and generally have positive interactions with your psychiatrist.

Initially you are a little anxious, and worried about what this diagnosis means. The candidate should aim to reassure you by the explanations given. You are also worried that your 'day dreaming' at primary school, and your brother possibly having ADHD may have given Jason ADHD. You can also be interested in whether they think that your illness had any impact on it developing.

You are very worried about medication and possible side effects for Jason now, and into the future. You are worried about his growth and development, and want to know what possible side effects of medication he may get.

You want to take notes so you can discuss it with your husband.

4.3 Opening statement:

'Doctor, I'm fine, but I'm really worried that Jason has just been diagnosed with ADHD.'

4.4 What to expect from the candidate:

The candidate is expected to take a history about how Jason has been behaving, and may ask you about you and your family. They should explore with you how the diagnosis was made, and when you found out.

The candidate should then discuss the possible treatments that may be suggested by the paediatrician next week. These can include medications (which you are not keen on), and other strategies that can be either psychological or in response to his behaviour.

The candidate should provide clear information that is understandable to a non-medical person.

4.5 Responses you MUST make:

'So, do you think he got his ADHD from us?'

'What can medications do?'

'I've heard that these medications stop children growing, is that right?'

'Is there anything else that we can do to help at home?'

4.6 Responses you MIGHT make:

If asked about drug and alcohol use at home: you and your husband drink alcohol socially but generally only a few times a month. Neither of you have ever used illicit substances.

If asked how things are at home:
Scripted response: ***'Home life is generally fine.'***

4.7 Medication and dosage that you need to remember:

None

STATION 9 – MARKING DOMAINS

The main assessment aims are:

- Explain ADHD to Sarah, and discuss medications used to treat ADHD.
- Outline non-pharmacological strategies that can help with Jason.
- Appropriately listen and respond to the concerns raised by Sarah.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.2 Did the candidate take appropriately detailed and focussed collateral history from the mother? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
clearly achieves the overall standard with a superior performance in a range of areas; gathers information in systematic and logical approach to enable ADHD diagnosis: demonstrates prioritisation and sophistication.

Achieves the Standard by:
demonstrating use of a tailored biopsychosocial approach; conducting a detailed but targeted assessment; incorporating a sub-specialist approach related to assessment of a child; obtaining a history relevant to the patient's problems and circumstances with appropriate depth and breadth; prioritising information to be gathered to justify proposed diagnosis of ADHD; integrating key sociocultural issues relevant to the data collection; demonstrating phenomenology; clarifying important positive and negative features; assessing for typical and atypical features.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Discuss the likely genetic linkages.

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

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

Below the Standard (scores 1):
scores 1 if there are significant omissions affecting quality.

Does Not 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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.9 Did the candidate formulate and describe the features of a diagnosis of ADHD? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
demonstrates a superior performance; integrates information in a manner that can effectively be utilised by the mother; provides clear and professional information in a manner that is non-threatening; appropriately identifies the limitations of diagnostic classification systems to guide treatment.

Achieves the Standard by:
demonstrating capacity to integrate available information in order to formulate the diagnosis; demonstrating detailed understanding of diagnostic criteria to provide justification for diagnosis; prioritising adequately relevant history, utilising a biopsychosocial approach, and / or identifying relevant predisposing, precipitating perpetuating and protective factors; including communication in appropriate language and detail for the mother.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Establish that Jason has symptoms across more than two domains (school, home and friendships).

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

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

Below the Standard (scores 1):
scores 1 if there are significant omissions affecting quality.

Does Not 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 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

6.0 SCHOLAR

6.4 Did the candidate prioritise and apply appropriate and accurate knowledge of ADHD interventions based on available literature / guidance? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
outlines the complexities of choices in medication options; incorporates continuity of care and not just initial management; recognises the impact of environment, people and new knowledge on current understanding; acknowledges their own gaps in knowledge.

Achieves the Standard by:
identifying key treatment aspects supported by evidence; commenting on the voracity of the available evidence; discussing major strengths and limitations of available evidence; describing the relevant applicability of theory to the specific scenario; acknowledging that there are multiple options available; incorporates both pharmacological and non-pharmacological treatment recommendations.

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

a. Discuss at least one stimulant and one non-stimulant medication.

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

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

Below the Standard (scores 1):
scores 1 if there are significant omissions affecting quality.

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

6.4. Category: APPLICATION OF KNOWLEDGE	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.0 MEDICAL EXPERT

1.14 Did the candidate demonstrate an adequate knowledge and application of relevant psychological / behavioural interventions for ADHD? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:
includes a clear understanding of levels of evidence to support psychological and behavioural options.

Achieves the Standard by:
demonstrating the understanding of these treatment modalities; identifying specific treatment outcomes and prognosis; appropriate selection (benefits / risks, application); application of psychoeducation on rationale for specific therapies; considering sensitively barriers to implementation; identifying the role of other health professionals.

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

a. Indicate that psychological and / or behavioural therapy is needed for both the child and the parents.

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

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

Below the Standard (scores 1):
scores 1 if there are significant omissions affecting quality.

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

1.14. Category: MANAGEMENT - Therapy	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

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