

1.0 Descriptive summary of station:

This is a history taking and diagnostic station. The candidate is expected to take a brief history from a mother whose 17-year-old son, Chris, is spending excessive time playing games on the internet. The candidate is then expected to explain a diagnosis of Internet Addiction / Internet Gaming Disorder to the mother, and to outline long term comorbidities and complications to the examiner. The candidate is not expected to provide management options.

1.1 The main assessment aims are to:

- Take a brief relevant history to diagnose an Internet Addiction in a teenager and explain this to a mother.
- Consider longer term comorbidities and complications associated with Internet Addiction / Internet Gaming Disorder.

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

- Elicit behavioural addiction features of salience and tolerance.
- Sensitively respond to the mother's concerns.
- Outline key criteria for a formulation of Internet Addiction / Internet Gaming Disorder.
- Exclude mood or anxiety disorder.
- Explain at least two common physical health issues (headaches, weight gain, disturbances in sleep, carpal tunnel syndrome, blurred or strained vision).

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Other Disorders (substance-related and addictive disorders)
- **Area of Practice:** Addictions
- **CanMEDS Domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Content; Formulation – Communication), Communicator (Patient Communication – To Patient / Family / Carer; Synthesis)

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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: mid to late 30's female dressed smartly.
- 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 consultant psychiatrist in an office based private practice.

At the request of his mother, the GP has referred Chris, a 17-year-old university student, to you. She is concerned that he spends too much time in his room on the computer and has been isolating himself; she is also worried about what it is doing to his health.

Chris has not come to the appointment but told his mother, Joanne, if she was so worried she should come instead.

Your tasks are to:

- Take a brief collateral history about Chris from his mother.
- Explain the most likely explanation to the mother.
- Present the longer term comorbidities and physical complications most commonly associated with your preferred explanation **to the examiner**.

You are not expected to discuss management options.

If you have not commenced the final task by **six (6) minutes** you will receive a time prompt.

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:
 - A copy of 'Instructions to Candidate' and any other candidate material specific to the station
 - Pens.
 - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE of the cue / 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 **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 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:

'I apologise for my son not attending, I am really worried about him.'

If the candidate has not commenced the final task by **six (6) minutes** - this is your specific prompt:

'Please proceed to the final task'.

3.2 Background information for examiners

The aims of this station are to test the candidate's ability to take a focussed history of Internet Addiction from a teenager's mother.

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

- Elicit behavioural addiction features of salience and tolerance.
- Sensitively respond to the mother's concerns.
- Outline key criteria for a formulation of Internet Addiction / Internet Gaming Disorder.
- Exclude mood or anxiety disorder.
- Explain at least two common physical health issues (headaches, weight gain, disturbances in sleep, carpal tunnel syndrome, blurred or strained vision).

A surpassing candidate may demonstrate:

- Clear understanding of Internet Addiction and elicit supportive collateral history that demonstrates this knowledge.

Behavioural Addiction

Several experts such as Brown have argued that the concept of addiction is meaningful, and that it should not be restricted to the ingestion of substances. The six criteria of Brown can be summarised as follows:

1. Salience: Domination of a person's life by the activity.
2. Euphoria: A 'buzz' or a 'high' is derived from the activity.
3. Tolerance: The activity has to be undertaken to a progressively greater extent to achieve the same 'buzz'.
4. Withdrawal Symptoms: Cessation of the activity leads to the occurrence of unpleasant emotions or physical effects.
5. Conflict: The activity leads to conflict with others or self-conflict.
6. Relapse and Reinstatement: Resumption of the activity with the same vigour subsequent to attempts to abstain, negative life consequences, and negligence of job, educational or career opportunities.

Diagnostic Criteria of Behavioural Addiction - Griffiths (1996)

- A. Salience: When the particular activity becomes the most important activity in people's lives and dominates their thinking (preoccupations and cognitive distortions).
- B. Mood modification: A consequence (such as an arousing 'buzz' or 'high' or a feeling of escape) of engaging in the particular activity; can be seen as a coping strategy.
- C. Tolerance: Increasing amounts of the particular activity are required to achieve satisfaction.
- D. Withdrawal symptoms: Unpleasant feeling states (such as moodiness or irritability) and / or physical effects.
- E. Conflict: Interpersonal conflicts between addicts and those around them or intrapsychic conflict within the addicted individual.
- F. Relapse: The tendency to revert to earlier pattern of the particular activity after a period of abstinence or control over the addictive behaviour.

