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1.0 Descriptive summary of station:

In this station, the candidate is meeting with Marley, an 18-year-old woman, who presents for a first appointment with a psychiatrist around anxiety symptoms, and questions about gender identity. Marley has had difficulty in social situations, feels worried and stressed, and the school counsellor has been concerned and suggested a psychiatry review. The candidate's tasks are to talk to Marley about Marley's anxiety, provide a diagnosis and management plan as well as explore some of Marley's gender questions, and consider whether further assistance with gender identity is needed.

1.1 The main assessment aims are to:

- Demonstrate how to diagnose a social anxiety disorder in an adolescent.
- Empathically explore gender identity questions and concerns with an adolescent including acknowledging stigma.
- Show awareness of a range of gender identity descriptors and their definitions.
- Provide a treatment plan for social anxiety and gender dysphoria, and convey this to a patient.

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

- Explore Marley's gender identity concerns.
- Acknowledge the distress she is experiencing as a consequence of the behaviour of her peers.
- Include both social anxiety and gender dysphoria in their discussion with Marley.
- Accurately describe the meaning of the term transgender.
- Discuss psychological treatments for social anxiety OR offer to include her family in the management plan.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Anxiety Disorders, Child & Adolescent Disorders
- **Area of Practice:** Child & Adolescent Psychiatry
- **CanMEDS Marking Domains Covered:** Medical Expert, Communicator, Health Advocate, Scholar
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Assessment – Data Gathering Process; Diagnosis), Communicator (Treatment Planning – Engagement), Health Advocate (Addressing Stigma), Scholar (Medical Terminology).

References:

- Budge, S.L, Adelson J.L., Howard K.A.S (2013) Anxiety and Depression in transgender Individuals: The Roles of Transition Status, Loss, Social Support, and Coping. *Journal of Consulting and Clinical Psychology*. 81; 3, 545 - 557
- Bergero-Miguel, T; Garcia-Encinas MA, Villena-Jimena A, Guzman-Parra J. (2016) Gender dysphoria and social anxiety; an exploratory study in Spain. June
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition. American Psychiatric Association. 2013
- Excerpted from DSM-5. Note: The term gender dysphoria replaced the term gender identity disorder used in an earlier version of DSM
- Human Rights Campaign, survey
- What is Gender Dysphoria, American Psychiatric Association, <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>
- Millet, N; Longworth J, Arcelus J, (2016) Prevalence of anxiety symptoms and disorders in the transgender population; A systematic review of the literature. *International Journal of Transgenderism*; Vol 18, 1 pg 27 – 38
- Olson, K. Durwood, L. DeMeules, M. McLaughlin, K.A.
- PFLAG Glossary

Committee for Examinations
Objective Structured Clinical Examination
Station 3
Auckland September 2018



- Sherer, I, et al. (2015). Affirming gender: Caring for gender-atypical children and adolescents. Contemporary Pediatrics
- Steensma, TD, et al. (2013). Factors associated with desistence and persistence of childhood gender dysphoria: A quantitative follow-up study. J Am Acad Child Adolesc Psychiatry, 52(6):582-90
- World Professional Association of Transgender Health (WPATH)

1.4 Station requirements:

- Standard consulting room.
- Five chairs (examiners x 2, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: Female appearing 18 years of age.
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

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

You are working as a junior consultant psychiatrist in a youth community public mental health position. You see young people from age 15 to 20 in your service. You have received a referral letter from a school counsellor with regard to Marley, an 18-year-old student who attends the local co-educational high school. Marley is in Year 12, and has not been seen by your service previously.

The letter from the school counsellor reads:

Dear Doctor,

Thank you for seeing Marley who has been a student at our school for the last four years, starting in Year 9 after a transfer from an all-girls school. Marley was referred to me earlier this year when her classroom teacher became concerned about Marley's lack of involvement with other students, and her panic attacks when public speaking. Marley was previously well-engaged in a range of sports, and has had no academic problems.

She was very nervous about camp last year and didn't attend; she has been reluctant to come to sports and swimming. She has spoken to me about a request to wear her sports uniform every day (shorts and polo shirt) instead of the usual uniform which is a dress. She also wants to be exempt from the school photos which are in two weeks. She seems to be reluctant to mix with her previous friends, and tells me that a short relationship with a boy earlier this year did not go well. Staff haven't witnessed any bullying at school.

Marley has asked that she comes to see you on her own today.

