

### 1.0 Descriptive summary of station:

The candidate is expected to discuss the efficacy and rationale for prescribing clozapine with a concerned parent of a patient with treatment resistant schizophrenia. The patient's father is concerned about the potential side effects, and the candidate is expected to explain monitoring options and provide a description of specific interventions to prevent and manage specific side effects.

### 1.1 The main assessment aims are to:

- Assess the candidate's ability to demonstrate knowledge of the indications and efficacy of clozapine over other antipsychotics.
- Assess how the candidate explains the management of potential life-threatening and the common, but less severe, side effects of clozapine.
- Assess whether the candidate communicates with a relative in a professional, empathetic manner.

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

- Refer to evidence-based guidelines for clozapine prescribing e.g. RANZCP or other recognised guidelines (e.g. NICE).
- Recommend accurate monitoring for cardiac side effects with ECG, echocardiogram, troponin and CRP.
- Describe options for addressing constipation.
- Mention appropriate interventions for prevention of diabetes.
- Effectively communicate an accurate risk / benefit analysis of clozapine treatment whilst empathetically engaging with an anxious parent.

### 1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Psychotic Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Management – Therapy; Assessment – Investigations, Selection; Management – Long-term Preventative), Communicator (Patient Communication – To Patient / Family / Carer)

#### **References:**

- Agid O et al. An algorithm-based approach to first-episode schizophrenia: response rates over 3 prospective antipsychotic trials with a retrospective data analysis. *J Clin Psychiatry* 2011; 72:1439-1444
- De Fazio P et al. Rare and very rare adverse effects of clozapine. *Neuropsychiatric Disease and Treatment* 2015;11 1995–2003
- Layland, JJ, Liew D Prior DL. Clozapine-induced cardiotoxicity: a clinical update. *Med J Aus* 2009;190(4): 190-192
- Lewis SW et al. Randomised controlled trial of effect of prescription of clozapine versus other second-generation antipsychotic drugs in resistant schizophrenia. *Schizophr Bull* 2006; 32:715-723
- McEvoy JP et al. Effectiveness of clozapine versus olanzapine, quetiapine and risperidone in patients with chronic schizophrenia who did not respond to prior antipsychotic treatment. *Am J Psychiatry* 2006; 163:600-610
- Mohan I, Wendelborn K. Constipation associated with clozapine: need for closer monitoring. *Australasian Psychiatry*. 2016 Feb;24(1):97
- NICE guidelines, Psychosis and schizophrenia in adults: prevention and management. Clinical guideline. Published: 12 February 2014. ([nice.org.uk/guidance/cg178](http://nice.org.uk/guidance/cg178))

- Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders. Australian & New Zealand Journal of Psychiatry 2016, Vol. 50(5) 410 –472
- The Maudsley, prescribing guidelines in psychiatry, 12th edition (2015)
- Youssef DL et al. Incidence and risk factors for clozapine-induced myocarditis and cardiomyopathy at a regional mental health service in Australia. Australasian Psychiatry 2016;24(2):176-180

#### 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: well-dressed man in 50s-60s.
- Pen for candidate.
- Timer and batteries for examiner.

## 2.0 Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are a junior consultant psychiatrist covering a colleague in an acute general adult mental health service, and have been asked to see Harold Stokes, the father of an inpatient, Michael.

Michael, aged 29, was diagnosed with schizophrenia 3 years ago. He thought that his university had installed a device in his ear to control him and so left his course. He also stopped looking after himself and became very socially withdrawn. He still lives with his parents.

He has undertaken adequate trials of oral olanzapine and risperidone, and haloperidol depot. Despite being compliant with treatment, he continues to experience both positive and negative symptoms, which significantly impact on his day-to-day function.

His usual doctor has already discussed clozapine with Michael and he is keen to proceed. However, his father has raised questions about its safety. As a result, Michael asked his father to speak with a doctor to address his concerns and has given his consent for this discussion.

### Your tasks are to:

- Explain the rationale for the recommendation of clozapine rather than any other antipsychotic for Michael.
- Describe the screening for possible cardiac events and their management if they occur.
- Briefly outline preventative management of other non-haematological serious adverse effects of clozapine.

