

1.0 Descriptive summary of station:

In this station the candidate is expected to take a history from a 27-year-old man who is at risk of losing his residential rehabilitation placement due to his lack of motivation and poor self-care. The candidate must differentiate negative symptoms of schizophrenia from other differential diagnoses including neuroleptic induced deficit syndrome, extrapyramidal symptoms, substance use (cannabis) and depressive symptoms.

1.1 The main assessment aims are to:

- Demonstrate capacity to engage a patient with poor motivation and engagement.
- Demonstrate the ability to identify negative symptoms of schizophrenia by excluding depression and extrapyramidal side effects.
- Consider collateral that the candidate considers important for differentiation.

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

- Check for negative symptoms of schizophrenia.
- Enquire about psychological symptoms of depression.
- Enquire about extrapyramidal side effects of parkinsonism.
- Raise questions for the manager about sleep, activities of daily living or whether the manager has observed any evidence of movement disorders.
- Aim to find out what the manager thinks is causing the change in behaviour.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category of:**
Psychotic Disorders
- **Area of Practice:**
Adult Psychiatry
- **CanMEDS Domains of:**
Medical Expert and Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes of:**
Medical Expert (Assessment), Collaborator (Patient Relationships)

References:

- Andreasen NC: Scale for the Assessment of Negative Symptoms (SANS), Iowa City, University of Iowa, 1984.
- Buchanan, R. (2007) Persistent Negative Symptoms in Schizophrenia: An Overview *Schizophrenia Bulletin*. 33: 1013–1022.
- Johns, A. Psychiatric effects of cannabis. *BJP* 2001;178:116-122
- Tanden R, Gaebel W, et al. Definition and description of schizophrenia in the DSM-5. *Schiz Res* 2013 [http://dx.doi.org/ 10.1016/j.schres.2013.05.028](http://dx.doi.org/10.1016/j.schres.2013.05.028)

1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Four chairs (examiner x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player – Late 20s Caucasian male, ideally long hair and beard, with poor self-care.
- 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 Mental Health Centre. You have been asked to see Jimmy in your outpatient clinic.

Jimmy is a 27-year-old male with a diagnosis of chronic schizophrenia who resides in one of the Community Residential Rehabilitation facilities. The accommodation manager there has concerns that Jimmy is in danger of losing this rehabilitation placement because he is not engaging with the day program and she has asked that you assess him to work out why.

Sue (the accommodation manager who has known Jimmy since he moved in and is well respected by your service) has been caught in traffic and suggested you to start the assessment without her.

Your tasks are to:

- Take a history from Jimmy, focussing on the concerns raised and any relevant psychiatric history to discriminate possible causes.
- State to the examiner the questions you will prepare to ask the accommodation manager to help confirm your diagnosis.

You will be given a time prompt to commence the second task at **six (6) minutes**.

NOTE: The examiner is **not** playing the part of the accommodation manager.

Station 11 - 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:
 - Duplicate copy of 'Instructions to Candidate'.
 - Any other candidate material specific to the station e.g. investigation results.
 - 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 of the time for the scripted prompt you are to give at **six (6) minutes**.
- 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 **six (6) minutes**, as indicated by the time, if the candidate has not started the second task, say:
"Please proceed to the second task."
- 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:

- You are to state the following:
***"Are you satisfied you have completed the task(s)?
If so, you must remain in the room and NOT proceed to the next station until the bell rings."***
- If the candidate asks if you think they should finish or have done enough etc. refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Assess the candidate's performance according to the details provided in the station assessment aims (1.1 and 1.2) and mark the candidate's performance on the marking sheet as per guidelines.

You have no scripted instruction.

The role player will open with:

"Sue is worried about me, she says I may lose my flat."

There is one station specific prompt at **six (6) minutes**, if the candidate has not started the second task by then, you are to say:

"Please proceed to the second task."

