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### 1.0 Descriptive summary of station:

In this station, the candidate is seeing a 49-year-old lady who has been prescribed escitalopram for anxiety, and has more recently started taking tramadol for pain, and St John's Wort for insomnia resulting in a mild serotonin syndrome.

She has presented with worsening anxiety and a request to increase her medication. The candidate is required to recognise serotonin syndrome in an outpatient setting, examine a patient experiencing serotonin syndrome, and to make appropriate treatment decisions around medication changes.

### 1.1 The main assessment aims are to:

- Take a focussed history related to medication use.
- Recognise and interpret the pharmacology causing serotonin syndrome.
- Identify and diagnose symptoms of mild to moderate serotonin syndrome from the history and signs on examination.
- Plan appropriate treatment and outline an acute management plan.

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

- Include details on pain relief medication, including over the counter medication, when taking the medication history.
- Specifically demonstrate examination for hypertension, tachycardia, tremor and abnormal reflexes.
- Link the interaction of serotonergic agents to the patient's symptoms when providing an explanation on this diagnosis.
- Prioritise the importance of decreasing doses of serotonergic medication as a first step in treatment.

### 1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Anxiety Disorders, Medical Disorders in Psychiatry
- **Area of Practice:** Consultation Liaison
- **CanMEDS Marking Domains Covered:** Medical Expert  
**RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Content; Assessment – Physical – Selection; Diagnosis; Management – Initial Plan)

#### References:

- NPS Medicine Wise; <https://www.nps.org.au/australian-prescriber/articles/serotonin-syndrome-3>.
- Ochsner J. (The Oschner Journal) 2013 Winter; 13(4): 533–540. Serotonin Syndrome; Jacqueline Volpi-Abadie, MD, Adam M. Kaye, PharmD, FASCP, FCPHA, and Alan David Kaye, MD, PhD, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3865832/>.
- Edward W Boyer, MD, PhD, March 2018; Serotonin Syndrome (Serotonin Toxicity) <https://www.uptodate.com/contents/serotonin-syndrome-serotonin-toxicity>.

### 1.4 Station requirements:

- Standard consulting room; needs a bed that can lay flat, blood pressure cuff, tendon hammer, tuning fork, stethoscope, and Evian spray bottle.
- Five chairs (examiners x 2, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: middle-aged Caucasian woman, neatly dressed in casual clothing.
- Pen for candidate.
- Timer and batteries for examiners.

## 2.0 Instructions to Candidate

You have **fifteen (15) minutes** to complete this station after **five (5) minutes** of reading time.

You are a visiting junior consultant psychiatrist to a rural country practice. You are about to see Martha Moore, a 49-year-old woman, who has been seeing her GP for treatment. She has been doing well managing her anxiety symptoms, particularly following a short CBT based therapy program with a private psychologist by telehealth, and had been seeing the GP regularly.

Over the past week, the psychologist has become concerned that some of Martha's symptoms were worsening despite her treatment, and a lack of identifiable triggers. The psychologist has asked her to see you to provide a review of her medication treatment, and see if an increase in dose would be helpful.

Martha told the psychologist that she has had symptoms of agitation, and difficulty going to sleep at night. She said her GP gave her medication for pain after a recent shoulder injury, and although this has helped the pain, she has noted loose bowels at times, and she feels worse overall.

Your tasks are to:

- Take a history relevant to Martha's current symptoms and treatment.
- Perform a focussed physical examination to assess her symptoms, and comment on your findings while doing so **to the examiners**.
- Provide an explanation on how you arrived at your preferred diagnosis related to Martha's symptoms, and outline a short-term plan for the next week **to the examiners**.

**You will not receive any time prompts.**

### Station 3 - 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 and co-examiner.

#### 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 **fifteen (15) 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 co-examiner's and your mark sheet in **one** 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 final task:

- 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:

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:

***'Thank you for seeing me, I'm feeling really odd.'***

#### 3.2 Background information for examiners

In this station, the candidate is expected to demonstrate that they can take a relevant history pertaining to an increase in anxiety symptoms, and assess effectiveness of medical and psychological treatment including consideration of pharmacological interactions. In particular, they are expected to diagnose serotonin syndrome, ascribe symptoms that are being experienced by the patient to that syndrome, and develop an appropriate management plan with regards to her medication and psychological management.

They are expected to provide an examination that is appropriate for assessing serotonin syndrome including comment on aspects like:

- Pulse, Blood Pressure, Reflexes, Tremor.

