Committee for Examinations
Objective Structured Clinical Examination
Station 9
Perth September 2019

The Royal Australian & New Zealand College of Psychiatrists

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1.0 Descriptive summary of station:

In this station, the candidate is expected to be able to discuss the three stages of a cognitive behaviour plan for the treatment of a single phobia, fear of flying, with a 62-year-old married woman who wants to fly to her daughter's wedding in Canada.

1.1 The main assessment aims are to:

- Evaluate the candidate's understanding of the typical structure and components of Cognitive Behaviour Therapy (CBT) for anxiety disorders.
- Assess the candidate's ability to engage the patient with a simple relaxation strategy.
- Evaluate the candidate's ability to explain how cognitive behaviour therapy breaks the anxiety cycle.

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

- Explain how treatment of a simple phobia will include all aspects of graded exposure for his patient.
- Demonstrate an understanding of at least one relaxation skill: either a breathing technique or progressive muscle relaxation.
- Describe how the practice of relaxation reduces subjective distress linked to flying.

1.3 Station covers the:

RANZCP OSCE Curriculum Blueprint Primary Descriptor Category: Anxiety Disorders

Area of Practice: Psychotherapy

CanMEDS Marking Domains Covered: Medical Expert, Scholar

RANZCP 2012 Fellowship Program Learning Outcomes: Medical Expert (Management - Therapy, Assessment – Physical – Technique), Scholar (Application of Knowledge).

References:

- Andrews G, Bell C et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. First published in the Australian and New Zealand Journal of Psychiatry 2018, Vol. 52(12) 1109-1172.
- Bandelow, B. (2017). Comparison of the DSM–5 and ICD–10: Panic and other anxiety disorders. *CNS Spectrums, 22*(5), 404-406. doi:10.1017/S1092852917000116.
- Beck Institute Online resources: https://beckinstitute.org
- Davis, M., Echelman, E. and McKay, M. 'The Relaxation & Stress Reduction Workbook, 5th Edition' 2000 Raincoast Books illustrated at.
- Dryden W, Branch R eds. *The CBT handbook*. London: SAGE Publications, 2012.
- Kim S, Palin F, et al. Journal of Anxiety Disorders, 2008-01-01, Volume 22, Issue 2, Pages 301-309, 2007 Elsevier Ltd.
- Simmons J, Griffiths R. *CBT for beginners*. London: SAGE Publications, 2009.
- Westbrook D, Kennerley H, Kirk J. *An introduction to cognitive behaviour therapy: skills and applications*. London: SAGE Publications, 2008.
- Wolpe, J. (1958). Psychotherapy by Reciprocal Inhibition. (Stanford: Stanford University Press)
- Wright JH, Ramirez Basco M, Thase ME. *Learning cognitive–behaviour therapy: an illustrated guide*. Arlington: American Psychiatric Publishing, 2006.

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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: middle-aged woman in her 50s.
- 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 psychiatrist in a psychotherapy outpatient service. Mrs Jane Pearlman is a 62-year-old married woman who has a fear of flying.

You have seen her for the initial assessment and treatment planning, and have confirmed that she has a simple phobia.

She has only flown once. At times she has taken long train rides or used buses or cars when a flight would have been more convenient. However, her only daughter is getting married in Canada, and the only way to get there is by flying.

You have already negotiated a treatment plan, and today is the first session of Cognitive Behaviour Therapy (CBT) with the final goal of Mrs Pearlman being able to fly to the wedding in six months.

Your tasks are to:

- Confirm that the patient understands the stages of CBT for their phobia.
- Choose specific skills to demonstrate how to control the patient's anxiety.
- Explain techniques that you will be using as part of CBT to manage the patient's phobia.

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 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 there are no cues / times for any scripted prompt to give.
- DO NOT redirect or prompt the candidate unless scripted – 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.

The role player opens with the following statement:

'Doctor, it's good to see you again as I'm keen to start my treatment.'