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

## Station 8 - 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 parent.

### 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 parent 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've heard that clozapine has got lots of serious side effects. Why are you going to give it to Michael?'***

#### 3.2 Background information for examiners

In this station the candidates are expected to engage the father of a young man with chronic schizophrenia whose illness meets the criteria for treatment resistance. They must demonstrate that they are aware of the indications for and efficacy of clozapine over other antipsychotics to justify the decision to trial the drug. The candidate is to outline the major tests for cardiac monitoring.

The candidate should then explain the management of the main potential life-threatening and the most common, but less severe, side effects of clozapine as well as aim to reassure the father as to what specific cardiac monitoring will be put in place. The candidate is specifically instructed not to comment on the haematological side effects (agranulocytosis and neutropenia) in order to test their knowledge of the management of other side effects.

The candidate must complete these tasks while communicating with the father in a professional, empathetic manner.

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

- Refer to evidence-based guidelines for clozapine prescribing e.g. RANZCP or other recognised guidelines (e.g. NICE).
- Recommend accurate monitoring for cardiac side effects with ECG, echocardiogram, troponin and CRP.
- Describe options for addressing constipation.
- Mention appropriate interventions for prevention of diabetes.
- Effectively communicate an accurate risk / benefit analysis of clozapine treatment whilst empathetically engaging with an anxious parent.

A surpassing candidate may cite relevant recent publications to support their explanations, may focus more on how life-threatening side effects can be monitored and managed. They may also show a more empathic approach when dealing with a concerned, anxious parent.

The evidence suggests that, in patients whose symptoms have not responded adequately to sequential trials of 2 or more antipsychotic drugs, clozapine is the most effective treatment. Some suggest that olanzapine should be one of the two drugs used before clozapine (Lewis, 2006).

Clozapine Monitoring Systems: Prior to first dose, the patient must be registered for the clozapine monitoring service. WCC and differential, LFTs, RBG, lipids, troponin and CRP blood tests, and ECG are required. An echocardiogram needs to be performed within the first 6 months.

Clozapine is generally commenced according to standardised protocols: Clozapine dosage is gradually increased, starting at 12.5mg per day and increasing in 25mg-50mg steps over 2-3 weeks to 300mg. Thereafter it can be increased in 50mg-100mg weekly steps. Treatment is usually commenced as an inpatient, but can be done in the community if adequate monitoring is possible. Daily blood pressure, pulse, respiration rate and temperature recordings are required in the initial 2-3 weeks.

Preventative management options for the most serious (potentially life-threatening) side effects of clozapine are:

<p>Agranulocytosis. Risk is in the region of 1 in 10,000 patients exposed.</p>	<p>Well managed by the approved Australia and NZ monitoring system, i.e. weekly FBC for 18 weeks then 4-weekly (monitoring systems differ slightly across the world). Individual risk factors for developing neutropenia and agranulocytosis are different and although the addition of lithium can raise WCC, its use is still somewhat controversial in preventing true clozapine-induced agranulocytosis.</p>
<p>Thromboembolism. Possible risk between 1 in 2000 to 1 in 6000 patients exposed. Other antipsychotics also increase risk.</p>	<p>Managed by maintaining adequate hydration and exercise.</p>
<p>Myocarditis. Seems to occur most in first 6-8 weeks, but can occur at any time. Australian studies show higher risk (up to 1%) compared to USA (1 in 67,000). Unknown reasons for differences.</p>	<p>Monitor for symptoms including hypotension, tachycardia, fever, flu-like symptoms, fatigue, dyspnoea and chest pain. ECG shows ST depression; echocardiograph shows enlarged heart (value of regular / routine echocardiographs questionable). Blood tests show eosinophilia, raised CRP and troponin 1. Risk increased if dose rapidly increased, if patient is older and if sodium valproate co-prescribed.</p> <p>If it is suspected, urgent referral to a physician, immediate cessation of treatment is indicated. Provision of supportive care. May require intensive haemodynamic support with inotropic agents initially then consideration of LV residual dysfunction.</p>
<p>Cardiomyopathy. Tends to occur later (average 9 months), but can occur at any time. Suspect if any signs of heart failure.</p>	<p>ECG changes reported are also non-specific and include sinus tachycardia, T-wave inversion, prolonged QTc, and ST flattening / depression.</p> <p>Value of regular / routine echocardiograph is questionable.</p> <p>If it is suspected, urgent referral to a physician and immediate cessation of treatment is indicated. May require treatment with established heart failure medical therapies to slow the progression of the disease.</p>
<p>Constipation. Clozapine-Induced Gastrointestinal Hypomotility (CIGH) is very common (up to 60%), and causes more deaths than blood dyscrasias, but receives little attention. Most common in the first 4 months of treatment. Probable link with higher doses (average daily dose in those patients who have died was 535mg). Anticholinergics increase risk.</p>	<p>Monitor bowel function and recommend increased fibre and water intake, plus exercise. Possible use of polyethylene glycol (Movicol) / lactulose. Refer early to physician if signs of obstruction. May need surgical intervention.</p>
<p>Seizures. Risk increases with plasma clozapine level.</p>	<p>Some suggest prophylactic anticonvulsants if dose above 500mg/day or blood level above 500mcg/l.</p> <p>Bear in mind the effect on driving licence if a seizure occurs.</p>

