Committee for Examinations
Objective Structured Clinical Examination

Station 10
Perth April 2017

The Royal Australian & New Zealand College of Psychiatrists

1.0 Descriptive summary of station:

This station tests the candidate's knowledge about signs of chronic alcoholism, and their ability to carry out a focussed physical examination in a man who has a long-standing history of alcohol dependence.

1.1 The main assessment aims are:

- To assess the candidate's knowledge of signs of chronic alcoholism.
- To assess the candidate's ability to conduct a focussed physical examination – general and systemic.
- To assess the candidate's ability to accurately communicate the examination findings to the examiner.

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

- Assess hands / arms for at least 3 signs (e.g. tremors, generalised small muscle wasting, Duputyren's contracture, palmar erythyma, nail pallor, clubbing, koilonychia).
- Undertake at least 2 nervous system tests (e.g. peripheral neuropathy, proximal myopathy, gait, other cerebellar signs).
- Demonstrate specific neurological signs (e.g. abnormal gait, proximal myopathy signs, lack of coordination and cerebellar signs).
- Explain positive findings of being unkempt, restlessness, with hand tremors.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category**: Medical Disorders in Psychiatry
- **Area of Practice:** Addictions
- **CanMEDS Domains:** Medical Expert
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Physical - Selection, Physical - Technique, Examination Accuracy)

References:

- Kaplan and Sadock's Comprehensive Textbook of Psychiatry
- David, AS., Fleminger, S., et al. Lishman's Organic Psychiatry; a textbook of neuropsychiatry. 4th Edition. Wiley-Blackwell. 2009
- Clinical Examination- A systematic guide to physical diagnosis- Nicholas J Talley and Simon O'Connor

1.4 Station requirements:

- Standard consulting room; all 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: male aged mid-30s; scruffily and casually dressed in long / board shorts and open shoes / thongs – wearing a short-sleeved shirt that is either buttoned or easy to remove.
- 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 community mental health team.

You are reviewing Mr Ryan Smith, a 35-year-old man who has been under the care of community mental health services for over 6 months. He has a history of depression on a background of chronic alcohol dependence. The team has been closely monitoring the adequate treatment of depression as Ryan tends to be non-compliant.

Ryan has a long history of alcohol use starting from the age of 14 years. He currently drinks up to 12 standard drinks per day thus the comorbid diagnosis of alcohol dependence. He presents today for an assessment for signs of chronic alcoholism as the major focus of the appointment.

Your tasks are to:

- Conduct a focussed physical examination on Ryan with regard to alcohol dependence.
- Provide a running commentary to the examiner as to the purpose of each step of your examination and findings.

You are **not** required to take a history or initiate a treatment plan.

You will not receive any time prompts.

Station 10 - 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 that there are no cues for any scripted prompt you are to give.
- DO NOT redirect or prompt the candidate unless scripted – the simulated patient has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:
  'Your information is in front of you – you are to do the best you can'.
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your mark sheet in an envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

If a candidate elects to finish early after the <u>final task</u>:

- You are to state the following:

  "Are you satisfied you have completed the task(s)?
  If so, you <u>must</u> remain in the room and <u>NOT</u> proceed to the next station until the bell rings."

- If the candidate asks if you think they should finish or have done enough etc., refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Observe the activity undertaken in the station and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room briefly check ID number.

There are no prompts.

The role player opens with:

'Hi Doc, like I said before - I am losing strength in my hands and legs. I think it's the antidepressants.'

If the candidate attempts to examine the role player's lower abdomen or groin area you are to advise them to stop:

'You are not required to undertake examination of lower abdomen or groin area.'

3.2 Background information for examiners

The aims of this station are to assess the candidate's knowledge of signs of chronic alcoholism, and demonstrate their skill in undertaking a physical examination whilst providing a commentrary to the examiner as to the purpose and expected findings in the context of chronic alcohol dependence.