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

- Include details on pain relief medication, including over the counter medication, when taking the medication history.
- Specifically demonstrate examination for hypertension, tachycardia, tremor and abnormal reflexes.
- Link the interaction of serotonergic agents to the patient's symptoms when providing an explanation on this diagnosis.
- Prioritise the importance of decreasing doses of serotonergic medication as a first step in treatment.

A surpassing candidate may:

- Assess for Orientation, Registration and Recall
- Suggest non-SSRI treatments for anxiety
- Offer alternative treatment for her chronic pain symptoms that is not a serotonergic agent
- Identify the features of serotonin syndrome and in detail, explain the level of severity of the syndrome and correctly explain this to the examiner
- Provide tapering and management plan of medication to the examiner.

#### Background information related to Serotonin Syndrome

##### Physical presentation

Serotonin syndrome is a wide ranging syndrome that has a range of symptoms and toxicity. It is caused by an increase amount of a serotonergic agent, an overdose of one of these agents like SSRI's and SNRI's, as well as adding serotonergic agents together. There are a range of mild to severe symptoms with patients presenting with subacute to chronic presentations. There are common features of serotonin syndrome that include:

- Tachycardia
- Mydriasis
- Diaphoresis
- Shivering
- Tremor
- Myoclonus
- Hyperreflexia (common)
- Akathisia
- Dilated pupils.

Those with mild symptoms are often afebrile, moderate symptoms can be associated with hyperthermia, hyperactive bowel sounds as well as agitation and hypervigilance. Severe cases can have significant hyperthermia (temp over 41.1C) with the patient having significant hypertension, tachycardia, diarrhoea, confusion, delirium, muscle rigidity, and this can lead to rhabdomyolysis, Adult Respiratory Distress Syndrome (ARDS), renal failure and death.

**Laboratory evaluation** – Serotonin syndrome is a clinical diagnosis; serum serotonin concentrations do not correlate with clinical findings, and no laboratory test confirms the diagnosis.

**Differential diagnosis** – The differential diagnosis of serotonin syndrome includes neuroleptic malignant syndrome (NMS), anticholinergic toxicity, malignant hyperthermia, intoxication from sympathomimetic agents, sedative-hypnotic withdrawal, meningitis, and encephalitis.

**Taking a history** – History taking should include doses of medications, over the counter and prescribed as well as other herbal or alternative medications. Doses, dose overlap and changes must be considered. Most symptoms occur within 24 hours of taking the combination of serotonin medication or increase in serotonin based medications. Therefore the timeline of ingestion is important.

### Serotonin Syndrome and NMS

Serotonin syndrome is often misdiagnosed as NMS, but the two can readily be distinguished on the basis of history, examination findings, and clinical course NMS develops over days to weeks, whereas serotonin syndrome develops over 24 hours Serotonin syndrome is characterised by neuromuscular hyperreactivity (tremor, hyperreflexia, myoclonus), while NMS involves sluggish neuromuscular responses (rigidity, bradyreflexia). Hyperreflexia and myoclonus are rare in NMS. In addition, resolution of NMS typically requires an average of nine days, compared with less than 24 hours (usually) for resolution of serotonin syndrome. Hyperthermia, altered mental status, muscle rigidity, leukocytosis, elevated creatine phosphokinase, elevated hepatic transaminases, and metabolic acidosis are seen in severe cases of both conditions, which highlight the necessity of a thorough history and physical examination.

### Pathophysiology of Serotonin Syndrome

It is thought to result from stimulation of the 5-HT<sub>1A</sub> and 5-HT<sub>2</sub> receptors, and the drug classes implicated in serotonin syndrome reflect this theory. These include serotonin precursors, serotonin agonists, serotonin releasers, serotonin reuptake inhibitors, monoamine oxidase inhibitors (MAOIs) and some herbal medicines (Table 1).

Drug	Mechanism
L-Tryptophan	Serotonin precursor
Selective serotonin reuptake inhibitors	Inhibit serotonin reuptake
Tricyclic antidepressants	Inhibit serotonin reuptake
Monoamine oxidase inhibitors (A>B)	Inhibit metabolism of 5-HT
Pethidine	Serotonin agonist
Tramadol	Inhibits serotonin reuptake
LSD	Partial serotonin agonist
Buspirone	Partial serotonin agonist
Amphetamines and anorectics	↑5-HT release & ↓reuptake
Atypical antidepressants	Various
St John's wort	All of the above?
Lithium	Unknown

\* Note: Interactions are more severe between drugs with different mechanisms of increasing serotonin.

