THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

SAMPLE 1

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

INTRODUCTION

The Certification Examination of The College of Family Physicians of Canada is designed to evaluate the diverse knowledge, attitudes, and skills required by practising family physicians (FPs). The evaluation is guided by the four principles of family medicine. The Short-Answer Management Problems (SAMPs), the written component, are designed to test medical knowledge and problem-solving skills. The Simulated Office Orals (SOOs), the oral component, evaluate candidates' abilities to establish effective relationships with their patients by using active communication skills. The emphasis is not on testing the ability to make a medical diagnosis and then treat it. Together, the two instruments evaluate a balanced sample of the clinical content of family medicine.

The College believes that FPs who use a patient-centred approach meet patients' needs more effectively. The SOOs marking scheme reflects this belief. The marking scheme is based on the patient-centred clinical method, developed by the Centre for Studies in Family Medicine at the University of Western Ontario. The essential principle of the patient-centred clinical method is the integration of the traditional disease-oriented approach (whereby an understanding of the patient's condition is gained through pathophysiology, clinical presentation, history-taking, diagnosis, and treatment) with an appreciation of the illness, or what the disease means to the patients in terms of emotional response, their understanding of the disease, and how it affects their lives. Integrating an understanding of the disease and the illness in interviewing, problem-solving, and management is fundamental to the patient-centred approach. This approach is most effective when both the physician and the patient understand and acknowledge the disease and the illness.

In the SOOs, candidates are expected to explore patients' feelings, ideas, and expectations about their situation, and to identify the effect of these on function. Further, candidates are scored on their willingness and ability to involve the patient in the development of a management plan.

The five SOOs are selected to represent a variety of clinical situations in which communication skills are particularly important in understanding patients and assisting them with their problems.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

The goal of this simulated office oral examination is to test the candidate's ability to deal with a patient who has:

1. **a flare-up of rheumatoid arthritis;**

2. **hypertension.**

The patient's feelings, ideas, and expectations, as well as an acceptable approach to management, are detailed in the case description and the marking scheme.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

INSTRUCTIONS TO THE CANDIDATE

1. FORMAT

This is a simulated office situation, in which a physician will play the part of the patient. There will be one or more presenting problems, and you are expected to progress from there. You should not do a physical examination at this visit.

2. SCORING

You will be scored by the patient/examiner, according to specific criteria established for this case. We advise you not to try to elicit from the examiner information about your marks or performance, and not to speak to him or her "out of role".

3. TIMING

A total of 15 minutes is allowed for the examination. The role-playing physician is responsible for timing the examination. At 12 minutes, the examiner will inform you that you have three minutes remaining. During the final three minutes, you are expected to conclude your discussion with the patient/examiner.

At 15 minutes, the examiner will signal the end of the examination. You are expected to stop immediately, and to leave any notes with the examiner.

4. THE PATIENT

You are about to meet Ms. **ANN BROWN**, age 56, who is new to your practice.

SPECIAL NOTE

Because the process of problem identification and problem management plays an important part in the score, it is in the best interest of all candidates that they not discuss the case among themselves.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **ANN BROWN**, age 56, a dog breeder and groomer who is suffering from a flare-up of rheumatoid arthritis (RA). Your mother, **MARY BROWN**, is concerned about you. She suggested you visit the candidate because your own family physician (FP), **Dr. MARCUS**, retired a year ago.

You also need to speak to the candidate about your hypertension.

HISTORY OF THE PROBLEM

Rheumatoid arthritis flare-up

Current episode: The recent RA flare-up—your third—began six months ago and has been even worse over the past two months. You have severe pain and stiffness in your hands, wrists, and shoulders. Proximal joints in your fingers are mostly involved, today they are only minimally swollen. Getting out of bed in the morning is difficult, as is opening jars and cans.