*Regards
Deb Murray
School counsellor
St Angelos College*

Your tasks are to:

- Take a focussed history from Marley about her concerns.
- Develop a differential diagnosis and explain this to Marley.
- Outline treatment options and discuss these with Marley.

You will not receive any time prompts.

Station 3 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
 - A copy of 'Instructions to Candidate' and any other candidate material specific to the station.
 - Pens.
 - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient and co-examiner.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE there is no cue / scripted prompt for you 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 **fifteen (15) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

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

If a candidate elects to finish early after the final task:

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

3.0 Instructions to Examiner

3.1 In this station, your role is to:

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

When the candidate enters the room briefly check ID number.

The role player opens with the following statement:

'Hello doctor, I think I need help with how I am feeling.'

3.2 Background information for examiners

In this station the candidate is expected to take a history from an adolescent who presents with social anxiety in the context of confusion around gender identity. The 18-year-old is an articulate and intellectually bright female who has developed anxiety over the last 12 months which is now being noticed at school.

The candidate is to take a history pertaining to her symptoms as well as explore the cause behind some of her social avoidance. The candidate is expected to identify and discuss her concerns about gender identity and social anxiety as well as suggest a suitable treatment program for her social anxiety disorder.

The candidate should be able to demonstrate some knowledge of this topic, and be able to answer this question in general, but be aware that Marley is not wanting this treatment at this stage.

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

- Explore Marley's gender identity concerns.
- Acknowledge the distress she is experiencing as a consequence of the behaviour of her peers.
- Include both social anxiety and gender dysphoria in their discussion with Marley.
- Accurately describe the meaning of the term transgender.
- Discuss psychological treatments for social anxiety OR offer to include her family in the management plan.

A surpassing candidate may:

- ask about Marley's involvement of her parents, and sisters in her thoughts and plans with regard to her gender identity.
- make options available for Marley to talk in future about gender affirming treatment if she wishes to do so
- identify that Marley is unsure of her gender identity at present, and recognise that she may identify as gender fluid; pansexual or another gender description outside of assigned gender and transgender.
- delineate a treatment plan for both her gender dysphoria and social anxiety, and clearly identify the link between the two, and the requirement for Marley to have assistance with both for clinical symptom improvement.

Information for examiners

A. Gender Dysphoria

The **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)** provides for one overarching diagnosis of gender dysphoria with separate specific criteria for children, and for adolescents and adults.

In adolescents and adults, gender dysphoria diagnosis involves a difference between one's experienced / expressed gender and assigned gender, and significant distress or problems functioning. It lasts at least six months and is shown by at least two of the following:

1. A marked incongruence between one's experienced / expressed gender, and primary and/or secondary sex characteristics
2. A strong desire to be rid of one's primary and / or secondary sex characteristics
3. A strong desire for the primary and / or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings and reactions of the other gender

International Classification of Disease ICD-10, Gender Identity Disorder, Unspecified / Gender-Role Disorder NOS F64.9

It is also known as Gender Dysphoria, and presents clinically as a disorder characterised by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with his or her sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery).

World Professional Association of Transgender Health (WPATH)

The Standards of care for transgender health are written and regularly reviewed by the WPATH (currently working on version 8). Version 7 guidelines are available free internationally for patients and health care workers, and are used in NZ and Australia. The Association offers a range of information and recommendations.

Overview of Therapeutic Approaches for Gender Dysphoria

Treatment options for gender dysphoria include counselling, cross-sex hormones, puberty suppression and gender reassignment surgery. Some adults may have a strong desire to be of a different gender, and to be treated as a different gender without seeking medical treatment or altering their body. They may only want support to feel comfortable in their gender identity. Others may want more extensive treatment including hormone treatment, and gender reassignment surgery leading to a transition to the opposite sex. Some may choose hormone treatment or surgery alone.

Advancements in the Knowledge and Treatment of Gender Dysphoria: Hormone therapy and surgery have been found to be medically necessary to alleviate gender dysphoria in many people (*American Medical Association 2008; Anton, 2009; The World Professional Association for Transgender Health 2008*). As the girls mature, health professionals recognised that while many individuals need both hormone therapy and surgery to alleviate their gender dysphoria, others need only one of these treatment options and some need neither (*Bockting, and Goldberg 2006; Bockting 2008; Lev, 2004*).

Individual psychotherapy can help a person understand and explore his / her / their feelings, and cope with the distress and conflict. Couples therapy or family therapy may be helpful to improve understanding, and to create a supportive environment. Parents of children with gender dysphoria may also benefit from counselling. Peer support groups for adolescents and adults, and parent / family support groups can also be helpful.