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

- Assess hands / arms for at least 3 signs (e.g. tremors, generalised small muscle wasting, Duputyren's contracture, palmar erythyma, nail pallor, clubbing, koilonychia).
- Undertake at least 2 nervous system tests (e.g. peripheral neuropathy, proximal myopathy, gait, other cerebellar signs).
- Demonstrate specific neurological signs (e.g. abnormal gait, proximal myopathy signs, lack of coordination and cerebellar signs).
- Explain positive findings of being unkempt, restlessness, with hand tremors.

Alcoholism is a chronic and progressive illness; the early symptoms are generally behavioural and not physical. The majority of medical problems typically appear in the late, chronic stage of the illness and has the potential to cause serious physical harm to any and all of the body systems. The appearance of medical complications are secondary to the primary nature of alcoholism.

General physical examination in alcoholism: the candidate can choose to undertake any of the following assessments / tests.

It is important that the candidate prioritise the assessment related to the loss of strength in his limbs. Assessment for signs related to these symptoms should be the main focus of their assessment as well as a review of associated signs.

A comprehensive examination for complications of alcohol dependence would generally include a wide range of signs. However, given the history provided the candidate must focus on neurological and hepatic signs after a review of general appearance.

Key features to be identified are positive findings of being unkempt, restlessness, hand tremors, with abnormal gait (wide based gait to balance), proximal myopathy signs (difficulty to stand from sitting position with arms crossed), lack of coordination, and cerebellar signs (abnormal finger-nose test / shin-heel test).

General examination

- General appearance – often unkempt.
- Excitability or agitation or restlessness - often as a symptom of withdrawal or associated with lack of sleep (alcohol can cause a disturbance in REM sleep).
- Bruising (easy bruising).
- Sweating.
- Respiratory rate – often tachypnoea (possibly due to symptoms of ARDS) – normal respiratory rate 12-20 breaths per minute.
- Rosacea, seborrheic dermatitis (itchy, red, dry skin) – secondary to vitamin B deficiency or poor hygiene.
- Muscle wasting due to improper nourishment can result in acute pain in these areas: proximal muscles, extremities, pelvic and shoulder girdle, muscles of the thoracic cage.

Examination of hand / arm

- Hand tremor – generally as part of withdrawal.
- General small muscle wasting.
- Pulse (irregular pulse during later stages).
- General signs of malnutrition.
- Nicotine stains (frequent comorbidity with smoking).
- Palmar erythema (reddening of the skin on palmar aspect of the hand – thenar and hypothenar eminence).
- Clubbing (bulbous fusiform enlargement of the distal portion of a digit probably related to alcoholic cirrhosis) – *have the patient place both forefinger nails together and look between them for small diamond space* (Schamroth's sign)*. In clubbing the space is obliterated, and the angle between the nail plate and the skin overlying the proximal part of distal phalanx is more than 160 degrees.*
- Duputyren's contracture (thickening and shortening of the palmar fascia that results in clawed fingers) - *tabletop test: can the patient put their hand flat on a tabletop or other flat surface.*
- Asterixis / Hepatic flap (secondary to metabolic encephalopathy found in advanced liver disease – *ask the patient to hold arms straight with hyper extended hands.*
- Koilonychia (spoon nails) – non-specific sign of hypochromic anaemia, especially iron-deficiency anaemia.
- Lower limb oedema.

Examination of eyes

- Pallor.
- Icterus - yellowish discoloration of the skin, eyes and mucus membranes as a sign of jaundice.
- Nystagmus (rapid, repetitive, involuntary eye movements which often result in reduced vision and depth perception and can affect balance and coordination) - *using index finger or a small fixation target, the clinician observes the nystagmus in all positions of gaze, while asking the patient to comment on any visual symptoms as the eyes move, and identifying the angle which patients describe limits to their vision.*

Examination of face and mouth

- Fetor hepaticas ('breath of dead' or faecal breath) - found in chronic liver disease and portal hypertension where portosystemic shunting allows thiols / mercaptans to pass directly into the lungs.
- Sialadenosis (asymptomatic, bilateral enlargement of the parotid glands) secondary to increased stickiness of saliva, causing blockage of salivary ducts.