3.2 Background information for examiners

In this station the candidate first interviews a patient and then at six (6) minutes provides the examiner with any questions they would want to ask the accommodation manager of the residential rehabilitation service where the patient currently lives.

The station aims to assess the candidate's ability to differentiate the primary negative symptoms of schizophrenia from other differential diagnoses of neuroleptic induced deficit syndrome, extrapyramidal symptoms and depressive symptoms.

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

- Check for negative symptoms of schizophrenia.
- Enquire about psychological symptoms of depression.
- Enquire about extra-pyramidal side effects of parkinsonism.
- Raise questions for the manager about sleep, activities of daily living or whether the manager has observed any evidence of movement disorders.
- Aim to find out what the manager thinks is causing the change in behaviour.

In the first task the candidate is expected to take a history that focusses on:

- Symptoms of schizophrenia and consider whether there are symptoms of a separate depressive disorder.
- Questions that relate to side effects of medication that could lead to this presentation including physical manifestations of extra pyramidal side effects, particularly parkinsonism.
- Excluding other causes of deterioration in behaviour.

In the second task the candidate should prioritise the following kinds of statements:

- Questions to determine level of functioning (ability to complete activities of daily living).
- Questions to determine what Sue thinks is going on (bearing in mind Sue is an experienced manager).

The preferred diagnostic formulation is one that is consistent with negative symptoms of schizophrenia, i.e. young gentleman with a diagnosis of schizophrenia who is isolated due to passive avoidance, with limited enduring motivation to plan and structure his day. The cannabis use may be further impacting on his presentation. He has been treated with second generation antipsychotics and had a number of previous admissions in the past. The differential can include depression, severe extrapyramidal side effects causing profound bradykinesia, or ongoing positive symptoms as well as negative symptoms of schizophrenia. A good candidate will be able to ask questions / physically examine to differentiate between these as well as demonstrate the ability to use a collateral history to confirm or deny their suspicions.

A better candidate may:

- Be able to manage, at a sophisticated level, the lack of engagement from Jimmy and his monosyllabic replies.
- Explain in a succinct way the questions the candidate would ask of the manager to differentiate negative symptoms v. depression v. extra pyramidal side effects.
- Exclude impact of increased cannabis use as a primary cause of the deterioration.
- Use their time efficiently in order to exclude positive symptoms of schizophrenia as the driver of secondary negative symptoms (e.g. guardedness and active social withdrawal).
- Undertake screening questions to exclude specific physical disorders that could exacerbate amotivation.

History

The negative symptoms of schizophrenia, defined as the absence or diminution of normal behaviours and functions, have been recognised since Kraepelin and Bleuler. Kraepelin's description of the "avolitional syndrome" manifested as a "weakening of those emotional activities which permanently form the mainsprings of volition," and resulting in "emotional dullness, failure of mental activities, loss of mastery over volition, of endeavour, and of ability for independent action," represents one of the most elegant descriptions of negative symptoms.

Negative Symptoms

Negative symptoms are identified as one of the core criteria of schizophrenia in both the DMS-5 and ICD-10. They include blunted affect or decline in emotional response, alogia, amotivation, avolition, asociality and anhedonia. They tend to persist longer than positive symptoms and are more difficult to treat, and account for much of the long-term morbidity and poor functional outcome of patients with schizophrenia. Improvements in negative symptoms are associated with a variety of improved functional outcomes, including independent living skills, social functioning, and role functioning. Targeting these symptoms in the treatment of schizophrenia may have significant functional benefits.

In both DSM IV and DSM-5, negative symptoms are classified under criterion A (Characteristic Symptoms).

According to DSM-5, avolition and diminished emotional expression have been found to describe two distinguishable aspects of negative symptoms in schizophrenia, and diminished emotional expression better describes the nature of affective abnormality in schizophrenia than affective flattening.

Persistent negative symptoms include the negative symptoms of schizophrenia that:

1. are primary to the illness.
2. interfere with the ability of the patient to perform normal role functions.
3. persist during periods of clinical stability.
4. represent an unmet therapeutic need.