Options for Psychological and Medical Treatment of Gender Dysphoria

The number and type of interventions applied, and the order in which these take place may differ from person to person (e.g., *Bockting, Knudson, & Goldberg, 2006; Bolin, 1994; Rachlin, 1999; Rachlin, Green, & Lombardi, 2008; Rachlin, Hansbury, & Pardo, 2010*).

Treatments options include the following:

- Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity);
- Hormone therapy to feminise or masculinise the body; surgery to change primary and / or secondary sex characteristics (e.g., breasts / chest, external and / or internal genitalia, facial features, body contouring);
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalised transphobia; enhancing social and peer support; improving body image; or promoting resilience.

Options for Social Support and Changes in Gender Expression

In addition (or as an alternative) to the psychological and medical treatment options described above, other options can be considered to help alleviate gender dysphoria, for example:

- Offline and online peer support resources, groups, or community organisations that provide avenues for social support and advocacy;
- Offline and online support resources for families and friends;
- Voice and communication therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender identity;
- Hair removal through electrolysis, laser treatment, or waxing;
- Breast binding or padding, genital tucking or penile prostheses, padding of hips or buttocks;
- Changes in name and gender marker on identity documents.

Differences between Children and Adolescents with Gender Dysphoria

An important difference between gender dysphoric children and adolescents is in the proportion for whom dysphoria persists into adulthood. Gender dysphoria during childhood does not inevitably continue into adulthood. Rather, in follow-up studies of prepubertal children (mainly boys) who were referred to clinics for assessment of gender dysphoria, the dysphoria persisted into adulthood for only 6-23% of children (*Cohen-Kettenis, 2001; Zucker & Bradley, 1995*). Boys in these studies were more likely to identify as gay in adulthood than as transgender (*Green, 1987; Money & Russo, 1979; Zucker & Bradley, 1995; Zuger, 1984*). Newer studies, also including girls, showed a 12- 27% persistence rate of gender dysphoria into adulthood (*Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Wallien & Cohen-Kettenis, 2008*).

In contrast, the persistence of gender dysphoria into adulthood appears to be much higher for adolescents. No formal prospective studies exist. However, in a follow-up study of 70 adolescents who were diagnosed with gender dysphoria and given puberty suppressing hormones, all continued with the actual sex reassignment, beginning with feminising / masculinising hormone therapy (*de Vries, Steensma, Doreleijers, & Cohen-Kettenis, 2010*).

Phenomenology in Adolescents

In most children, gender dysphoria will disappear before or early in puberty. However, in some children these feelings will intensify and body aversion will develop or increase as they become adolescents, and their secondary sex characteristics develop (*Cohen-Kettenis, 2001; Cohen-Kettenis & Pf. fflin, 2003; Drummond et al., 2008; Wallien & Cohen-Kettenis, 2008; Zucker & Bradley, 1995*). Data from one study suggest that more extreme gender nonconformity in childhood is associated with persistence of gender dysphoria into late adolescence and early adulthood (*Wallien & Cohen- Kettenis, 2008*). Yet many adolescents and adults presenting with gender dysphoria do not report a history of childhood gender nonconforming behaviours (*Docter, 1988; Land.n, W.linder, & Lundstr.m, 1998*). Therefore, it may come as a surprise to others (parents, other family members, friends, and community members) when a youth's gender dysphoria first becomes evident in adolescence.

Adolescents who experience their primary and / or secondary sex characteristics, and their sex assigned at birth as inconsistent with their gender identity may be intensely distressed about it. Many, but not all, gender dysphoric adolescents have a strong wish for hormones and surgery. Increasing numbers of adolescents have already started living in their desired gender role upon entering high school (*Cohen-Kettenis & Pf. fflin, 2003*).

Transition Treatment for Adolescents

The decision to pause puberty using puberty blocking treatment in general needs to be made prior to Tanner stage 2 of pubertal development for there to be a ceasing of maturation of secondary sexual characteristics. Tanner stage 2 changes are the initial stages of puberty where secondary sexual characteristics are noted including enlargement of scrotum and testes in males, and breast bud development in females. These puberty blockers are prescribed and administered by a paediatric endocrinologist.

The puberty blocking agents are given intramuscularly, and must be given continuously (every 3 months) to pause pubertal changes.

This is Phase 1 treatment of a potential 3 stage treatment of gender transitioning:

Stage 1: pubertal blockade.