Table 1 source: <https://www.nps.org.au/australian-prescriber/articles/serotonin-syndrome-3>

## Management

**Key principles** – Five principles are central to the management of serotonin syndrome:

- Discontinuation of all serotonergic agents.
- Supportive care aimed at normalisation of vital signs.
- Sedation with benzodiazepines.
- Administration of serotonin antagonists.
- Assessment of the need to resume use of causative serotonergic agents after resolution of symptoms.

Application of these principles varies with the severity of illness. In mild cases, discontinuation of inciting medications, supportive care, and sedation with benzodiazepines are generally sufficient. Moderately ill patients require more aggressive treatment of autonomic instability, and possibly treatment with a serotonin antagonist such as cyproheptadine. Hyperthermic patients (>41.1°C) are critically ill, and often require neuromuscular paralysis and tracheal intubation.

Common management pitfalls include failure to recognise serotonin syndrome, misdiagnosis, and failure to understand serotonin syndrome's potentially rapid rate of progression. Even if the diagnosis remains unclear, the clinician should withhold serotonergic agents, and provide aggressive supportive care, anticipating the need for interventions before the patient's condition deteriorates.

Serotonin syndrome often resolves within 24 hours of discontinuing the serotonergic agent, and initiating care, but drugs with long half-lives or active metabolites may cause symptoms to persist.

### 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 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 Martha Moore, a 49-year-old woman, who lives in a rural town of 15,000 people. You live with your husband Martin, who is 53 years old, on a small property where you raise goats.

You have been receiving treatment for anxiety from your GP, and a psychologist, and you are coming to see a psychiatrist today because your psychologist has become concerned about your worsening feelings of agitation, and poor sleep over the last week. The psychologist thinks it would be helpful for a psychiatrist to review your medication as you had been doing well up until this week.

You have felt like this for around two weeks, with current symptoms of agitation, forgetfulness, sweatiness, and in particular, the agitation and periodic diarrhoea are the most concerning for you. You are keen to be better and get on with working.

You also hurt your shoulder a while back and it is sore today, but not particularly worse than recently. You have regularly been taking a pain medication for the last two weeks (described below), and took one this morning as it has been helpful.

#### Background to your concerns

You had no worries about your mental health until about a year ago when you noticed that you were much more nervous, you were reluctant to go out to dinner with your family, got worried about choosing the right clothes to wear, and in general, felt stressed about everything.

You are close to your sister, Jenny, who had an anxiety disorder diagnosed two years ago, and you spoke to her about your concerns. You realised that your symptoms were similar to hers, and she got a lot better taking a medication called escitalopram, so you went to your GP, Dr Helen Ferguson, and asked about it. She started you on medication, 20 milligrams escitalopram, at that appointment six months ago, but also recommended you see a psychologist, Leanne Huxley.

There was a bit of a wait to get sessions with the psychologist, but you got in two months later, and more recently have been doing therapy called 'CBT' (cognitive behavioural therapy), with Leanne for the last four months. You have kept these appointments regularly, and have done the 'homework'. You believe that the time spent with your psychologist was very helpful, and that you were getting better. You know this because your sleep had improved, you no longer spent long periods worrying about trivial matters, and felt more relaxed overall. However, this recently changed.

Adding to your worries, you injured your arm at around the same time (four months ago) on the property while fencing a paddock. You pulled your shoulder while picking up a very heavy load of wire, and it has been painful, stiff, hard to lift your arm over your head, and sore a lot of the day since then. You had physiotherapy and hydrotherapy for a short while, but need to travel some distance to get there. Consequently, you were not very regular, and the pain has persisted. You know that your shoulder will gradually get better, and you are not looking for surgery, pain clinic, time off work etc., you want recovery.

Six weeks ago, Dr Ferguson talked to you about the pain when you went for a review, and a repeat prescription for escitalopram. She suggested that you could use medication to help with pain if needed, and started you on a tablet called tramadol at a dose of 50 milligrams – it was to be used just occasionally, but over the last two weeks you have used it every day because this is a very busy time on the farm, and you need to get things ready for winter.

You are aware that tramadol is a very strong pain killer, and that people can get addicted to it. You are very aware that you should not be taking it every day for a long period of time, but at present you are concerned because you are feeling so bad overall that you did not stop it - but you have never taken more than one tablet per day.