Even worse, you are unable to work or even to walk your pet collie, **SOLEIL**. You enjoy your work grooming dogs and breeding rough collies, but you cannot hold the brushes, combs, and other tools. You are also increasingly fatigued. Your elderly mother has held the business together by taking over the grooming and kennelling, but she has had to cut back the hours of work.

Initially you tried to avoid asking for medical help by taking acetaminophen (Tylenol) and Tylenol with codeine for one month, with no relief—and the codeine caused constipation. Then you started ibuprofen (Advil), two tablets, three times a day. You have taken the Advil fairly regularly over the past five months, but it really is not helping at all.

You are feeling unwell and weak. You have less appetite. This is further compounded by the pain and stiffness in your joints, which is making preparing meals difficult. You have therefore lost about 2 kg (5 lb.) over the past two months.

You are not depressed, but you are upset that you are unable to look after yourself. You have not been enjoying any aspects of life in the past two months.

You have no extra-articular signs such as eye signs, rash, nodules and fever. You have no deformed joints. You have never seen a physiotherapist or an occupational therapist or worn splints.

Previous episodes: Your RA was diagnosed 10 years ago. Your FP provided treatment with Tylenol and anti-inflammatories, and the RA went into remission. You were taking no disease-modifying medications.

Unfortunately, five years ago you had a flare-up and it did not settle as it did the first time. Dr. Marcus had to send you to **Dr. JONES**, a rheumatologist. Dr. Jones prescribed oral methotrexate. Initially it worked, but you ended up in your small-town hospital for two weeks because of lung issues. You were told that the methotrexate caused your persistent dry, non-productive cough and severe shortness of breath. A chest X-ray examination showed some inflammation in the lungs ("methotrexate lung"). You were lucky to have only a mild case, and you recovered when you stopped taking the methotrexate. Eventually your arthritis went into remission again.

Hypertension

The other medical condition you want the candidate to address is your high blood pressure (BP), which Dr. Marcus diagnosed five years ago when you saw him for RA management. Your BP has not been checked regularly since Dr. Marcus retired. In addition, your one-year prescription for hydrochlorothiazide and triamterene (Dyazide) is about to run out. You take it every day, and you want the prescription renewed.

You are also concerned that your high BP could cause health problems. Both your parents have hypertension. Your dad has had a heart attack, and your mother was diagnosed with kidney failure three months ago. She was told she may need dialysis, depending on what the kidney specialist says. This was a wake-up call and you began to check your BP with her new monitor and at the local pharmacy. The readings have averaged 155/95 mm Hg. You know this is too high. (If the candidate suggests that your high readings coincide with your increased Advil intake, you agree.) You are worried that your kidneys will fail like your mom's, or that your hypertension will lead to heart problems like your dad's.

Like most people with hypertension, you are asymptomatic. You know of no current complications of your high BP. You have no headaches or other symptoms that can be related to hypertension. You have seen an eye doctor in the past year and have no evidence of hypertensive changes.

Your last investigations including blood tests or urine tests were one year ago (all normal).

MEDICAL HISTORY

Your RA was diagnosed 10 years ago, and your hypertension five years ago.

You were hospitalized five years ago because of RA and methotrexate lung.
Your only other hospitalizations have been for the births of your two daughters.

Gynecological history

G_2 P_2 A_0 . You went through menopause at 51 years of age. At your last visit with Dr. Marcus, you underwent a pap test and breast exam. Your last screening mammography was 18 months ago.

MEDICATIONS

Dyazide, once a day, regularly.
Ibuprofen (Advil), 400 mg, three times a day.
No other over-the-counter medications, herbal medications, or homeopathic remedies.

LABORATORY RESULTS

None recently.

ALLERGIES

None known.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco:	You quit smoking 10 years ago, after smoking two packs a day for 35 years.
Alcohol:	You drink two to three glasses of red wine a week.
Caffeine:	You drink one cup of coffee in the morning.
Illicit drugs:	You do not use recreational drugs.