Stage 2: affirming hormone treatment i.e. treatment with testosterone for female to male change and oestrogen for male to female change.

Stage 3: surgical intervention – i.e. tracheal shaving, breast removal.

Roles of Mental Health Professionals Working with Children and Adolescents with Gender Dysphoria

The roles of mental health professionals working with gender dysphoric children and adolescents may include the following:

1. Directly assess gender dysphoria in children and adolescents (see general guidelines for assessment, below).
2. Provide family counselling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
3. Assess and treat any co-existing mental health concerns of children or adolescents (or refer to another mental health professional for treatment). Such concerns should be addressed as part of the overall treatment plan.
4. Refer adolescents for additional physical interventions (such as puberty suppressing hormones) to alleviate gender dysphoria. The referral should include documentation of an assessment of gender dysphoria and mental health, the adolescent's eligibility for physical interventions.
5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organisations). This is particularly important in light of evidence that children and adolescents who do not conform to socially prescribed gender norms may experience harassment in school (*Grossman, D'Augelli, & Salter, 2006; Grossman, D'Augelli, Howell, & Hubbard, 2006; Sausa, 2005*), putting them at risk for social isolation, depression, and other negative sequelae (*Nuttbrock et al., 2010*).
6. Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender nonconforming and transgender children (*Gold & MacNish, 2011; Pleak, 1999; Rosenberg, 2002*).

Challenges / Complications

Gender dysphoria is associated with high levels of stigmatisation, discrimination and victimisation, contributing to negative self-image and increased rates of other mental disorders.

Transgender individuals are at higher risk of victimisation, and hate crimes than the general public. Adolescents and adults with gender dysphoria are at increased risk for suicide.

In adolescents and adults, preoccupation with cross-gender issues can interfere with daily activities and cause problems in relationships or in functioning at school or work. Transgender individuals may also face challenges in accessing appropriate health care, and insurance coverage of related services.

Definitions

Gender	<i>denotes the public (and usually legally recognised) lived role as boy or girl, man or woman. Biological factors combined with social and psychological factors contribute to gender development.</i>
Assigned gender	<i>refers to a person's initial assignment as male or female at birth. It is based on the child's genitalia and other visible physical sex characteristics.</i>
Gender-atypical	<i>refers to physical features or behaviours that are not typical of individuals of the same assigned gender in a given society.</i>
Gender-nonconforming	<i>refers to behaviours that are not typical of individuals with the same assigned gender in a given society.</i>
Gender reassignment	<i>denotes an official (and usually legal) change of gender.</i>
Gender identity	<i>is a category of social identity and refers to an individual's identification as male, female or, occasionally, some category other than male or female. It is one's deeply held core sense of being male, female, some of both or neither, and does not always correspond to biological sex.</i>
Gender dysphoria	<i>as a general descriptive term refers to an individual's discontent with the assigned gender. It is more specifically defined when used as a diagnosis.</i>
Transgender	<i>refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their gender at birth. (Note: the term transgendered is not generally used.)</i>
Transsexual	<i>refers to an individual who seeks, or has undergone, a social transition from male to female or female to male. In many, but not all, cases this also involves a physical transition through cross-sex hormone treatment and genital surgery (sex reassignment surgery).</i>
Genderqueer	<i>blurring the lines around gender identity and sexual orientation. Genderqueer individuals typically embrace a fluidity of gender identity and sometimes sexual orientation.</i>
Gender fluidity	<i>having different gender identities at different times.</i>
Agendered	<i>'without gender,' individuals identifying as having no gender identity.</i>
Cisgender	<i>describes individuals whose gender identity or expression aligns with the sex assigned to them at birth.</i>
Gender expansiveness	<i>conveys a wider, more flexible range of gender identity and / or expression than typically associated with the binary gender system.</i>
Gender expression	<i>the manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious, and may or may not reflect their gender identity or sexual orientation.</i>

Preferred Gender Pronouns

Some transgender and gender-nonconforming people may prefer gender-neutral or gender-inclusive pronouns when talking to or about them. 'They' and 'their' are sometimes used as gender-neutral singular pronouns. Singular gender-neutral pronouns also include 'ze' (or 'zie') and 'hir'.

B. Social Anxiety Disorder

ICD-10 Social Phobia F40.1

According to the ICD-10 Social Anxiety Disorder is also known as Social Phobia.