Prevalence

In clinical samples, patients with the deficit form of schizophrenia or primary negative symptoms represent about 20%–30% of patients, whereas in population-based samples approximating incidence samples, patients with the negative symptoms of schizophrenia comprise 14%–17% of patients with schizophrenia.

Assessment

There is increasing interest in subjective aspects of therapy and rehabilitation. The clinical assessment of persistent negative symptoms is based on cross-sectional and longitudinal evaluation of negative symptoms, in conjunction with the use of other symptom criteria designed to minimize the inclusion of secondary negative symptoms (such as medication side effects). Restricted affect, diminished emotional range, and poverty of speech are mainly evaluated by observation, while curbing of interest, diminished sense of purpose, and diminished social drive by interview.

The Scale for the Assessment of Negative Symptoms (SANS) or Positive and Negative Symptom Scale (PANSS) are currently the standard scales used to assess negative symptoms, but they have a number of limitations including insufficient number of items to assess the full range of negative symptoms, inclusion of nonspecific items that can be found in other psychiatric disorders, inadequately defined anchors, lack of standardised scoring methods or lack of sensitivity to change over brief periods of time.

Differential Diagnosis:

The negative symptoms of schizophrenia can closely resemble the symptoms of a depressive episode (these include apathy, extreme emotional withdrawal, lack of affect, low energy and social isolation).

Negative symptoms may be medication related effects (secondary negative symptoms due to sedation and extrapyramidal symptoms). These are known as the Neuroleptic Induced Deficit Syndrome (NIDS); a term used to focus attention on the adverse mental effects of neuroleptics on affective, cognitive and social function. Patients with NIDS appear to be uninterested in responding to environmental stimuli, and apathetic. They often complain of feeling drugged and drowsy or feeling like a 'zombie', and suffer from lack of motivation.

The bradykinesia, limb stiffness, and mask-like facies seen in parkinsonism are a social and functional handicap. The development of symptoms is dose dependent and emerges in about 20% to 40% of patients. With continuation of medication, the parkinsonian symptoms may gradually subside and tolerance may develop. Asking specifically about the symptoms of muscle rigidity, tremor, bradykinesia, postural abnormalities and 'increased' salivation are critical to making or excluding this as a possible cause of Jimmy's behaviour.

While cognitive symptoms of schizophrenia have been accepted for many years they are not specifically included in the diagnostic criteria for schizophrenia in DSM-5 because of the lack of specificity to the disorder.

Other possible causes that a candidate may consider are whether Jimmy is increasing his use of drugs like cannabis, so undertaking a brief focussed substance use history is appropriate. An amotivational syndrome (personality deterioration with loss of energy and drive to work) from heavy cannabis abuse is not clearly supported in the literature although case studies have been published, and it may represent ongoing intoxication – feelings of detachment and relaxation. Of course cannabis may increase the risk of relapse of psychotic symptoms which could lead to active social withdrawal and preoccupation.

3.3 The Standard Required

In order to:

Surpass the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieve 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 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.

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 Jimmy, a 27-year-old single man, who has been living at a local supported flat for 2 years after a prolonged admission to the local psychiatric hospital. At the accommodation there are 8 independent living flats supported by a manager (Sue) who lives in one of the flats. You have come to the clinic where you about to see a doctor you have not met before.

When you first moved into this residential rehabilitation place you had dreams of getting a job as a helper at the local zoo and developing a better group of friends, and maybe getting into a relationship or even married. Initially you tried hard to participate and gain new skills on the program but have always found it difficult to concentrate and learn new things. Over the years it has led you to lack confidence in yourself and you tend to be a bit of a quiet, shy person.

These days you tend to spend your day watching TV or playing computer games; the local takeaway knows you by your first name and your favourite order is Chicken Chop Suey. You are quite socially isolated, you have no family and the only friend you have is Charlie (who is another mental health patient who lives in one of the other apartments). There is not much structure or substance to your day and your friend Charlie has started bringing cannabis round which you both smoke whilst playing Minecraft.