Less serious or acute, but other important and common side effects include:

- Sedation
- Hypersalivation
- Weight gain
- Hyperlipidaemia
- Hyperglycaemia
- Hypotension
- Hypertension
- Tachycardia
- Fever
- Nausea
- Nocturnal enuresis
- Gastro oesophageal reflux disease (GORD)

Mean triglyceride levels increase by 10% over 5 years. Cholesterol levels also increase. The risk of diabetes seems higher with clozapine than other second generation antipsychotics. Therefore, metabolic monitoring is essential, with dietary advice, regular exercise, smoking cessation and consideration of lipid-lowering drugs and metformin.

### 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

- 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).
- they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- they can **collaborate** effectively within a healthcare team to optimise patient care.
- 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.
- they can act as **health advocates** to advance the health and well-being of individual patients, communities and populations.
- 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.
- 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 Harold Stokes, a 55-year-old lawyer. You live with your wife, Judith, and 29-year-old son Michael.

You are attending an appointment with the psychiatrist at the request of your son, as he wants to start a new medication called CLOZAPINE, which you are not sure you agree with.

Michael was diagnosed with schizophrenia 3 years ago, and came back to live with you shortly afterwards. He is your only child. Michael was academically gifted and had gone to university to study engineering, but midway through the second year, had a 'breakdown' and was admitted to the local psychiatric hospital under the mental health act. This was a very traumatic time for you and your wife.

You need to be convinced that the 'significant risks' you have heard about for Michael taking clozapine are outweighed by the potential improvement in his mental wellbeing and day-to-day functioning. You want him to be able to live independently and not be permanently disabled and reliant on you and your wife.

You accept that Michael is capable of making the decision about taking clozapine himself, but want to be knowledgeable enough about the pros and cons of treatment to be able to discuss it further with Michael so that you can all be sure it is the best treatment for him.

Your concerns about clozapine:

You have read that clozapine is the 'gold standard' antipsychotic but you don't know why. What you do know is that it can have life-threatening side effects. You have heard and read of some, but are not sure how commonly these things occur; they include:

- effects on your heart
- causing fits (seizures)
- really bad constipation
- High risk of weight gain leading to diabetes
- dramatically lowering the white blood-cells in your blood which usually fight disease; leaving you more susceptible to serious infections. Dr West, the usual treating psychiatrist has explained this problem to you in detail and even though this is a worrying side effect, you think you have a reasonable understanding of it and so want to discuss the other problems that you have read about.

You are worried because you know there have been deaths linked to clozapine, and want to have the risks clearly explained. You also want to know how Michael will be monitored so that if any of these side effects occur, they can be detected early and 'something can be done'. You want to know what will happen if any of the 'bad' side effects occur to ensure Michael doesn't suffer any irreversible medical problems.

You are also aware that on top of these very serious sudden events that might happen, clozapine can also cause other side effects. These include weight gain, raised cholesterol and blood sugar, which in a young man like Michael could in the longer term increase the chances of him developing diabetes, and having a heart attack or a stroke. He is not doing much exercise either so the risk of weight gain will be higher.