Diet: You have not followed a specific diet, such as the Dietary Approaches to Stop Hypertension (DASH) diet, since your hypertension was diagnosed. You use less salt sometimes, but your diet has been worse than usual lately, your arthritis has made eating difficult and your appetite has decreased.

Exercise and Recreation: You are unable to exercise because of your fatigue.

FAMILY HISTORY

Your mother is 76 and had hypertension for years before her renal failure was diagnosed three months ago.

Your father, **LUKE BROWN**, is a semi-retired, 76-year-old music teacher and farmer. He has hypothyroidism as well as hypertension. His heart attack occurred two years ago.

You have no siblings.

Your two adult daughters are well.

You have no family history of RA. There also is no family history of stroke, diabetes, elevated cholesterol, or other significant medical conditions.

PERSONAL HISTORY

General

You were born, raised, and still live in a small town outside this city. You have always had a good relationship with your parents. You live in a house on the farm where your parents also have a home. Your kennel is adjacent to your house.

First marriage

You met your first husband, **JOHN BLACK**, when you were 20 and he worked in town. You became pregnant and got married because “that was what you did in those days”. Your first daughter, **JANE BLACK**, was born shortly after. You had your second daughter, **SUE BLACK**, when you were 22. Around that time, John became distant and you discovered he had alcoholism. You threw him out, as he would not seek help. He was never a mean drunk and you were never abused. You do not know his whereabouts now.

Second marriage

You met **MARK GREEN** shortly after your first marriage ended. He was a firefighter in town, "a real looker" and about the same age as you. You married when you were 24 and did not have any children with him.

You looked after Mark's every need because he seemed very nice and a better choice than your first husband. When you developed RA, however, he had trouble dealing with it. He has always been healthy, as were you up until that point.
Just before your most recent RA flare-up worsened two months ago, he left you for a younger woman. You are actually relieved it is all over. He moved into town and left you the house.

You are comfortable living on your own. You are not interested in any new relationships.

Daughters

Jane is 36 and lives and works as a teacher in the same small town where you live. She is married and has a six-year-old daughter.

Sue is 34 and single. She works in a grocery store in town.

EDUCATION AND WORK HISTORY

You completed grade 12 at the small school in town. You helped out on your parents' farm and did various part-time jobs in town. Your two loves were writing and dogs, and you enjoyed writing for the town newspaper for 10 years, until the paper ceased publishing 10 years ago. You continued to help out on the farm.

Four years ago, you started grooming and kennelling dogs and breeding rough collies. You became busier as your "hobby" grew, and it became your livelihood when your husband left two months ago.

FINANCES

Currently you have no financial concerns, but you are awaiting the finalization of your separation agreement. Your grooming and kennelling business is your only source of income. Your financial independence is contingent upon your ability to get back to work.

Your parents are willing to help out, but they do not have a large financial reserve.

You are too proud to ask for social assistance.

Currently you have medical coverage, and your medication costs are covered by Mark's plan.

SOCIAL SUPPORTS

Your main supports are your parents. Your mother is a strong woman, despite her medical conditions. You feel bad because you think you should be helping your parents, rather than relying on them for help.

Your daughters are supportive but are busy with their own lives. They cannot help you physically or financially. You also would prefer not to be a burden to them.

You have a few friends in the community, but no one on whom you want to depend or with whom you wish to share intimate details of your life.

You have a number of friends who are fellow breeders, whom you see at shows. Most of them live in other cities, and your relationship is based on a shared interest.

RELIGION

You are a non-practising Protestant who believes in God. You do not think your illness is a punishment from God.

EXPECTATIONS

You know you need help for your RA flare-up and you would like the candidate to manage your pain so that you can become more active and able to look after yourself and your business. You want medication that alleviates pain but doesn't cause side effects.

You hope the candidate will set up a plan to manage your hypertension and monitor you for any ill effects.