For the last few months you have increased your cannabis smoking to every day, around \$10 in joints you share with Charlie. You do not drink and you do not use any other drugs (and never tried any other drugs). You know that the cannabis smoking has decreased your motivation to get out and participate in other activities even further as you find that you feel more and more '*chilled out*' when you smoke. However, the manager, Sue, is now worried that they are probably not going to be able to support you in your longer term rehabilitation.

Sue was supposed to be meeting you here to attend this appointment, as she has been concerned about how you are managing your daily self-care, which she thinks is deteriorating. She has also talked with you that she is concerned that you seem to be lacking energy and don't seem to have any structure to your day. Unfortunately she has been caught in traffic and is running late. You had been doing well with support from Sue around cooking and tidying your flat but have always needed a lot of prompting with this as well as with your self-care. In your opinion, you reluctantly consider that these changes may be worsening in line with your cannabis smoking.

If asked about your past personal history; you did not do well at school and so your baseline educational level is low having not finished school. You have never had a job apart from temporary odd labouring jobs when you were younger. Your first contact with the mental health services was when you were 21 after a period of heavy cannabis use that seemed to have such a bad effect on you that you needed to be admitted to the local psychiatric hospital.

Your past psychiatric history includes a total of 5 admissions of increasing length of time (first admission 2 months, most recent admission in 2014 was one year), and decreasing time spent out of hospital. Each time you went into hospital it was noticed that your ability to cope with stress decreased and you became a little 'slower' in your thoughts. Your initiative to do your activities of daily living correspondingly decreased. You had these long admissions because you felt unable to cope living on your own and the stress would lead to your psychotic symptoms returning. In the past you have tried '*all sorts*' of medications – so many you can't remember all their names – respond '*I can't remember*' if the candidate offers you a list of name.

Things improved after the last admission and you were discharged to this supported living arrangement. You have been living there successfully for the last 2 years. A support worker comes around regularly to check up on how you are doing and give you a hand with your day-to-day activities. They also try to engage you in some vocational activities and encourage you to go to the local community centre for BBQs and other social activities.

You are also supported by the local community mental health service and you see the nurse once a month for your injection, called paliperidone which was started at the time of your last admission. If asked, you have never been on antidepressant medications or medications called mood stabilisers. You cannot remember the dose of the injection and the last time you saw your psychiatrist / doctor – it was probably about 3 months ago.

Candidates may ask if you feel stiff in your muscles, experience a tremor (shakiness, especially of your hands), notice a slowness of your movements / feeling slowed up) and increased salivation / dribbling. You do not experience any of these. These symptoms are called extrapyramidal symptoms (EPSE) and are a side effect of some medications. Some candidates may ask you to move your limbs to exclude stiffness, they should explain what to do if they are going to do this.

4.2 How to play the role:

Your self-care is poor (as poor as you can, hair ruffled, clothes scruffy, you look as though you have not changed your clothes for a few days). You should come across as quite flat (but not depressed) with little facial animation.

Generally your responses are slow, drawn out and of one or two words. While you will generally be cooperative, you come across as vaguely disinterested in most questions. There are times that you speak more but most of the time it is difficult to get much out of you. There is little spontaneous speech and the candidate will be doing most of the talking.

The only time you really get more interested is if the candidate suggests you are going to lose your accommodation.

4.3 Opening statement:

“Sue is worried about me, she says I may lose my flat.”

4.4 What to expect from the candidate:

Candidates should ask you about symptoms of psychosis (see below), symptoms of depression and drug use. They will also ask you about your past psychiatric history.

Better candidates will make you feel comfortable by altering their questioning and speech to match your style of talking and thinking. The better candidates will do a brief examination where they assess your ability to move your limbs (how stiff you are), they will explain what they are doing and what they want you to do.

Poor candidates will come across as having a checklist of questions and be inflexible in their approach.