Michael's symptoms:

At the time he became unwell, Michael had been seen mumbling to himself, and had been complaining that the university had secretly drugged him and inserted a communication device into his ear so that they could control him. He had attempted to cut the device out of his ear, which had led to him needing stitches. He had also become very withdrawn, spending most of his time in his room. His self-care had markedly worsened, and he hadn't been washing or changing his clothes, and had only eaten convenience foods. To your knowledge, Michael hadn't used any illicit drugs, and he does not smoke or drink alcohol.

Treatment for Michael's symptoms:

During that admission Michael was started on the antipsychotic medication OLANZAPINE, and had been discharged after about 3 weeks. He had returned home with you to recuperate, and had hoped to return to his studies, but this did not happen. Despite regularly taking the olanzapine 20mg in a wafer form (he allowed you to watch him take it), he remained convinced the device had been inserted into his ear and that he was being controlled by people at the university. He continued olanzapine for 8 months, but complained of feeling tired on it and gained around 10kg. His doctor did some blood tests, and you were told they were all good.

His psychiatrist, Dr West, eventually changed him over to another medication, called HALDOL which was given by injection every 4 weeks, but all this seemed to do was make Michael feel 'dull' and made him very stiff, 'like a robot'. Michael didn't like the injection either and started to resist taking it, so after 4 months it was stopped and he was started on a third medication (tablet) called RISPERIDONE, which he took 4mg per day.



Michael has no problems taking RISPERIDONE and has remained on it for nearly 2 years. It seems to dampen down some of his concerns about the device and being followed or controlled, but you still hear him talking to himself at times and he remains socially isolated and unmotivated. He hasn't been able to go back to university and he hasn't been able to attend any employment training. He is receiving a disability pension. The only enjoyment he seems to get is driving his car so that he can go fishing. He seems to tolerate the medication quite well and does not complain of any side effects that you are aware of.

Because of the ongoing low grade symptoms, Michael was admitted to hospital last week following an outpatient meeting with his psychiatrist who recommended he should now consider taking another medication called clozapine instead of risperidone. Michael really wants to try this medication and is about to start the new treatment.

You have heard that there are risks in taking clozapine and this has made you concerned about Michael's decision. You want to discuss these with the psychiatrist. Michael is happy for the doctor to discuss his care with you and has made an appointment for you to meet. You are aware that the candidate is not the usual treating doctor, therefore, they will not know all of the details in his background.

#### 4.2 How to play the role:

You are well dressed in a business suit or at least shirt and tie. You are very confident, standing to firmly shake the candidate's hand as they enter the room. Maintain eye contact throughout the meeting. You should not be overly aggressive in your style of interaction, but make the candidate aware that you are trying to act in the best interests of Michael and want to be as clear as you can be about the risks involved in him taking clozapine as well as the potential benefits. The candidate should provide you with the information about management of the side effects with little prompting.

You appreciate that the candidate is not Michael's usual treating doctor, and will not be aware of all the details of Michael's background. Your main focus is to understand clozapine treatment in more detail.

As the doctor begins to explain the potential side effects of clozapine, you become increasingly concerned about how well Michael will be monitored and what will happen if any of these bad things occurs. As the list of side effects gets longer, you will need more reassurance that the positives of clozapine treatment are likely to exceed the negatives.

#### 4.3 Opening statement:

*'I've heard that clozapine has got lots of serious side effects. Why are you going to give it to Michael?'*

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

A clear explanation of the evidence for clozapine being 'the best' antipsychotic, but also a clear and succinct summary of the most serious and the most common side effects, how Michael will be monitored to detect if these are occurring and what will happen if any of them do occur.

Despite the long list of potentially serious side effects, clozapine is likely to be the best treatment option to allow Michael to control his symptoms and improve his day-to-day function, therefore increasing the chance of him becoming more independent in the future.

You should also expect the candidate to be open with you and empathise with you regarding the difficulties Michael's illness may have caused over the last 3 years.