Goodman (1990):

- A. Recurrent failure to resist impulses to engage in a specified behaviour.
- B. Increasing sense of tension immediately prior to initiating the behaviour.
- C. Pleasure or relief at the time of engaging in the behaviour.
- D. A feeling of lack of control while engaging in the behaviour.
- E. At least 5 of the following 9 criteria:
 - Frequent preoccupation with the behaviour or with activity that is preparatory to the behaviour
 - Frequent engaging in the behaviour to a greater extent or over a longer period than intended
 - Repeated efforts to reduce control or stop the behaviour
 - A great deal of time spent in activities necessary for the behaviour or recovering from its effects
 - Frequent engaging in the behaviour when expected to fulfil occupational, academic, domestic or social obligations
 - Important social, occupational or recreational activities given up or reduced because of the behaviour
 - Continuation of the behaviour despite knowledge of having a persistent or recurrent social, financial, psychological or physical problem that is caused or exacerbated by the behaviour
 - Tolerance: need to increase the intensity or frequency of the behaviour in the desired effect or diminished effect with continued behaviour of the same intensity
 - Restlessness or irritability if unable to engage in the behaviour.
- F. Some symptoms of the disturbances have persisted for at least 1 month, or have occurred repeatedly over a longer period of time.

So, from the psychological and psychiatric viewpoint, behavioural addictions include a collection of disorders, such as anxiety, mood disorders especially depression, obsessive thoughts, withdrawal and isolation, disturbances in social relationships, school problems such as educational failure and lack of interest in doing homework, occupational or interpersonal difficulties, isolation and negligence of friends and family or personal responsibilities, and mental or physical restlessness.

In instances when the individual reduces or stops a specific behaviour, excessive fatigue, lifestyle changes, significantly reduced physical activity, deprivation and changes in sleep patterns, impatience, sexual deviations, violence, eating disorder and withdrawal symptoms ensue.

Internet Addiction

Some online users were becoming addicted to the internet in a similar manner to becoming addicted to drugs or alcohol, and this can result in academic, social, and occupational impairment. Both the International Classification of Disease-10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis referenced as being most alike to misuse of the internet was Pathological Gambling. In the absence of formal diagnostic criteria, most researchers extrapolate from one compulsive non-pharmacologically addictive behaviour to another. Key components of addiction have been identified including preoccupation with the behaviour; repeated unsuccessful attempts to reduce use; mood disturbances related to reduction attempts; greater usage than anticipated or desired; jeopardising employment, relationships or education; or lying about usage.

By using Pathological Gambling as a model, addictive internet use could be defined as an impulse-control disorder that does not involve an intoxicant. Problematic internet use has also been called compulsive internet use, internet overuse, problematic computer use, pathological computer use, problematic internet use, online addiction or Internet Addiction Disorder. In the DSM-5, Internet Gaming Disorder is the latest term to describe this problem where it is classified as a 'Condition for Further Study'.

The number of people playing online gaming is growing each year. Games are generally described as MMORPG (massively multiplayer online role-playing games) and MMO (massively multiplayer online) types; playing in a fantasy world with others or by yourself respectively. Cash et al report on surveys in the United States and Europe that have indicated prevalence rates between 1.5 and 8.2%. It is thought that 95% of Australian children / youth are playing computer games at least one hour per day. In youth 13-17 years it is thought that about 20% feel anxious or uncomfortable when not on the internet and internet addictive problems are worse in girls, possibly due to the impact of social media. Internet addictive problems are being found increasingly in adults.

A common attribute appears to be the realisation of activities through the internet. Consideration has been given to the importance of separating out the subcategories of internet use disorder (such as online gaming, gambling, shopping, pornography addiction, etc.). Excessive screen time is also common to all the problems, whether video gaming, social networking, or downloading, gambling and shopping online.

Excessive internet use can gradually lead to neglect of professional and social relations and duties, with increasing risk of occurrence of somatic problems.

Studies focussing on the physiological basis of this disorder have shown a stronger blood volume pulse and respiratory response, and weaker peripheral temperature reactions of the high-risk internet users, which indicates that the sympathetic nervous system is heavily activated in these individuals (Lu et al. 2010).