ACTING INSTRUCTIONS

You are dressed casually in loose clothing - whatever is easiest for you to get on during your RA flare-up. You appear tired and in pain. You may rub your wrists and hands.

Your first major problem is the RA. You feel a bit embarrassed that you did not seek help sooner, and you do not want the doctor to judge you. However, you do not ask for help easily. In addition, you **FEEL** upset that you are in so much pain and cannot work. Your **IDEA** is that the arthritis is preventing you from working and living "normally". It will have to improve in order for you to do so. In terms of **FUNCTION**, you are unable to look after yourself or work because of the arthritis. When asked about medications and effects, you readily mention effects and side effects. Life is not good. You **EXPECT** that the FP will manage your arthritis and pain. You also hope that he or she can help you get back to work grooming and kennelling dogs.

Your second problem is your hypertension. You know you have not taken your high BP seriously in the past. You began to take it more seriously when your mother's kidney failure was diagnosed three months ago. Your **FEELINGS** are concern and worry about your BP and its effect on your health. Your **IDEA** is that you could end up with kidney failure like your mother's if your hypertension is not managed properly. In addition, the hypertension could have other ill effects on your health. Currently it has had no negative effects or impact on your **FUNCTION**. You **EXPECT** the FP to help you manage your hypertension by setting out a plan and arranging regular follow-up care. You do not want the doctor to lecture you about neglecting your BP.

If the candidate focuses on the marriage breakdown you should direct the candidate away from it with the statement "While you are disappointed over the marriage breakdown, you are actually relieved it is over".

CAST OF CHARACTERS

The candidate is unlikely to ask for other characters' names. If he or she does, make them up.

ANN BROWN:	The patient, age 56, a dog groomer with RA and hypertension.
LUKE BROWN:	Ann's father, age 76, a semi-retired music teacher and farmer with hypertension and heart problems.
MARY BROWN:	Ann's mother, age 76, a semi-retired dog groomer who has hypertension and renal failure.
JOHN BLACK:	Ann's first husband, who had alcoholism.
MARK GREEN:	Ann's second husband, who left her two months ago after 32 years of marriage.
JANE BLACK:	Ann and John's daughter, age 36, a married teacher who has a six-year-old daughter.
SUE BLACK:	Ann and John's daughter, age 34, who works in a local grocery store.
Dr. MARCUS:	Ann's former FP, who retired a year ago.
Dr. JONES:	Ann's rheumatologist five years ago.
SOLEIL:	Ann's pet collie.

TIMELINE

Today:	Appointment with the candidate.
2 months ago:	Unable to work because of the RA; mother took over the grooming and kennelling business; Mark left.
3 months ago:	Mother's kidney failure was diagnosed.
5 months ago:	Started taking Advil, 400 mg, three times a day.
6 months ago:	Arthritis flare-up started; tried Tylenol and Tylenol with codeine.
2 years ago, age 54:	Father had a heart attack.
4 years ago, age 52:	Started dog grooming and kennelling as a hobby.
5 years ago, age 51:	Hypertension diagnosed; admitted to hospital because of "methotrexate lung".
10 years ago, age 46:	RA diagnosed; newspaper for which you wrote ceased publication.
20 years ago, age 36:	Began writing for the local newspaper.
32 years ago, age 24:	Married Mark Green.
34 years ago, age 22:	Sue born; kicked John out because of his alcoholism.
36 years ago, age 20:	Married John Black; Jane born.
56 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I am afraid my arthritis is flaring up."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the hypertension, the following prompt must be said: **"Doctor, my blood pressure has been high lately."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the rheumatoid arthritis, the following prompt must be said: **"What can be done for my arthritis?"** *(It is unlikely that this prompt will be necessary.)*
3 MINUTES REMAINING:	**"You have THREE minutes left."** *(This verbal prompt **AND** a visual prompt **MUST** be given to the candidate.)*
0 MINUTES REMAINING:	**"Your time is up."**

*To avoid interfering with the flow of the interview, remember that the 10- and seven-minute prompts are optional. They should be offered only if necessary to provide clues to the second problem or to help the candidate with management. In addition, to avoid interrupting the candidate in mid-sentence or disrupting his or her reasoning process, delaying the delivery of these prompts momentarily is perfectly acceptable.