4.5 Responses you MUST make:

“I like where I live.”

“I am worried about losing my friendship with Sue.”

“I don’t feel depressed.”

If you are asked about the following symptoms of depression: sleep, mood, appetite, energy, enjoyment and general concentration; just say ***“it is fine”*** or ***“it is good”*** (short affirmative answers).

4.6 Responses you MIGHT make:

If asked about your sleep patterns or appetite, respond that they are ***‘OK’*** as is your mood. You are not feeling sad or overly depressed.

If asked about suicidal ideation or thoughts to harm others: deny any thoughts.

If asked about whether you experience / hear voices or think people may be out to get you / harm you in some way (symptoms of psychosis):

“That was a while ago, last time I was in hospital I think.”

4.7 Medications:

Paliperidone antipsychotic injection given to you once a month. You do not know the dose.

STATION 11 – MARKING DOMAINS

The main assessment aims are:

- Demonstrate capacity to engage a patient with poor motivation and engagement.
- Demonstrate the ability to identify negative symptoms of schizophrenia by excluding depression and extrapyramidal side effects.
- Consider collateral that the candidate considers important for differentiation.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct an assessment of the patient? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the standard overall with a superior performance in a number of areas; superior technical competence in eliciting information.

Achieves the Standard (scores 4 or 3) by:

managing the interview environment; engaging the patient as well as can be expected; demonstrating flexibility to adapt the interview style to the patient; prioritising information to be gathered; appropriate balance of open and closed questions; being attuned to patient disclosures, including non-verbal communication; sensitively evaluating quality and accuracy of information.

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) if:

has some difficulty engaging the patient; demonstrates reduced flexibility in interview style; interview technique impedes the quality of data elicited. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

significant deficiencies such as being insensitive to the patient; using aggressive or interrogative style; having a disorganised approach.

1.1. Category: ASSESSMENT – data gathering process	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.2 Did the candidate take appropriately detailed and focussed history for negative symptoms, cognitive deficits and depression? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication; excludes positive symptoms that could be driving behaviour.

Achieves the Standard by:

conducting a detailed but targeted assessment; obtaining a history relevant to the patient's circumstances with appropriate depth and breadth; eliciting the key features; completing a risk assessment relevant to the individual case; demonstrating phenomenology; checking for cognitive symptoms; clarifying important positive and negative features.

To score 3 or above the candidate **MUST**:

- check for negative symptoms of schizophrenia.
- enquire about psychological symptoms of depression.

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) if:

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:

omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

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 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.2 Did the candidate take appropriately detailed and focussed history related to differential diagnoses? (Proportionate value - 35%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication; considering physical causes of presentation.

Achieves the Standard by:

demonstrating use of a tailored biopsychosocial approach; obtaining a history relevant to the patient's circumstances; history taking is hypothesis-driven; demonstrating ability to prioritise information to be gathered; excluding sedation; testing for side-effects; excluding impact of increased cannabis use as a primary cause of the deterioration.

To score 3 or above the candidate **MUST**:

- a. enquire about extra-pyramidal side effects of parkinsonism.

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) if:

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 score 1.

Does Not Achieve the Standard (scores 0) if:

omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

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 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.0 COLLABORATOR

3.4 Did the candidate consider an appropriate therapeutic relationship with the manager as a relevant other? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* able to generate a complete and sophisticated understanding of the complexity of the situation; gives priority to continuity of care and meeting changing needs.

Achieves the Standard by:

demonstrating ability to consider therapeutic relationships; gathering a range of relevant information; considering concerns raised, respecting confidentiality.

To score 3 or above the candidate **MUST**:

- a. raise questions for the manager about sleep, activities of daily living or whether the manager has observed any evidence of movement disorders.
- b. aim to find out what the manager thinks is causing the change in behaviour.

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) if:

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:

lack of consideration of individual goals, capabilities or preference; any errors or omissions adversely impact on alliance.

3.4. Category: PATIENT RELATIONSHIPS	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

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

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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