As the major complaint is neurological, the candidate must undertake a neurological examination.

Neurological examination

- **Peripheral neuropathy** secondary to vitamin B deficiency – *check for strength: check finger flexion by asking patient to curl their fingers into yours and try to prevent you from straightening their fingers; flexion / extension and abduction / adduction at different joints – sensation: by checking pinprick and vibration and reflexes (upper and lower limb);* ***proximal myopathy*** *– by asking the patient to stand from sitting position with arms crossed*.

- **Test for coordination**
  - Rapidly alternating movement evaluation – *ask the patient to place their hands on their thighs and then rapidly turn their hands over and lift them off their thigh. Repeat it rapidly for 10 seconds* – Dysdiadokinesia (inability to perform rapidly alternating movements due to cerebellar lesions).
  - Point to point movement evaluation:
    - *Finger-nose test – ask the patient to alternatively touch their nose and the examiner's (candidate's) finger as quickly as possible;*
    - *Heel-shin – ask the patient to touch the heel of one foot to the opposite knee, and then to drag their heel in a straight line all the way down the front of their shin and back up again.*

- **Gait** – ataxia secondary to peripheral neuropathy presenting as loss of balance and coordination, which occurs and results in the characteristic of the 'wide based gait' in order to keep balance. It generally develops over chronic use, as a result of vitamin B deficiency.
  - *Ask the patient to walk across the room under observation (*gross gait abnormalities to be noted).
  - *Ask the patient to walk heel to toe across the room* (abnormality - tandem gait), *then toes only (best way to test early foot plantar flexion weakness), and finally heels only* (best way to test foot dorsiflexion weakness*). Also note the amount of arm swinging.*
  - *Observe patient rising from sitting position, note gait abnormalities*.

<u>Examination of Abdomen</u>

- Ascites (*wave-like action of the abdominal cavity when tapped, as well as the skin tone appearing paper thin and glistening*).
- Scratch marks.
- Caput medusa (Palm tree sign) – appearance of distended and engorged superficial epigastric veins, which are seen radiating from the umbilicus across the abdomen as a sign of portal hypertension.
- Umbilicus – everted / inverted (high venous pressure in the vessels around the umbilicus).
- Hepato- and splenomegaly (non-palpable liver).
- Testicular atrophy (candidate will not examine lower abdomen and groin area).

<u>Examination of the chest</u>

- Loss of body hair.
- Gynaecomastia.
- Spider naevi / angiomas (commonly in exposed areas, including the face, neck, upper trunk, and arms) – often in clusters when associated with liver disease.
- Tachycardia - associated with palpitations.
- Heart sounds (auscultation).

A minimum requirement is:

- Observe for smell of alcohol, unkempt nature, poor self-care signs.
- Specific peripheral signs, for instance, finger nails (e.g. nail bed pallor / clubbing), skin and muscle changes, tremors / abnormal movements, signs of jaundice.
- Centralised assessment of abdomen and screening for cardiothoracic signs as well as non-peripheral skin changes.
- Neurological assessment to address presenting complaints.

A surpassing candidate may demonstrate high levels of competence in that they will be able to identify the most important features to assess in the timeframe provided. Not only the accuracy but also the relevance of each part of the examination will be clear to the examiner.

Explanation of the signs and symptoms found in alcoholism:

A key organ that is affected by chronic heavy alcohol use is the liver. The major actions of the liver include manufacture of blood proteins that aid in clotting, oxygen transport, and immune system function; storage of excess nutrients and return of some of the nutrients to the bloodstream; manufacture of bile, needed to assist in digestion; assistance in storage of glucose in the form of glycogen; removal of harmful substances in the bloodstream, including drugs and alcohol; breakdown of saturated fat and production of cholesterol. Signs of liver disease will be associated with impairment of these functions.

Multiple symptoms that present in alcoholism are related to impairment of the liver function in response to the toxic effects of alcohol on hepatocytes which leads to its inflammation. Chronic high levels of use cause ongoing inflammation leading to scarring (fibrosis; nodular regeneration). Alcohol-induced liver disease is a spectrum of disorders: fatty liver; alcoholic hepatitis through to liver cirrhosis.