3.2 Background information for examiners

Anxiety disorders are the most prevalent and costly mental health problems. The goal of this station is to assess the candidate's ability to explain Cognitive Behaviour Therapy (CBT), and the link between thoughts, feelings and behaviours, indicating to the patient that this treatment is very efficacious for a specific phobia. The candidate is expected to be able to explain the three stages of a cognitive behaviour plan for the treatment of a fear of flying with a 62-year-old married woman who wants to fly to her daughter's wedding in Canada.

They are expected to be able to give examples of cognitive restructuring, how graded exposure is conducted and the importance of being able to recognise and reduce arousal. Candidates are also expected to explain how CBT breaks the anxiety cycle. They will also explain at least one straight forward breathing technique to help the patient reduce their arousal.

The candidate is not expected to diagnose the phobia nor take a directed history to elicit the symptoms of a flying phobia.

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

- Explain how treatment of a simple phobia will include all aspects of graded exposure for his patient.
- Demonstrate an understanding of at least one relaxation skill: either a breathing technique or progressive muscle relaxation.
- Describe how the practice of relaxation reduces subjective distress linked to flying.

The surpassing candidate will confidently explain that this problem can be easily resolved with CBT. They may also provide the patient with a brief formulation about how her exposure to fire while in a plane has caused the belief that all planes are dangerous; and that this person has now filtered all the reports of plane crashes, fires or other problems to represent all planes. The surpassing candidate may effectively incorporate the clear link between the thoughts, and the body's automatic responses has been proven in experimental and clinical research since the 1950's.

<u>Cognitive Behaviour Therapy</u>

CBT is a structured psychotherapy which was first described by Aaron Beck in the 1960s when he was looking for an alternative manner of conceptualising depression rather than the psychoanalytic concepts (Beck Institute). The basic concept is that the patient learns to identify distorted thinking, understand how these impact on their behaviour / emotions and physiology, and learns to challenge the distorted thinking and have changed responses. The focus is on solving problems and starting behavioural change.

The length of therapy can vary, and is a collaborative process between the therapist and patient. The therapy begins with development of a formulation of the problems, and development of goals for this therapy. The length of therapy then is determined by regularly reviewing goals.

Generally, in CBT there are outcome measures used or developed with the patient at the beginning of therapy and throughout the process. When using CBT for simple phobias there might be a weekly use of arousal symptom measure that the patient and therapist review to see change. Outcome measures are very important to assist the patient see objective change in their symptoms.

For a simple phobia, the formulation is usually quite straight forward – a combination of characterological traits, experience that has given them the overwhelming fear (phobia), and the avoidance behaviours which are acting to maintain the fear. The treatment plan from the formulation is then logical to the patient.

The stages of the treatment of a simple phobia are to provide the person with an understanding of how their problems developed, what is the biological response to the anxiety, and to foster skills for managing the anxiety and associated over arousal, as well as being able to notice early warning signs.

Graded exposure is key to resolving a simple phobia. This is generally a process where the patient is first educated to how anxiety feels in their body, how to reduce the feelings and then have exposure to the anxiety stimulus in session, use the relaxation technique and learn that they can reduce the response. It must be graded to prevent flooding which acts to reinforce the anxiety cycle.

The patient is taught to describe their experience of distress using subjective unit of distress (disturbance) scale (SUDS) (Wolpe, 1958), which is generally 1–10 with 10 being the worst and 1 the least distress. In the session, the patient then uses imagery to elicit an anxiety response – feel the anxiety in their body and grade it.

Then the patient is taught a simple relaxation techniques which can include:

Progressive muscle relaxation – the person relaxes into the chair, closes their eyes and starting with the feet clench them as tightly as they can, release noticing the change. They progress up the whole body finishing with the facial muscles.

Abdominal Breathing (square breathing / deep breathing / box breathing) – placing one hand on the abdomen and another on their chest, the person inhales through the nose and exhales through their mouth. The breathing must be deep enough so the hand on the abdomen moves rather than the one on the chest. Inhale for a count of four – hold for a count of four, and exhale for a count of four – hold for a count of four, this is one cycle. Usually ask them to do just a few (four or five times) while they are learning.

Breath Counting – breathe in through the nose for a count of five and out through the nose for a count of five, and this is one breath. Repeat counting each breath until five rounds have been completed.