#### 4.5 Responses you MUST make:

*'He doesn't eat well – so what happens if he gets constipated?'*

*'Can you guarantee that this medicine will not kill my son?'*

*'But what about the risk of diabetes?'*

#### 4.6 Responses you MIGHT make:

*'I realise you don't know Michael very well, but I really want to understand more about clozapine.'*

As the list of side effects gets longer, you become more anxious and might say:

*'Wow! With all these side effects, why does anyone get treated with clozapine?'*

If the candidate starts talking about changes to the blood, or white cell counts, say:

*'That's the one thing that the other doctor explained really well to me. We need not talk about it.'*

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

- OLANZAPINE (also known as Zyprexa) 20mg a day – he took this for 8 months
- HALDOL (haloperidol decanoate), a long-acting antipsychotic injection, 100mg every 4 weeks – he took this for 4 months
- RISPERIDONE (also known as Risperdal) 4mg a day – he has been taking this for nearly 2 years.

## STATION 8 – MARKING DOMAINS

### The main assessment aims are:

- Assess the candidate's ability to demonstrate knowledge of the indications and efficacy of clozapine over other antipsychotics.
- Assess how the candidate explains the management of potential life-threatening and the common, but less severe, side effects of clozapine.
- Assess how the candidate communicates with a relative in a professional, empathetic manner.

### Level of Observed Competence:

#### 1.0 MEDICAL EXPERT

#### 1.14 Did the candidate demonstrate an adequate knowledge and application of the efficacy of clozapine in treatment of resistant schizophrenia? (Proportionate value - 25%)

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

includes a clear understanding of levels of evidence to support treatment recommendation; identifies the role of other health professionals; outlines the importance of family support for successful outcomes.

##### **Achieves the Standard by:**

demonstrating the understanding of treatment with clozapine; identifying specific treatment outcomes and prognosis – on both positive and negative symptoms, including appropriate selection, benefits / risks, initiation practices, dosages; stating the need for adherence, and importance of specific monitoring while on treatment.

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

- Refer to evidence-based guidelines for clozapine prescribing e.g. RANZCP or other recognised guidelines (e.g. NICE).

**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 impact adversely on patient care; plan lacks structure and/or is inaccurate; unable to accurately identify evidence based rationales for treatment.

1.14. Category: MANAGEMENT – Therapy	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"/>	

#### 1.8 Did the candidate make an appropriate choice of investigations to screen for cardiac functioning and complications? (Proportionate value - 25%)

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

considers the resource impact of choices; identifies any difficulties with access to investigations chosen; identifying potential limitations of investigations.

##### **Achieves the Standard by:**

prioritising and selecting the optimal range of tests; justifying selection of monitoring and diagnostic procedures and investigations; demonstrating consideration of cost-benefit reasoning; seeking guidance or advice for complex or less familiar clinical problems.

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

- Recommend monitoring for cardiac side effects with ECG, echocardiogram, troponin 1 and CRP.

**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:**

incorrectly chooses even routine / standard range of investigations; unable to prioritise relevant investigations.

1.8. Category: ASSESSMENT – Investigations, Selection	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"/>	

**1.16 Did the candidate formulate an appropriate longer term management plan, including preventative management of other side effects? (Proportionate value - 35%)**

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

overall plan is tailored yet comprehensive; incorporates sophisticated plans for monitoring for the emergence of side effects.

**Achieves the Standard by:**

demonstrating awareness of major possible complications of treatment and available interventions/monitoring; demonstrating the ability to prioritise and implement evidence based interventions; demonstrating awareness of incident reducing / ameliorating effects of specific treatments; covering the preventative management of potential acute life-threatening side effects like seizures; acknowledging appropriately realistic possibility of treatment failure.

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

- a. Describe options for addressing constipation
- b. Mention appropriate interventions for prevention of diabetes.

**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:**

errors or omissions will adversely affect outcomes; candidate has difficulty with most of the skills above.

1.16. Category: MANAGEMENT – Long-term, Preventative	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 gauging the concerns and providing information to Michael’s father? (Proportionate value - 15%)**

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

generates a superior understanding of the complexity of the father’s concerns; 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 Michael’s father; providing education; communicating plans and discussing acceptability; effectively managing challenging communications; containing conflictual interactions; recognising confidentiality and bias; sensitively considering barriers to implementation.

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

- a. Effectively communicate an accurate risk/benefit analysis of clozapine treatment whilst empathetically engaging with an anxious parent.

**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 materially adversely impact on the alliance; inadequately reflects on relevance of information obtained; unable to maintain rapport.

2.1. Category: PATIENT COMMUNICATION – To Family	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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