Your pain in your shoulder has improved but you have begun to feel very agitated, restless and thought your anxiety was returning. You also began to have trouble sleeping so you went to the pharmacy, and decided to try something called St John's Wort, which you have taken every night for the past two weeks.

Last week you made an appointment to see the psychologist, and you talked about increasing your CBT sessions, and ran through some strategies. Although they had worked well before they weren't working anymore, and at your last appointment you asked if something else would help. That is when she suggested you see the psychiatrist who visits the area. She thought that you may need to increase your dose of medication. She was also going away for two weeks, and was keen for you to have support while she was gone. Your psychologist has been away previously, and this does not worry you as you know your GP is there, and is a very good doctor.



If you are asked by the candidate, you have no other medical conditions, but have had:

- some loose bowel motions – no blood or mucus, but frequent and runny over the last few days.
- you have not vomited, you have had some nausea for the last four days.
- you feel agitated as though you can't calm down, and seem to be pacing when you are stressed.
- you feel a bit more forgetful over the last two days, and can't recall the date of your last psychology appointment, but you know it was 'a few days ago'.
- yesterday you spend an hour looking for your car keys which you have never done before.
- you feel 'trembly' like you might drop something.
- at times you get sweaty and feel warm.

#### **About you:**

You have two adult children, Geoff (25) and Gordon (24) who live nearby, and you get along with them quite well. You grew up a few towns away, met your husband when you were 22 at university studying business, and moved back to run a business together. Your business is successful, and your marriage, friendships and relationships are all going along OK. You keep in touch with your sister, Jenny, whom you are very close to.

The candidate may also ask you about the following issues:

- You don't smoke or drink alcohol and never have.
- You don't use illicit drugs and never have.
- You don't hear voices or have any odd thinking like people watching or following you or the TV referring to you.
- You don't have suicidal or depressive thoughts.
- You don't feel yourself, but can't quite work out why you feel like this as your anxiety was getting better.
- You are a physically healthy person, and do not have problems like high blood pressure, asthma, diabetes or epilepsy.
- You have not been on any other medications long term.

#### **4.2 How to play the role:**

You are dressed casually in jeans / casual pants and a blouse, you are well spoken. You are mildly anxious today, and have difficulty sitting comfortably in the chair, and move slightly during the appointment as though adjusting yourself in the seat, you feel hot and have mild sweat on your face (from the Evian spray that we will provide, please spray on just before each candidate enters – light mist on face). You have a mild tremor in your hands, and have been nauseous for a few days, you jiggle your leg throughout the session. You feel that you are forgetful, and thinking clearly is a lot harder than it had been about two weeks ago.

You are polite to the candidate, and want to know if you need more of your escitalopram to feel better. You are keen to answer questions, but you do not associate any of your medications with your symptoms at all, and you do not link the two together.

#### **4.3 Opening statement:**

*'Thank you for seeing me, I'm feeling really odd.'*

#### **4.4 What to expect from the candidate:**

The candidate should be interested, empathic and want to enquire about your symptoms, and will want to examine you. They should be interested in your medication, and what you take and when you take it.

The examination should involve pulse, blood pressure, questions around memory, and likely an examination of reflexes and coordination. The candidate should ask you questions about the timeline of your symptoms, in summary:

1. You have anxiety.
2. You saw the GP, and started the medication escitalopram six months ago.
3. You started seeing a psychologist four months ago.
4. That psychologist used CBT which made things better.
5. You are on other medication, and they should ask what it is, why you take it, and for how long.
6. Even though you feel your memory is affected, you will pass all the memory questions you are asked.

The candidate is expected to link together your symptoms with a clinical syndrome, called 'Serotonin Syndrome', often caused by medication. They should explain to the examiner how that occurs, and then talk about management of your anxiety and pain while also modifying your medication. At this time you can just sit quietly.

#### 4.5 Responses you MUST make:

*'So why do I feel like this?'*

*'Can I take more of my escitalopram? My sister went on a higher dose and felt a lot better.'*

#### 4.6 Responses you MIGHT make:

If the candidate asks about a family history of illness like dementia, Alzheimer's Disease, or other memory problems.  
Scripted response: ***'No, everyone in my family is pretty sharp and all lived to their 90's.'***

If the candidate asks whether you taken an overdose / excessive amounts of your medication.

Scripted response: ***'No, I have been taking my tramadol every day as well as my other tablets, but that is OK, isn't it?'***

#### 4.7 Medication and dosage that you need to remember:

Escitalopram 20 milligrams a day in the morning (also can be called Lexapro).