Alcoholic liver disease is a leading cause of alcohol-related death and contributes to a significant percent of total burden of liver disease. Early symptoms include fatigue and malaise; loss of appetite and weight loss, nausea and abdominal pain, and spider naevi.

Overall, symptoms of alcoholic liver disease vary but sufferer can present with mood changes, agitation and confusion, headaches and light-headedness. Hepatitis associated with inflammation presents with fever, nausea and vomiting, and fatigue. As the damaged liver cannot remove the residue of bilirubin it builds up, and is deposited in the skin and the whites of eyes causing jaundice.

Sequelae of a failing liver in cirrhosis include ascites, impaired clotting factors production causing bleeding disorders, portal hypertension and hepatic encephalopathy. Other symptoms include significant weight loss (or gain), bloody or melena stools, epistaxis and bleeding gums, chest pain, erythema of hands and feet, and jaundice.

Bruising is linked to changes in the ability for blood clotting in the context of alcoholic liver disease, and excessive bleeding and bruising can be of concern if the person is involved in a serious accident / trauma.

Alcohol dependence increases levels of oestrogen and reduces testosterone, contributing to testicular atrophy, erectile dysfunction and gynaecomastia in men (and infertility in women).

Alcohol can increase triglycerides and increases risks for hypertension, heart failure and stroke. The high caloric intake within alcohol increases risk of obesity which worsens cardiac risk.

Severe alcohol dependence is also associated with osteoporosis, muscular deterioration, skin sores and itching.

Alcohol has a range of actions on the nervous system. Direct dose-related depressant effects on nutritional defects can lead to peripheral neuropathy, Wernicke's encephalopathy, cerebellar degeneration, and Korsakoff's syndrome.

Alcohol alters brain function by affecting the balance between inhibitory and excitatory neurotransmitters (NT). Short term use increases inhibitory NT and suppresses excitatory NT; thus, having a depressant effect: slowed slurred speech and movements while increasing pleasurable feelings. Longer term use leads to decreased inhibitory NT activity and increasing excitatory NT levels which leads to tolerance and addiction.

Thiamine, folate, niacin, vitamins B6 and B12, and vitamin E are all needed for proper nerve function. In alcoholism vitamin deficiencies are common, particularly vitamin B. Wernicke-Korsakoff syndrome is a serious consequence of thiamine (vitamin B1) deficiency. Wernicke's presents with serious malnutrition, ocular abnormalities, severe loss of balance / ataxia, peripheral neuropathy, confusion and memory loss, and can eventually result in death.

Nutritional deficiencies, often thiamine deficiency, that are common in alcoholic patients, are commonly complicating factors in the development of this neuropathy. Vitamin B12 deficiency can lead to peripheral neuropathy which causes pain, tingling and other abnormalities of the limbs.

Primary axonal sensorimotor peripheral polyneuropathy is found in people with a history of chronic heavy alcohol consumption. Symptoms usually manifest initially in the distal lower extremities. Sensory symptoms (e.g. numbness, paresthesias, dysesthesias (abnormal unpleasant sensations which can occur in the absence of stimulus of felt when touched), allodynia (pain resulting from a stimulus, as a light touch of the skin, which would not normally provoke pain), and loss of vibration and position sense usually develop prior to motor symptoms (e.g. weakness). However, patients may present with both motor and sensory symptoms at initial presentation.

If autonomic nerves are affected, signs and symptoms might include heat intolerance and altered sweating, bowel, bladder or digestive problems or changes in blood pressure, causing dizziness or light-headedness.

Folate deficiencies can cause severe anaemia. Additionally, in the gastrointestinal tract, impaired digestion causing dyspepsia, violent vomiting can lead to oesophagitis, upper GI tears and bleeding; increase risk for ulcers; and inflamed oesophageal varices. Alcohol causes an increased rate of food propulsion through the small intestine which results in malabsorption in the remainder of the small intestine.