There are a multitude of simple breathing techniques to help people focus and reduce anxiety. There are also a variety of names for similar techniques within the literature, some from behavioural psychology, yoga, mindfulness, and likely other sources. The aim is to assist the person to relax using a focus on breathing as these are practices which are incompatible with the body's response to anxiety (Wolpe, 1958).

The clinician then asks the person to the rate the SUDS with imagery alone, then again after one of the relaxation techniques. The experiment is continued until the SUDS have been reduced by the relaxation technique.

Once the person has developed capacity to reduce their arousal, it is important to begin cognitive restructuring.

Cognitive restructuring is when a patient explores where a certain thought / belief comes from, which is triggered when they are anxious, and challenge the validity of the cognitive drives for the phobia.
For example, the person believes that all spiders are deadly; may ask them to find out how many spiders are actually deadly, where they are found, and what percentage of all spiders does this represent? Thus, the cognitive truth can become something which is now questionable, and can be used to challenge the automatic thought 'all spiders are deadly'.

Typical structure and components of CBT for anxiety disorders

<table>
<tr><td>Stage 1</td><td colspan="3">Goals

Assist patient awareness.
Develop formulation.
Provide education about the anxiety disorder and treatment rationale.

Monitor symptoms.
Address factors that facilitate or hinder therapy.</td></tr>
<tr><td rowspan="5">Stage 2</td><td>Goals</td><td>Components</td><td>Targets and effects</td></tr>
<tr><td>Reduce physical symptoms through relaxation and exercise.</td><td>Arousal management</td><td>Relaxation and breathing control to help manage increased anxiety levels.</td></tr>
<tr><td>Reduce cognitive symptoms and drivers of ongoing anxiety by challenging unhelpful thinking styles and using structured problem solving.</td><td>Cognitive strategies</td><td>Cognitive restructuring, behavioural experiments and related strategies:

• Targets patient’s exaggerated perception of danger (beliefs around the likelihood and extent of feared consequences);
• Provides corrective information regarding level of threat;
• Can also enhance self-efficacy beliefs.</td></tr>
<tr><td>Increase engagement in activities that represent mastery over fears:

2.1 Reduce behavioural avoidance through graded exposure to avoided situations and activities, and relinquishment of safety signals;</td><td>Graded exposure</td><td>Encouraging patient to face fears:

• Patient learns corrective information through experience;
• Extinction of fear occurs through repeated exposure;
• Successful coping enhances self-efficacy.</td></tr>
<tr><td>2.2 Restrict anxiety reducing behaviours;</td><td>Safety response inhibition</td><td>Patient restricts anxiety-reducing behaviours (e.g. escape, need for reassurance) that maintain anxiety cycles:

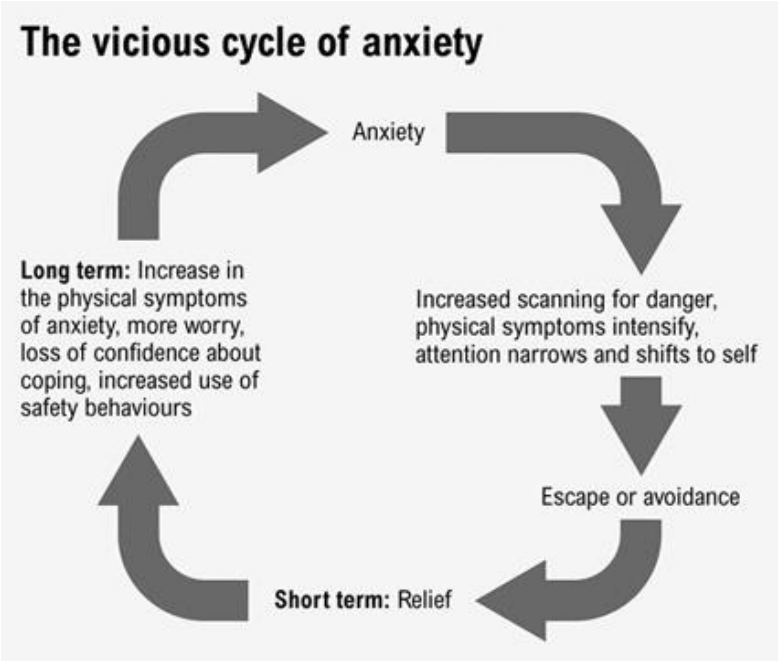
• Restriction of these behaviours decreases negative reinforcement;
• Coping with anxiety without using anxiety-reducing behaviours enhances self-efficacy.</td></tr>
<tr><td>2.3 Relinquish safety signals.</td><td>Surrender of safety signals</td><td>Patient relinquishes safety signals (e.g. presence of a companion or mobile phone, or knowledge of the location of the nearest toilet):