Some studies have identified four symptom dimensions: obsessive-compulsiveness, depression, anxiety and emotional sensitivity, and hostility.

The following psychological symptoms are typical of online addiction / Internet Gaming Disorder:

- Feelings of guilt
- Anxiety
- Low mood
- Suicidal ideation
- Agitation
- Euphoric feelings when in front of the computer
- Unable to keep schedules
- No sense of time
- Social isolation
- Defensiveness
- Avoidance of school / work
- Dishonesty

Comorbid psychiatric disorder is common, e.g. attention deficit disorder, depression, insomnia or social phobia.

Physical complications of online addiction / Internet Gaming Disorder that are characteristic of someone who uses the computer for extended periods of time include:

- Backache
- Headaches
- Weight gain or loss
- Disturbances in sleep
- Carpal tunnel syndrome
- Blurred or strained vision
- Vitamin D deficiency and osteoporosis

There have been a variety of assessment tools used in evaluation. Young's Internet Addiction Test, the Problematic Internet Use Questionnaire (PIUQ) developed by Demetrovics, Szeredi, and Pozsa and the Compulsive Internet Use Scale (CIUS) are all examples of instruments to assess for this disorder.

Beard's review of assessment techniques recommends that five of the following diagnostic criteria are required for a diagnosis of Internet Addiction:

1. Is preoccupied with the internet (thinks about previous online activity or anticipate next online session);
2. Needs to use the internet with increased amounts of time in order to achieve satisfaction;
3. Has made unsuccessful efforts to control, cut back, or stop internet use;
4. Is restless, moody, depressed, or irritable when attempting to cut down or stop internet use;
5. Has stayed online longer than originally intended. Additionally, at least one of the following must be present:
6. Has jeopardised or risked the loss of a significant relationship, job, educational or career opportunity because of the internet;
7. Has lied to family members, therapist, or others to conceal the extent of involvement with the internet;
8. Uses the internet as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression).

Diagnostic Classificatory Models

There is no formal diagnosis of Internet Gaming Disorder, however the proposed diagnostic criteria for DSM-5 Internet Gaming Disorder include:

Repetitive use of internet-based games, often with other players, that leads to significant issues with functioning. Five of the following criteria must be met within one year:

1. Preoccupation or obsession with internet games.
2. Withdrawal symptoms when not playing internet games.
3. A build-up of tolerance – more time needs to be spent playing the games.
4. The person has tried to stop or curb playing internet games, but has failed to do so.
5. The person has had a loss of interest in other life activities, such as hobbies.
6. A person has had continued overuse of internet games even with the knowledge of how much they impact a person's life.
7. The person lied to others about his or her internet game usage.
8. The person uses internet games to relieve anxiety or guilt – it is a way to escape.
9. The person has lost or put at risk an opportunity or relationships because of internet games.

The closest in ICD-10 is Pathological Gambling:

Clinical Information

- A disorder characterised by a preoccupation with gambling, and the excitement that gambling with increasing risk provides. Pathological gamblers are unable to cut back on their gambling, despite the fact that it may lead them to lie, steal, or lose a significant relationship, job, or educational opportunity.
- Many people enjoy gambling, whether it's betting on a horse or playing poker on the internet. Most people who gamble don't have a problem, but some lose control of their gambling. Signs of problem gambling include:
 - always thinking about gambling
 - lying about gambling
 - spending work or family time gambling
 - feeling bad after you gamble, but not quitting
 - gambling with money you need for other things.

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 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 Joanne, mother of Chris a 17-year-old university student (studying graphic design). You are worried about how much time he spends on the computer, and you have come to the appointment because you want to find out what you can do to help him.

You are apologetic for Chris not attending - he feels there is nothing wrong with himself, and does not need to see anyone. Not wanting to come is also in keeping with Chris spending hours in his room and refusing to come out for usual family activities.

About Chris' internet use:

He is spending at least 4 hours every day, and 7-10 hours or more a day on weekends. You are worried about him as he has failed last semester. During semester breaks it gets worse as he is alone in the house while you are away at work. He spends very little time on his course work, and if he is not on the computer he spends his time watching television. Chris calls himself as 'sci-fi mad', and spends 'hours and hours' taking part in online discussion groups as well as online games.