Tramadol 50 milligrams as required but every morning for the last two weeks.

St John's Wort (two teaspoons at night) for the last two weeks – you are not sure of the dose as it was from the pharmacy without a prescription (over the counter). On the back of the bottle, it said it would help with nerves and sleep.

## STATION 3 – MARKING DOMAINS

The main assessment aims are to:

- Take a focussed history related to medication use.
- Recognise and interpret the pharmacology causing serotonin syndrome.
- Identify and diagnose symptoms of mild to moderate serotonin syndrome from the history and signs on examination.
- Plan appropriate treatment and outline an acute management plan.

Level of Observed Competence:

### 1.0 MEDICAL EXPERT

#### 1.2 Did the candidate take appropriately detailed and focussed history related to anxiety and associated medication management? (Proportionate value – 20%)

**Surpasses the Standard (scores 5) if:**

clearly achieves the overall standard with a superior performance in a range of areas; demonstrates prioritisation and sophistication; includes the timeline of treatment for both psychological and medication treatment; delineates the initial use of non-medication treatment for pain and the recent inclusion of medication.

**Achieves the Standard by:**

conducting a detailed but targeted assessment; obtaining a history relevant to the patient's problems and circumstances with appropriate depth and breadth; hypothesis-driven history taking; integrating key sociocultural issues relevant to the assessment; demonstrating ability to prioritise; eliciting the key issues; completing a risk assessment relevant to the individual case; clarifying important positive and negative features; assessing for typical and atypical features.

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

a. Include details on pain relief medication, including over the counter medication, when taking the medication history.

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

#### 1.4 Did the candidate carry out an appropriately focussed and relevant examination as per instructions? (Proportionate value - 30%)

**Surpasses the Standard (scores 5) if:**

the examination is relevant to the patient's problem; conducted at a sophisticated level; all relevant areas are considered; no superfluous assessment is undertaken including review of orientation, registration and recall.

**Achieves the Standard by:**

completing an organised physical, covering all essential aspects; excluding delirium by completing an assessment of orientation, registration and recall; demonstrating adequate facilitation, attention to privacy for physical examination, and boundary recognition.

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

a. Specifically demonstrate examination for hypertension, tachycardia, tremor and abnormal reflexes.

**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).**

1.4. Category: ASSESSMENT – Physical – Selection	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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"/>

**1.9 Did the candidate describe the diagnosis of serotonin syndrome caused by pharmacological interactions? (Proportionate value - 20%)**

**Surpasses the Standard (scores 5) if:**

demonstrates a superior performance; outlines the presenting symptoms of serotonin syndrome from medication; explains the cause for the symptoms from a physiological point of view; justifies level of severity.

**Achieves the Standard by:**

demonstrating the capacity to identify features of serotonin related side effects and identifying features of a serotonin syndrome; naming the serotonin agents causing the symptoms; explaining the linkage to an increase in pain treatment medication as well as antidepressants; utilising the timeline of events and relationship to emerging symptoms in explanation.

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

- a. Link the interaction of serotonergic agents to the patient's symptoms when providing an explanation on this diagnosis.

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

**1.13 Did the candidate formulate and describe a relevant initial management plan for the next week? (Proportionate value - 30%)**

**Surpasses the Standard (scores 5) if:**

provides a sophisticated plan that outlines the tapering and changing of tramadol for pain as well as considering alternative medications for anxiety; provides a rationale and plan that outlines other treatments for pain as well as alternative antidepressants that are less likely to cause serotonin syndrome; clearly addresses difficulties in the application of the plan including potential worsening of pain or anxiety and access to close monitoring and support.

**Achieves the Standard by:**

explaining the risk of ongoing use of the three medications; advising on the gradual cessation of medication and explaining how to do this; discussing the potential role of benzodiazepines in alleviating any symptoms and the need for regular medical reviews during the process; considering further psychological assistance for pain and anxiety management as well as ongoing review of serotonin symptoms; clarifying roles and responsibilities of others in the plan and recognition of their role in the follow up.

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

- a. Prioritise the importance of decreasing doses of serotonergic medication as a first step in treatment.

**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).**

1.13. Category: MANAGEMENT – Initial Plan	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
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 level of a junior consultant psychiatrist?

<b>Circle One Grade to Score</b>	<b>Definite Pass</b>	<b>Marginal Performance</b>	<b>Definite Fail</b>
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