• Patients learn adaptive self-efficacy.</td></tr>
<tr><td>Stage 3</td><td colspan="3">Goal

Relapse prevention</td></tr>
</table>

FROM: (Page 1121) Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. Andrews G, Bell C et al. First published in the Australian and New Zealand Journal of Psychiatry 2018, Vol. 52(12) 1109-1172.

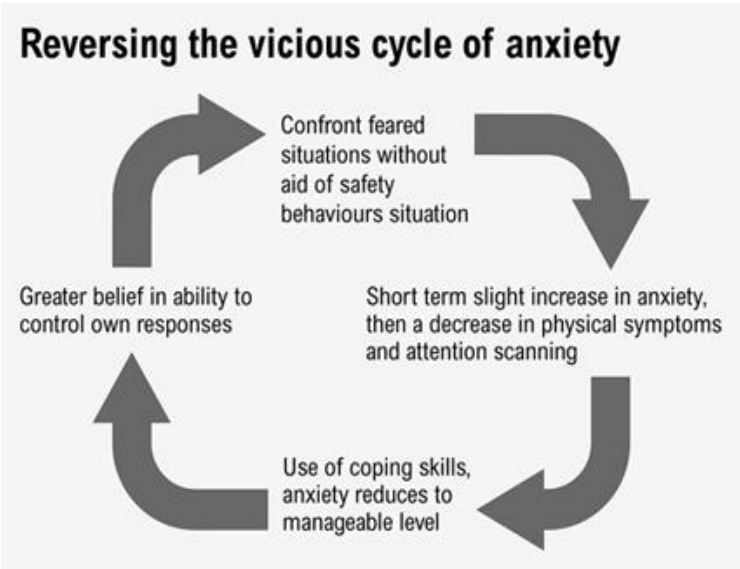
The Anxiety Cycle



https://healthywa.wa.gov.au/Articles/A_E/Anxiety-reversing-the-vicious-cycle

Using diagrams like the anxiety cycle, and how to reverse the cycle are very useful therapeutic tools for CBT for a phobia.

Reversing the anxiety cycle



https://healthywa.wa.gov.au/Articles/A_E/Calming-techniques-breathing-training

Specific Phobia

Fear of flying is a specific phobia and in DSM-5 the Diagnostic Criteria are:

A. Marked fear or anxiety about a specific object or situation (e.g., **flying**, heights, animals, receiving an injection, seeing blood). Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.

B. The phobic object or situation almost always provokes immediate fear or anxiety.

C. The phobic object or situation is actively avoided or endured with intense fear or anxiety.

D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context.

E. The fear, anxiety, or avoidance is persistent, typically lasting for six months or more.

F. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

G. The disturbance is not better explained by the symptoms of another mental disorder, including fear, anxiety, and avoidance of situations associated with panic-like symptoms or other incapacitating symptoms (as in agoraphobia); objects or situations related to obsessions (as in obsessive-compulsive disorder); reminders of traumatic events (as in post-traumatic stress disorder); separation from home or attachment figures (as in separation anxiety disorder); or social situations (as in social anxiety disorder).

Specify if: Code based on the phobic stimulus: e.g. flying, blood, birds, clowns.

In ICD-1: Specific Phobia F40.2

These are highly specific fears of individual situations, such as animals, thunder, heights (this being 'acrophobia' and not the commonly misused term 'vertigo'), darkness, flying, closed spaces (claustrophobia), injury, the sight of blood, needles, the fear of exposure to specific diseases etc. The themes occurring in disease phobias often reflect the times, the prevailing ones being radiation sickness, venereal disease and AIDS.