You have been studying up on excessive internet use, and think Chris is playing both MMORPG and MMO types of games. You don't really understand what these mean and don't want to ask him in case he gets upset with you.

About Chris' activities:

His use of the internet seemed to worsen when he got his own computer. Over a 2-year period he has upgraded his computer 11 times. At the same time, his general behaviour worsened: he started to refuse to do his normal household chores when requested, was generally awkward and difficult, and provoked confrontational situations.

Chris has difficulty limiting or controlling the time on and offline. If he's not connected - even for a short length of time, he worries that he no longer knows 'what is going on'. At your request Chris has tried to quit the internet, he once gave up for 3 days, but the pressure to log back on proved too great and he dismissed your concerns.

Chris' use of the internet causes irregular sleeping patterns. It doesn't bother him that he has become nocturnal in order to use the internet when the internet charges are low. Occasionally he oversleeps and misses university because of his computer usage.

Chris does not really have any friends, and any acquaintances he has are limited to his friends online. In the past he has had difficulty in making friends, difficulty in coping with teasing for being a bit awkward and minor bullying (usually of a verbal nature). You have encouraged him to make real friends but he is happy with his 'real friends' on the internet. You feel he views his computer as a 'friend' and, therefore, tends to spend much of his time on the machine.

Concerns associated with Chris' behaviour:

You believe Chris suffers from inferiority complex and lack of confidence when dealing with his peers. Consequently, he easily gets upset. You feel that much of his lack of confidence stems from the fact that Chris is content to spend his time in his room to the exclusion of others in external world. You see the problem as 'a self-induced Catch-22 situation' in that he will never make friends whilst he spends time alone, but the action of spending time alone reduces his ability to deal with other people.

Chris' own view is that he does not have a problem with his computer use, and that he does not spend too much time on the computer. He feels that the internet has improved his level of knowledge, and intends to enter an internet-related field of employment. He spends a lot of time gaming and believes this is the future of sports.

If you are asked about Chris' physical health, you are to provide the following information to specific questioning: Chris has stopped playing footie and does not do any real activity. He does not leave the house apart from school. He tends to sit and has to be coerced to eat when on his computer, and has lost a lot of weight in the past few months. He is already complaining of backache and blurry vision. He sometimes complains about his wrist being painful. You are worried that he is likely to suffer from long term physical problems.

Chris' mental wellbeing:

You do not think he is depressed in that he doesn't complain of feeling sad, and when he does engage with you he does not look down. He will only eat if you persist with him as he enjoys being on his computer. You do not believe that he has any thoughts of harming himself, and he does not get hostile towards you when you try to encourage him to do other things.

He does not appear to be anxious, fearful or tense. He has not really ever been an anxious kind of person.

If asked you haven't heard him talking to himself and don't think he is 'mad'. He does not take any drugs or alcohol that you are aware of. You don't think Chris has any other issues like gambling, or any recurrent intrusive obsessive thoughts.

Family and personal situation:

If asked by the candidate, you separated from his father, Mike, when Chris was 3 years old. He is an only child and the two of you live together. Chris never had close school friends and was always shy. He is a smart boy and did well at school until he got into computers and the internet. He experienced some minor bullying at school but there was never any abuse in the home. He finished school and commenced university last year. He has told you he can have a career in gaming.

4.2 How to play the role:

You are a smartly dressed 38-year-old woman. You are an anxious mother trying to get help for your son. You come across as generally anxious but trying to be friendly and co-operative. Your speech is initially quite hesitant because of your anxiety, but depending on how the candidate speaks to you these feelings of anxiety can settle.

4.3 Opening statement:

'I apologise for my son not attending, I am really worried about him.'

4.4 What to expect from the candidate:

The candidate is expected to take a focussed history regarding your son's use of computer and internet, the candidate is also expected to ask questions regarding other symptoms like mood or other addictions as well as his behaviours and his personal history.

The candidate is expected to give you an understanding of your son's addiction, not just provide you with a diagnostic label.

The candidate is then expected to explain long terms physical and mental health complications to the examiner.

4.5 Responses you MUST make:

'I am worried about how much time he spends on his computer; it is like it is all he cares about.'

'I am worried about Chris' physical health.'