Approximate Synonyms:

- Avoidance disorder
- Avoidance disorder, childhood
- Avoidant disorder of childhood
- Fear of eating in public
- Performance anxiety
- Phobia, social
- Shyness disorder of childhood
- Social anxiety disorder (social phobia)
- Social anxiety disorder (social phobia), performance only
- Social phobia
- Specific phobia, eating in public

Clinical Information

- An anxiety disorder characterised by an intense, irrational fear of one or more social or performance situations in which the individual believes that he or she will be scrutinised by others. Exposure to social situations immediately provokes an anxiety response. In adults, the social phobia is recognised as excessive or unreasonable.
- Extreme apprehension or fear of social interaction or social situations in general.

The fear occurs in one or more social situations causing considerable distress and impaired ability to function in at least some aspects of daily life.

According to the **DSM-5**, (Diagnostic and Statistical Manual of Mental Disorders, fifth edition), there are a total of ten diagnostic criteria for Social Anxiety disorder:

1. fear or anxiety specific to social settings, in which a person feels noticed, observed, or scrutinised. In an adult, this could include a first date, a job interview, meeting someone for the first time, delivering an oral presentation, or speaking in a class or meeting. In children, the phobic / avoidant behaviours must occur in settings with peers, rather than adult interactions, and will be expressed in terms of age appropriate distress, such as cringing, crying, or otherwise displaying obvious fear or discomfort.
2. typically the individual will fear that they will display their anxiety and experience social rejection.
3. social interaction will consistently provoke distress.
4. social interactions are either avoided, or painfully and reluctantly endured.
5. the fear and anxiety will be grossly disproportionate to the actual situation.
6. the fear, anxiety or other distress around social situations will persist for six months or longer and
7. cause personal distress and impairment of functioning in one or more domains, such as interpersonal or occupational functioning.
8. the fear or anxiety cannot be attributed to a medical disorder, substance use, or adverse medication effects or
9. another mental disorder, and
10. if another medical condition is present which may cause the individual to be excessively self-conscious- e.g., prominent facial scar, the fear and anxiety are either unrelated, or disproportionate. The clinician may also include the specifier that the social anxiety is performance situation specific - e.g. oral presentations (*American Psychiatric Association, 2013*).

Onset

According to the DSM-5, the median age of onset of social anxiety disorder in the US is age 13, with 75% of those with social anxiety disorder experiencing the onset at a range of ages 8-15. The onset can either be insidious, or sudden onset triggered by a specific event. (*American Psychiatric Association, 2013*).

Prevalence

The DSM-5 cites the annual prevalence of social anxiety disorder between 7-12%, in both children and adults in the United States (*American Psychiatric Association, 2013*). It is thought to be the most common anxiety disorder and one of the most common psychiatric disorders.

Risk Factors

The DSM-5 notes that temperamental qualities of fear of poor social evaluation and inhibition are risk factors for the development of social phobia. Child maltreatment, including peer abuse is a correlational risk factor for social phobia, but causality cannot be verified. There appears to be a genetic basis, though it could be speculated that social anxiety is also a learned behaviour. (*American Psychiatric Association, 2013*). Obesity has been identified as a risk factor in teens, (*ADAA, 2013*) as teens who are obese may experience peer rejection and develop social anxiety as a learned behaviour.

Anxiety and Gender Dysphoria

Anxiety as a disorder has been found to be more common among the gender dysphoric and transgender population and in particular social phobia, specific phobias, OCD and panic disorders are more common (*Millet Longworth, Arcelus 2016*). Recent studies have shown that depressive symptoms occur in 51% of transgender women and 48% in transgender men, and anxiety symptoms occur in 40% of transgender women and 40% transgender men (*Budge, Adelson and Howard 2013*), 31.4% of patients with gender dysphoria were also diagnosed with social anxiety in the Bergero-Miguel study in 2016. These high levels of anxiety and mood disorders have been associated with an increased level of self-harm and suicide in this population, and therefore identification and support around gender identity is important.

Socially transitioned children (to their affirming gender) in a supportive environment have been shown to return to age norm levels of depressive and anxiety symptoms indicating that the psychopathology in this population is not inevitable (*Olsen et al 2016*)

When meeting a patient who identifies as having gender dysphoria or asks about gender identity, it is important to consider the presentation of major mood and anxiety disorder symptoms. The same can be said for patients, in particular adolescents who present with a new onset of anxiety and depressive symptoms without clear precipitants, to ask about gender identity in a sensitive way.