NOTE: If you have followed the prompts indicated on the interview flow sheet, there should be no need to prompt the candidate further during the last three minutes of the interview. During this portion of the interview, you may only clarify points by answering direct questions, and you should not volunteer new information. You should allow the candidate to conclude the interview during this time.

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MARKING SCHEME

NOTE: To cover a particular area, the candidate must address **AT LEAST 50%** of the bullet points listed under each numbered point in the **LEFT-HAND** box on the marking scheme.

Distinguishing a "Certificant" from a "Superior Certificant": Exploration of the Illness Experience

While it is critical that a certificant gather information about the illness experience to gain a better understanding of the patient and his or her problem, superior performance is not simply a matter of whether a candidate has obtained all of the information. A superior candidate **actively explores** the illness experience to arrive at an-in-depth understanding of it. This is achieved through the purposeful use of communication skills; verbal and non-verbal techniques, including both effective questioning and active listening. The material below is adapted from the CFPC's document describing evaluation objectives for certification (1) and is intended to act as a further guide to assist evaluators in determining whether a candidate's communication skills reflect superior, certificant, or non-certificant performance.

Listening Skills • Uses both general and active listening skills to facilitate communication **Sample Behaviours** • Allows the time for appropriate silences • Feeds back to the patient what he or she thinks he or she has understood from the patient • Responds to cues (doesn't carry on questioning without acknowledging when the patient reveals major life or situation changes, such as "I just lost my mother") • Clarifies jargon used by the patient	**Language Skills** **Verbal** • Adequate to be understood by the patient • Able to converse at an appropriate level for the patient's age and educational level • Appropriate tone for the situation - to ensure good communication and patient comfort **Sample Behaviours** • Asks open- and closed-ended questions appropriately • Checks back with the patient to ensure understanding (e.g., "Am I understanding you correctly?") • Facilitates the patients' story (e.g., "Can you clarify that for me?") • Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects) • Clarifies how the patient would like to be addressed
Non-verbal Skills **Expressive** • Conscious of the impact of body language on communication and adjusts appropriately **Sample Behaviours** • Eye contact is appropriate for the culture and comfort of the patient • Is focused on the conversation • Adjusts demeanour to be appropriate to the patient's context • Physical contact is appropriate to the patient's comfort **Receptive** • Aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction/anger/guilt) **Sample Behaviours** • Responds appropriately to the patient's discomfort (shows appropriate empathy for the patient) • Verbally checks the significance of body language/actions/behaviour. (e.g., "You seem nervous/upset/uncertain/in pain.")	**Cultural and Age Appropriateness** • Adapts communication to the individual patient for reasons such as culture, age and disability **Sample Behaviours** • Adapts the communication style to the patient's disability (e.g., writes for deaf patients) • Speaks at a volume appropriate for the patient's hearing • Identifies and adapts his or her manner to the patient according to his or her culture • Uses appropriate words for children and teens (e.g., "pee" versus " void")
	Prepared by: K. J. Lawrence, L. Graves, S. MacDonald, D. Dalton, R. Tatham, G. Blais, A. Torsein, V. Robichaud for the Committee on Examinations in Family Medicine, College of Family Physicians of Canada, February 26, 2010.

Allen T, Bethune C, Brailovsky C, Crichton T, Donoff M, Laughlin T, Lawrence K, Wetmore S.