Abdominal pain can be caused by inflammation of liver, stomach or colon or pancreatitis. Stomach cramps and right upper quadrant pain are often associated with an enlarged fatty liver or alcoholic hepatitis. Alcohol also has a direct toxic effect on the pancreas, causing changes in the secretions of the pancreas. Increased secretion of digestive juices can produce pancreatic irritation and damage. It is postulated that alcohol induces an increase in protein concentration in pancreatic juice which precipitates and clogs the ducts of the organ.

Sweating, especially night sweats, can be related to drinking alcohol as it causes tachycardia and vasodilatation, which can trigger sweating. Alcohol withdrawal or alcohol intolerance could also lead to night sweats. Heat intolerance is a symptom associated with peripheral neuropathy.

Long-term alcohol abuse can lead to cardiomyopathy and can lead to congestive cardiac failure, with associated symptoms of fatigue and shortness of breath. Signs of cardiomyopathy are cardiomegaly, valvular murmurs, evidence of pulmonary congestion, raised jugular venous pressure, and pedal oedema. Clubbing is caused by alcohol cardiomyopathy, resulting in poor circulation to extremities.

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 Ryan Smith, a 35-year-old, single, unemployed man who has been living in a caravan park for the last few years.

The mental health service diagnosed you with depression and commenced on antidepressant treatment 6 months ago.

You have been dependent on alcohol for many years. You started drinking alcohol at the age of 14 years, and currently drink around 10-12 mid strength beer (Carlton Mid stubbies) on daily basis. You have never really had a period of time without drinking since 14 years.

The key features you have to describe to the candidate are:

- You have noticed losing strength in your arm and legs for months.
- Your abdomen feels distended and uncomfortable under your right ribs – but it is not painful.
- You are worried about these physical signs.

You will be trained to present the following signs for the candidate to test:

- Being unkempt.
- Slight restlessness.
- Hand tremors.
- Abnormal gait – walk with wide based gait to balance.
- Proximal myopathy signs – difficulty to stand from sitting position with arms crossed.
- Lack of coordination – cerebellar signs – abnormal finger-nose test / shin-heel test.

4.2 How to play the role:

You are dressed casually in long / board shorts and open shoes / thongs. PLEASE wear a short-sleeved shirt that is either buttoned or easy to remove as the candidate should ask to examine your chest and abdomen.

The candidate will conduct physical examination and in doing so, is likely to check parts of your face, your limbs and your stomach.

If at any stage the candidate causes you pain of unnecessary discomfort, please let them know. As long as the candidate does not hurt you, you will cooperate with the examination.

If the candidate attempts to examine your lower abdomen or groin area the examiner will advise them to stop.

4.3 Opening statement:

'Hi Doc, like I said before - I am losing strength in my hands and legs. I think it's the antidepressants.'

4.4 What to expect from the candidate:

The candidate should introduce themselves. They are expected to advise you of what they are going to do, may seek your permission to conduct a physical examination – general examination of different areas of your body which would involve your chest, heart, abdomen and nervous system. As they do this, the candidate is expected to provide a running commentary to the examiner about what they are doing.

The candidate may clarify a very limited history from you that mainly focusses on alcohol use and related issues.

4.5 Responses you MUST make:

Anticipated Question: If asked to clarify current or past alcohol use.

Scripted Response: ***'I have been drinking at least a 6 pack, but more than 10 beers on most days for all my life.'***

Anticipated Question: If asked about other features in your history or any risks (e.g. past medical complications or drinking including admissions, risks of harm to others or yourself).

Scripted Response: ***'No'***.

4.6 Responses you MIGHT make:

If the candidate tries to take a fuller history from you:

Scripted Response: ***'I thought that you said you were going to examine my body?'***

If asked to clarify your medication:

Scripted Response: ***'I'm still taking Sertraline 200 milligrams in the morning.'***

The candidate is not expected to take a history from you, however, if you are asked about these symptoms:

- Loss of appetite and weight loss – ***'not really'***.
- Nausea and abdominal pain – ***'occasionally'***.
- Feeling tired and generally run down – ***'yes'***.
- Headaches and light-headedness – ***'occasionally'***.
- Feelings of confusion and agitation – ***'no'***.
- Increased bruising – ***'sometimes'***.
- Nose bleeds or bleeding gums – ***'no'***.