3.3 The Standard Required

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

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Domain Not Addressed – the candidate demonstrates significant defects in all of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

4.1 This is the information you need to memorise for your role:

About you and your family

You are Marley Canon, an 18-year-old female. You have been referred to this psychiatrist because Mrs Murray, your senior school counsellor, is worried about you, in particular your increasing anxiety that is seen at school and your social withdrawal from friends at school. You are currently a Year 12 student.

You live with your 45-year-old parents (Geoff and Bree) who run a company that renovates houses, and your two older sisters (Ella – 20, and Lisa – 21) who are both studying economics at university. Your parents have been together since they were 20, and you have always lived in the same house. You were a healthy baby, and born at term without any problems. Your family always said that you were funny and talkative, and you liked being with your extended family, cousins, and aunts and uncles whom you are close to.

This station is about your feelings of anxiety, and your feelings towards your gender.

About your anxiety

You began to feel anxious when you were in early high school (approximately at age 13), and found it harder to be relaxed around other adolescents. In particular your anxiety peaked when they were planning 'boy / girl parties', and started talking about sex, and partners occurred in your small group of acquaintances at school.

Your first '*panic attack*' occurred when you were giving a presentation at a science club in the middle of Year 7 at school, four and a half years ago. For the presentation night your parents had asked you to dress nicely, and there had been an argument beforehand about what you wore. You wanted to wear jeans and a shirt, but they wanted you and your sisters to wear dresses. In the end you wore a skirt that your eldest sister picked out for you. You were nervous about how you looked, and also just in general having to be in front of a crowd. You weren't sure what to do so you sat in the car holding your sister's hand up until it was time to go inside, and do the presentation.

You hadn't had a panic attack before, but you found the crowd, people looking at you and the sound of your voice in the room scary. You felt your heart race, and that you couldn't catch your breath. You didn't want to be around people as there was the feeling that you were going to make a fool of yourself, and that everyone would laugh at you. You can't remember the speech but recall leaving the stage, and asking to go home as you felt distressed. Since then you have had a sensation of nervousness when talking in class, and so avoid doing so as far as possible.

Due to this and your gender identity concerns (see below), you have begun to avoid groups at the cinema or going shopping, and in general tried to stay away from anyone at school. Your handful of friends by early Year 12 had dropped to two, and they left school and chose to work instead. You now have no friends, speak very little to others, and often sit at the back of the class. You have panic feelings most days when around others, you try to avoid others, as you would rather be alone. You actually do like people, and want to be with them but struggle to manage with the anxiety symptoms when around them.

About your gender identity

You were born female, but you are unsure of your gender identity: it has been on your mind for a few years, but you don't think you are gay or bisexual.

You feel that perhaps you are male, but your sisters and mum are really feminine, and you aren't sure if it is just because you aren't like them. You are unsure if you are comfortable with your body, and you have bought a chest binder online to see if you can flatten your breasts. You haven't worn it yet.

This year, you have had one brief relationship with a boy called Max that lasted a few weeks, and you kissed him twice, but it didn't '*feel right*'. You were not '*in love*' with him, and do not think that breaking up with him has anything to do with the way you feel. But since then you have been confused and anxious, and have found that retreating from everyone is easier than having to feel so unsure and anxious around others. You have read a lot on the web, and wonder if you might be '*transgender*'. You are looking for help to understand your anxiety, and questions about your gender identity.

You have no desire at this point to have hormone or surgical treatment to transition from female to male. You have read about it online on a few sites that are about being transgender, but you definitely are not considering that yet.

You haven't harmed your body in any way to change its shape or size or to look more masculine.

You have cut your hair short, you prefer clothes from the male section of the shop, and mostly like t-shirts, jumpers and jeans.

If asked:

- You don't have a partner, you are unsure if you like males or females but think perhaps both.
- You don't hate your body as such, but you are '*really uncomfortable in your own skin*', and in particular you find wearing a bra distressing.
- You don't feel anxious about other things like heights, spiders, small spaces, etc.
- You have had periods of low mood but no self-harm – you have thought of cutting when you are alone at night in your room, and worried about school the next day, but you haven't actually hurt yourself.
- You haven't contemplated suicide.
- You have never been physically or sexually abused or assaulted.
- You don't hear or see things that other people can't (auditory or visual hallucinations) or have strange thoughts about being watched, followed or people trying to harm you, or thinking there is something very special about you.
- You haven't used drugs.
- You don't drink alcohol.
- You have no medical conditions.

Your history

In primary school you had a good group of friends, mostly boys, and enjoyed playing sport. You were in competitive softball and swimming, and did well in both sports. Many of your friends have been boys, and your best friend, David, has been your friend since you were 8 years of age. You preferred male clothing, and often resisted wearing a dress although you agreed to do so at school. The fact that you wore the same uniform as your sisters was helpful in accepting this.