'So what is wrong with Chris?'

4.6 Responses you MIGHT make:

'Are you saying Chris has is mentally ill?'

'Could this be something else?'

4.7 Medication and dosage that you need to remember:

Nil

STATION 11 – MARKING DOMAINS

The main assessment aims are to:

- Take a brief relevant history to diagnose an Internet Addiction in a teenager and explain this to a mother.
- Consider longer term comorbidities and complications associated with Internet Addiction / Internet Gaming Disorder.

Level of Observed Competence:

1.0 MEDICAL EXPERT

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

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 all significant elements for a diagnosis and associated comorbidities.

Achieves the Standard by:

demonstrating use of a tailored biopsychosocial approach; conducting a detailed but targeted assessment; obtaining a history relevant to the patient's addictive problems and circumstances with appropriate depth and breadth; assessing for withdrawal symptoms, conflict, relapse and reinstatement (history taking is hypothesis-driven); integrating key sociocultural issues relevant to the assessment; demonstrating ability to prioritise; eliciting the key issues related to symptoms, functioning and behaviour; completing a risk assessment relevant to the individual case; clarifying important positive and negative features including bullying and isolation; assessing for typical and atypical features.

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

- Elicit behavioural addiction features of salience and tolerance.

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

Below the Standard (scores 2 or 1):

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

Does Not Achieve the Standard (scores 0) if:

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"/>

2.0 COMMUNICATOR

2.1 Did the candidate demonstrate an appropriate professional approach to gathering information from the mother? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

able to generate a complete and sophisticated understanding of complexity; effectively tailors interactions to maintain rapport within the therapeutic environment.

Achieves the Standard by:

demonstrating empathy and ability to establish rapport; forming a partnership using language and explanations tailored to the functional capacity of the client taking regard of culture, gender, ethnicity etc.; accommodating minor inappropriateness in the mother's behaviour; containing conflict or behavioural abnormalities; recognising confidentiality and bias.

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

- Sensitively respond to the mother's concerns.

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

Below the Standard (scores 2 or 1):

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

Does Not Achieve the Standard (scores 0) if:

errors or omissions materially adversely impact on alliance; inadequately reflects on relevance of information obtained; unable to maintain rapport.

2.1. Category: PATIENT COMMUNICATION - To Patient / Family / Carer	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"/>

2.5 Did the candidate demonstrate effective communication skills appropriate to the explanation of diagnosis to the mother? (Proportionate value - 25%)

Surpasses the Standard (scores 5) if:

integrates information in a manner that can effectively be utilised by the mother; provides succinct and professional information.

Achieves the Standard by:

providing accurate and structured verbal feedback; prioritising and synthesising information; explaining that international diagnostic classificatory systems do not clearly define Internet Addiction; identifying psychological vulnerabilities leading to addiction; excluding other disorders like OCD and personality vulnerabilities; adapting communication style to the setting; using language so as to enhance understanding by the mother; demonstrating discernment in selection of content.

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

- a. Outline key criteria for a formulation of Internet Addiction / Internet Gaming Disorder
- b. Exclude mood or anxiety disorder.

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

Below the Standard (scores 2 or 1):

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

Does Not Achieve the Standard (scores 0) if:

provides inaccurate or inadequate diagnostic formulation; any errors or omissions impact on the accuracy of information provided.

2.5. Category: SYNTHESIS	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"/>

1.0 MEDICAL EXPERT

1.12 Did the candidate accurately communicate the longer term health complications to the examiner? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

clearly achieves the overall standard with a superior performance in a range of areas; communicates findings in a sophisticated manner; demonstrates understanding of key risk factors leading to comorbidities.

Achieves the Standard by:

including most or all correct elements; explaining the long term issues of chronic physical conditions like osteoporosis and metabolic disorders; demonstrating knowledge of common mental health comorbidities like anxiety, agoraphobia and depression.

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

- a. Explain at least two common physical health issues (headaches, weight gain, disturbances in sleep, carpal tunnel syndrome, blurred or strained vision).

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

Below the Standard (scores 2 or 1):

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

Does Not Achieve the Standard (scores 0) if:

does not synthesise information in a cohesive manner, incorrectly interprets even routine / standard range of investigations.

1.12. Category: FORMULATION - Communication	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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