4.7 Medication and dosage that you need to remember

Antidepressant - SERTRALINE 200 milligrams in the morning.

STATION 10 – MARKING DOMAINS

The main assessment aims are:

- To assess the candidate's knowledge of signs of chronic alcoholism.
- To assess the candidate's ability to conduct a focussed physical examination – general and systemic.
- To assess the candidate's ability to accurately communicate the examination findings to the examiner.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.4 Did the candidate carry out an appropriately focussed and relevant examination as per examiner's instructions? (Proportionate value - 35%)

Surpasses the Standard (scores 5) if:
conducts a thorough systemic examination from periphery to general systemic; includes examination for signs like malnutrition, alcohol on breath, nicotine stains on fingers.

Achieves the Standard by:
focussing on general and systemic examination, attention to privacy for physical examination; covering all essential aspects including general unkempt nature; assessing head and neck (jaundice, nystagmus, +/- fetor hepaticus), chest (spider naevi, cardiac murmurs), abdomen (ascites, hepatomegaly, +/-caput medusa,) and specific neurological signs.

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

a. Assess hands / arms for at least 3 signs (e.g. tremors, generalised small muscle wasting, Duputyren's contracture, palmar erythyma, nail pallor, clubbing, koilonychia)
b. Undertake at least 2 nervous system tests (e.g. peripheral neuropathy, proximal myopathy, gait, other cerebellar signs).

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, performs minimal tests to confirm signs, 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:
candidate does not attempt neurological and abdominal examination, significant deficiencies in organisation; errors or omissions do adversely impact on the examination outcome.

1.4. Category: ASSESSMENT – Physical - Selection	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.5 Did the candidate demonstrate adequate technique in the selected examination(s)? (Proportionate value - 35%)

Surpasses the Standard (scores 5) if:
overall examination technique is accurate and well organised; performs a detailed and comprehensive assessment.

Achieves the Standard by:
competently applying adequate technique in examining periphery (hands / arm), head and neck, chest examination, abdominal and nervous examination.

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

a. Demonstrate specific neurological signs (e.g. abnormal gait, proximal myopathy signs, lack of coordination and cerebellar signs).

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:
incorrect technique is utilised; incorrect conclusions are drawn.

1.5. Category: ASSESSMENT – Physical - Technique	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
ENTER GRADE (X) IN ONE BOX ONLY	5 ☐	4 ☐	3 ☐	2 ☐	1 ☐	0 ☐

1.6 Did the candidate describe the expected physical findings accurately as per the examiner's details for this case and communicate with the examiner? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:
appropriate overall elicitation and explanation of expected physical findings.

Achieves the Standard by:
accurately explaining main physical tests undertaken; correctly identifying and interpreting important positive and negative physical findings; including alcoholic breath, general examination, peripheral, hepatic and cardiovascular signs.

To achieve the standard ***(scores 3)*** the candidate **MUST:**
a. Explain positive findings of being unkempt, restlessness, with hand tremors.

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 performs minimal tests to confirm signs, 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:
incorrectly interprets even routine / standard range of tests; errors, omissions of findings affect conclusions; candidate does not elicit any findings, does not communicate findings to the examiner.

1.6. Category: ASSESSMENT – Examination Accuracy	**Surpasses Standard**	**Achieves Standard**		**Below the Standard**		**Standard Not Achieved**
ENTER GRADE (X) IN ONE BOX ONLY	**5** ☐	**4** ☐	**3** ☐	**2** ☐	**1** ☐	**0** ☐

GLOBAL PROFICIENCY RATING

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

Circle One Grade to Score	**Definite Pass**	**Marginal Performance**	**Definite Fail**