You were not invited to play with many girls, and this did not worry you much. You were happy at home playing with Lego, and you would build scenes and compare them to the ones that David made. You enjoyed playing Minecraft, and your parents would at times let you play online and dial in with other friends, Matt and Jason. This was a past time for some years, and Minecraft was a central interest of yours. The other girls at school were not very interested in your interests, and at school you kept to yourself unless you were playing sport. You had always exceeded academically, and you were keen to go to university and study. You were very good at maths and science subjects, and you were interested in astronomy.

Shortly after the time your anxiety first started, David also talked about moving to an all-boys school some distance away for his final years in high school. You had not really pictured things changing when you were in Year 6, and were not aware that David might move to another school. This school was further away, and that meant that you would not be able to see him at all after school. Matt and Jason also went to that school, and you were acutely aware that as an all-boys school that you could not go.

In Year 9, David moved away to go to a boarding school and you asked your parents to move you to a co-ed school as you didn't enjoy being around all girls. You had few female friends by that point, and spent most of your time either with David, and his brother in the school holidays or at home alone. You liked gaming, astronomy and a science vlogger on YouTube by this point.

You asked to go to a school where you could do '*boys subjects*', and wear a sports uniform instead of a summer dress. Your parents sat down and spoke to you, and asked if you were gay, you felt confused and you said 'no', that you just wanted to go to a co-ed school. They found one and you were keen to attend. Some of the kids were friendly, and you had a small group of friends and academically did well.

However, you became more nervous around others, withdrew from social events with female friends including parties, birthdays and sleepovers. People at school began to call you 'dyke', and you found in Year 10 and 11 that people were calling you '*Markey*' instead of Marley, saying you were a '*boy-girl*' when you got your hair cut very short. You began to avoid catching the school bus with others early in Year 12, telling your parents that you were leaving early to study. You would experience anxiety about meeting people from school, so you began to walk the long way each day.

Family history of mental illness

No one in your family has mental illnesses other than your maternal aunt, Jodie, who has had depression for 10 years, and your mother who had 'anxiety' diagnosed by a psychologist 5 years ago, and then went to 'therapy' and got better. You don't know any other details.

4.2 How to play the role:

You are dressed in male-type casual clothing, no makeup, no nail polish and no jewellery. You make some eye contact, and appearing somewhat shy and reserved in your manner but overall you are happy to talk even though you appear a bit embarrassed. You may slightly fidget with sleeves or hands at the start of the interview.

You become calmer if / when the candidate identifies your questions about transgender. If the candidate asks you about boyfriends and heterosexual relationships you look uncomfortable. If the candidate is generally caring and empathic, look more relaxed.

4.3 Opening statement:

'Hello doctor, I think I need help with how I am feeling.'

4.4 What to expect from the candidate:

The candidate should, in a caring way, raise the concerns from the referral letter, and ask about your worries and panic at school. They should respond empathically and talk about social anxiety. They may want to explore your 'failed' relationship with a boy but insist that it was not significant, and only lasted 2 weeks.

From the prompts in the letter and their history taking from you, they should be able to identify that transgender / gender dysphoria is a topic they should explore as well as the anxiety you are experiencing. It should be done gently, and overall use this to describe why your anxiety around others is increasing.

They should be comfortable talking about what transgender is, how it presents and how it may be different from the gender people are born as.

4.5 Responses you MUST make:

'So do I have a nervous disease?'

'Why are my classmates so weird to me?'

'Do you think I'm transgender or is there another name for me not being sure?'

'Is there treatment for how anxious I feel?'

4.6 Responses you MIGHT make: (Additional statements that may assist the candidate)

If the candidate asks whether you think you are gay.

Scripted Response: ***'I don't know if I am gay.'***

If the candidate asks what you think your sexual / gender identity is.

Scripted Response: ***'I'm not really sure if I am a boy or girl.'***

4.7 Medication and dosage that you need to remember:

You do not take any medication, you are medically well.

STATION 3 – MARKING DOMAINS

The main assessment aims are to:

- Demonstrate how to diagnose a social anxiety disorder in an adolescent.
- Empathically explore gender identity questions and concerns with an adolescent including acknowledging stigma.
- Show awareness of a range of gender identity descriptors and their definitions.
- Provide a treatment plan for social anxiety and gender dysphoria, and convey this to a patient.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct an assessment of the patient? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

clearly achieves the standard overall with a superior performance in a number of areas; competent overall management of the interview; superior technical competence in eliciting information.