Specific phobias usually arise in childhood or early adulthood, and can persist for years if untreated. The degree of disablement they cause, however, depends on how easy it is for the person to avoid the object or situation.

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 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 Mrs Jane Pearlman, a 62 year-old married mother of three (3) adult children. You have sought treatment of your fear of flying. Your daughter, Jemina (28 years old), is getting married in Ottawa, Canada in six months' time, and you are determined to attend her wedding. You are aware that you can take a really long boat and road journey to get there, but are determined to get over your fear of flying, and get there by airplane in one day rather than spend weeks travelling by ship and road, and spend a lot more money in the process.

This is the reason you are seeing the psychiatrist today. You have negotiated a treatment plan, and today is the first session of Cognitive Behaviour Therapy (CBT) which you have read about and agreed to.

About your symptoms:

Over the years, you have managed to not fly since you were 28 years old. You were in a small plane flying from Burnie in Tasmania, to Moorabbin in Victoria, and there was a small fire on the wing which you could see as the plane made a bumpy landing. It was scary at the time, but no one was hurt, and you did not think too much of it. However, over the next year or so, you seemed to worry more and more about the safety of flying in airplanes, and the risk it could involve. You managed to avoid going on airplanes as you lived in a town in Tasmania, and all your family were in driving distance. Most of the times your husband planned a trip to see family in Victoria, you avoided going saying you were busy, and at the times you had to go, you convinced them that it would be more fun to go by ferry and car. Your family found your concerns rather amusing, and it has never been a huge problem till now, just an inconvenience. It would have been nice to see a little more of the world, though.

You have collected evidence to support your phobia from all airplane crashes, accidents, problems and groundings in a file at home. You have managed to avoid flying since your terrifying experience. You are determined to attend this wedding, and so very motivated to resolve your fear, however, at the moment you become completely overwhelmed with anxiety when you see a plane flying overhead.

If you are asked:

You have never taken any treatment for this condition before. When your daughter decided to get married, you went to your family doctor to get some help. He talked about taking a pill, but you think that this is something you should be able to overcome without chemicals. You are willing to consider medicines at a later date, but want to give the talking treatment a really good shot first.

You are a healthy person, and have never had any major illnesses. You have never been admitted to hospital, except to deliver your children years ago – all normal uneventful deliveries. Your family doctor did a bunch of blood test before sending you to see the psychiatrist, and has told you everything was fine.

You are generally not an anxious person. You consider yourself a regular, hard working woman. You do not worry excessively, are not unduly neat, do not have repeated worrying thoughts, do not have any quirky behaviours. You know that this fear is silly, but it has only become a problem that needs solving now.

You do not hear voices or see things that others do not, and do not have fears of being harmed or possessed.

You do not smoke or use drugs. You drink alcohol socially and have never got drunk.

You have been happily married to Roland for 35 years, and have lived and worked in a regional town in Australia for all your life. You and Roland met at school and married once you had completed teacher training. He works as an agricultural economist. You are financially secure and have no other medical problems.

4.2 How to play the role:

You are an educated woman, who is smartly dressed with conservative hair and make-up.

You are easily engaged and keen to work with the psychiatrist. You are well dressed.

You have met the doctor over the four sessions for assessment, and have enjoyed the appointments. You feel comfortable with this doctor, and believe they can help you conquer your phobia. Although you have planned to start CBT, when you arrive at the clinic you are very scared that it won't work, and need some reassurance and immediate help with being too aroused.

4.3 Opening statement:

'Doctor, it's good to see you as I'm keen to start my treatment.'

4.4 What to expect from the candidate:

The candidate should be able to engage you straight away. They should explain how using first behavioural and then cognitive techniques, you will be able to overcome this phobia and attend the wedding.

They should educate you to aspects of the CBT process, including identifying how the phobia feels in your body, and use this to develop some kind of measurement scale for assessment of the fear, explain about simple techniques to reduce biological response to anxiety. The candidate should demonstrate a relaxation technique, and ask you to practise between sessions.

Expect them to discuss homework and / or practising between sessions, and measuring the amount of distress / arousal / distress with imagery of flying, and then how it feels after practising the relaxation technique.

4.5 Responses you MUST make:

'I can't see with all the planes crashing in the world how I'm going to catch a plane to Canada.'

'I can't see how I'm going to be able to get on a plane when I can't even look at one.'

'Oh my goodness, I can feel my breath being taken away.'

'What can I do right now?'

4.6 Responses you MIGHT make:

If the candidate does not demonstrate any specific skills to you:
Scripted Response: ***'I'm not sure I understand; I'm not sure it will help me get things under control.'***

4.7 Medication and dosage that you need to remember:

None.

STATION 9 – MARKING DOMAINS

The main assessment aims are to:

- Evaluate the candidate's understanding of the typical structure and components of Cognitive Behaviour Therapy (CBT) for anxiety disorders.
- Assess the candidate's ability to engage the patient with a simple relaxation strategy.
- Evaluate the candidate's ability to explain how cognitive behaviour therapy breaks the anxiety cycle.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.14 Did the candidate demonstrate an adequate knowledge and application of Cognitive Behaviour Therapy? (Proportionate value - 45%)

Surpasses the Standard (scores 5) if:
confidently explains that this problem can be easily resolved with CBT; effectively uses an explanatory diagram; provides a brief formulation about the role of previous exposure to fire impacted on beliefs related to dangerous situations; reports how plane crashes, fires or other problems are being filtered.

Achieves the Standard by:
ensuring that the patient clearly understands CBT, and the goal is to uncouple the anxiety response from the thoughts about planes; incorporating reminders of the core components of CBT, namely regular sessions, homework, exposure and review; confirming the patient understands the stages of CBT for the specific phobia; using the anxiety cycle to show where CBT interventions will assist; discussing cognitive restructuring (thought challenging / thought catching).

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

a. Explain how treatment of a simple phobia will include all aspects of graded exposure for his patients.

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

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

Below the Standard (scores 1):
scores 1 if there are significant omissions affecting quality; errors or omissions impact adversely on patient care; plan lacks structure and / or is inaccurate; explanation not tailored to patient's needs or circumstances.

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 ☐

1.5 Did the candidate demonstrate adequate technique in the demonstrating breathing strategies? (Proportionate value - enter value 25%)

Surpasses the Standard (scores 5) if:
easily explains what relaxation techniques are; links to behavioural psychology theory that practising a relaxation technique affects the sympathetic nervous system such that body can no longer have a high anxiety response; provides a detailed and comprehensive approach linking the SUDS to the imagery of flying and the relaxation intervention.

Achieves the Standard by:
Talking about the key role of relaxation techniques in the treatment plan; explaining relaxation techniques; considering value of diagrams to assist the patient to practise out of session.

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

a. Demonstrate an understanding of at least one relaxation skill: either a breathing technique or progressive muscle relaxation.

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; incorrect technique is utilised; incorrect demonstration is applied.

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

1.5. Category: ASSESSMENT – Physical – Technique	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 CBT based on available literature / research / clinical experience? (Proportionate value - enter value 30%)

Surpasses the Standard (scores 5) if:
provides guidance into explanations in a sophisticated manner; explains the evidence available to link between the thoughts and the body's automatic responses; acknowledges their own gaps in knowledge.

Achieves the Standard by:
identifying key aspects of the available literature as it pertains to a simple phobia; commenting on the voracity of the available strategies explained in the evidence; covering major strengths and limitations of available evidence; describing the relevant applicability of theory to the scenario; incorporating behavioural theory into the explanation of behavioural (relaxation) techniques; explaining and identifying the cognitions (ideas / thoughts maintaining the phobia) and how they will be challenged during the treatment; identifying the importance of allocating homework tasks which may include practice of breathing techniques, downloading and using apps to assist breathing techniques; starting to capture thoughts that occur automatically when thinking of flying; allocating time to induce the anxiety and monitor the subjective units of distress (SUDS).

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

a. Describe how the practice of relaxation reduces subjective distress linked to flying.

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; unable to demonstrate adequate knowledge of the literature / evidence relevant to the scenario; inaccurately identifies or applies literature / evidence.

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** ☐

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**