Achieves the Standard by:

managing the interview environment with Marley despite her anxiety; integrating generalist and sub-specialist assessment skills including discussion of gender identity; engaging the patient and demonstrating flexibility to adapt the interview style to the patient, problem or special needs; being sensitive towards the patient; not using an interrogative or aggressive style; prioritising information to be gathered; using techniques that enable exploration of both anxiety and gender identity features; balancing open and closed questions appropriately; summarising; being attuned to patient disclosures, including non-verbal communication; recognising emotional significance of the patient's material in particular friendships and identity.

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

- Explore Marley's gender identity 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):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; significant deficiencies such that the errors or omissions do materially adversely affect assessment process.

Does Not Address the Task of This Domain (scores 0).

1.1. Category: ASSESSMENT – Data Gathering Process	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

5.0 HEALTH ADVOCATE

5.2 Did the candidate appropriately seek to address stigma? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

recognises the stigma attached to gender dysphoria / transgenderism, and the impact that this has on the patient and their engagement in treatment; addresses the stigma by supporting the patient in their history giving, and helping the patient understand the spectrum of gender.

Achieves the Standard by:

demonstrating the capacity to identify the stigma of mental illness on patients, families and carers; applying principles of early intervention to clinical practice.

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

- Acknowledge the distress she is experiencing as a consequence of the behaviour of her peers.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; does not actively seek to address stigma.

Does Not Address the Task of This Domain (scores 0).

5.2. Category: ADDRESSING STIGMA	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.0 MEDICAL EXPERT

1.9 Did candidate formulate and describe both anxiety and gender identity disorder in Marley’s assessment? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

demonstrates a superior performance; identifies her anxiety as social anxiety and correctly identifies her gender dysphoria by using both descriptors in the discussion with Marley; has ability to incorporate the limitations of diagnostic classification systems to guide assessment.

Achieves the Standard by:

demonstrating capacity to integrate available information in order to formulate a diagnosis / differential diagnosis; utilising a biopsychosocial approach which includes family and friendship history; considering option of generalised anxiety rather than social anxiety, but including gender dysphoria; demonstrating detailed understanding of diagnostic systems to provide justification for diagnosis and differential diagnosis; communicating opinion in language that is understood by the patient.

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

- a. Include both social anxiety and gender dysphoria in their discussion with Marley.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions are significant and do materially adversely affect conclusions.

Does Not Address the Task of This Domain (scores 0).

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

6.0 SCHOLAR

6.6 Did the candidate explain the relevant terminology correctly according to current evidence and critical understanding? (Proportionate value – 10%)

Surpasses the Standard (scores 5) if:

demonstrates a superior performance linking relevant terminology with the clinical presentation; provides explanations relevant to the scenario.

Achieves the Standard by:

accurately interpreting the clinical terminology relevant to anxiety; incorporating accurate explanations of terms relevant to the area of gender identity - any errors minor and do not materially adversely affect explanations; recognising the more significant terms to follow up on; not overwhelming the patient with irrelevant material.

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

- a. Accurately describe the meaning of the term transgender.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; provides inaccurate interpretation of terminology; errors or omissions are significant and do materially adversely affect conclusions.

Does Not Address the Task of This Domain (scores 0).

6.6. Category: MEDICAL TERMINOLOGY	Surpasses Standard	Achieves Standard			Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

2.0 COMMUNICATOR

2.6 Did the candidate adequately engage the patient in developing a relevant initial management plan? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

discusses the link between the plan and key issues identified in a sophisticated manner; comprehensively applies the principles of working closely with patient, and demonstrates the importance of ensuring respectful and open communication; sensitively explores any difficulties raised regarding the application of the recommended plan.

Achieves the Standard by:

offering clear and appropriate options for social anxiety and gender identity issues that are based on best available evidence; explaining treatment for social anxiety including both psychological and medication-based treatments; negotiating suitable treatment environments; checking on the level of understanding and acceptance; working through potential conflict or resistance; outlining significant others relevant to implementing a successful plan.

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

a. Discuss psychological treatments for social anxiety OR offer to include her family in the management plan.

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

Below the Standard (scores 2):

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

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality; errors or omissions will impact adversely on patient care.

Does Not Address the Task of This Domain (scores 0).

2.6. Category: TREATMENT PLANNING - Engagement	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the level of a junior consultant psychiatrist?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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