(1) Defining competence in family medicine for the purposes of certification by The College of Family Physicians of Canada: the evaluation objectives in family medicine; 2011 – [cited 2011 Feb 7}. Available from: *http://www.cfpc.ca/uploadedFiles/Education/Definition%20of%20Competence%20Complete%20Document%20with%20skills%20and%20phases%20Jan%202011.pdf*

1. IDENTIFICATION: RHEUMATOID ARTHRITIS FLARE-UP

<table>
<tr><th>Rheumatoid arthritis flare-up</th><th>Illness Experience</th></tr>
<tr><td>
<u>Areas to be covered include:</u>

1. current symptoms:
Pain in wrists, hands, and shoulders.
Morning stiffness.
Worsened two months ago.
Has lost 2kg (5lb.) in the past two months.
Fatigue.
2. history of arthritis:
Started 10 years ago.
Has had three flare-ups.
No family history of RA.
Saw a rheumatologist five years ago.
3. past treatment:
Tylenol not effective.
Ibuprofen does not help much.
Codeine caused constipation.
Methotrexate caused lung issues.
No other medications tried.
4. no extra-articular signs or symptoms (i.e., eye signs, rash, nodules, and fever).
</td><td>
<u>Feelings</u>
Frustration.
<u>Ideas</u>
Arthritis is preventing her from living her life fully, and it could get worse.
<u>Effect/Impact on Function</u>
She is unable to work as a groomer because she has difficulty holding brushes and combs.
She also has trouble with other activities of daily living, such as opening jars.
<u>Expectations for this visit</u>
The FP will manage the arthritis and decrease her pain. He or she will provide medication that is free of side effects.
A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing the illness experience of this patient.
</td></tr>
</table>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, and 3.	Inquires about the illness experience to arrive at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

2. IDENTIFICATION: HYPERTENSION

<table>
<tr><th>Hypertension</th><th>Illness Experience</th></tr>
<tr><td>
<u>Areas to be covered include:</u>

1. history of hypertension:
• Diagnosed five years ago.
• Takes Dyazide regularly.
• Has checked her own BP.
• Recent increase in BP.
• Has not seen a physician in almost a year.

2. family history:
• Hypertension.
• Myocardial infarction.
• None of stroke.
• Mother has chronic renal failure.

3. lifestyle factors:
• Former smoker.
• Drinks two to three glasses of red wine a week.
• No use of illicit drugs.
• Caffeinated beverages – one a day.

4. risk factors for end-organ damage:
• No specific diet.
• Unable to exercise.
• No known diabetes.
• No known elevated cholesterol.
</td><td>
<u>Feelings</u>

• Worry.

<u>Ideas</u>

• She could end up with kidney failure like her mother if her hypertension is not treated and managed properly.

<u>Effect/Impact on Function</u>

• None.

<u>Expectations for this visit</u>

• The FP will help her manage and treat her high BP.

A satisfactory understanding of all components (Feelings, Ideas, and Expectations) is important in assessing the illness experience of this patient.
</td></tr>
</table>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, and 3.	Inquires about the illness experience to arrive at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

3. SOCIAL AND DEVELOPMENTAL CONTEXT

<table>
<tr><th>Context Identification</th><th>Context Integration</th></tr>
<tr><td>
<u>Areas to be covered include:</u>

1. family/home situation:
• Lives alone.
• Separated.
• Second marriage.
• No siblings.

2. supports:
• Mother has been running her business.
• Two daughters in the same town.
• Has a few close friends.
• Financial support from husband not finalized yet.

3. career/life cycle issues:
• Has lived in the same small town all her life.
• Dog grooming is now her livelihood.
• Ability to work is jeopardized by her RA.

4. no disability insurance due to self-employment.
</td><td>
Context integration measures the candidate’s ability to:

• integrate issues pertaining to the patient’s family, social structure, and personal development with the illness experience;

• reflect observations and insights back to the patient in a clear and empathetic way.

This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.

The following is the type of statement that a Superior Certificant may make:
“You have been faced with some real challenges. Your arthritis is worsening and taking away your freedom, and your mother’s illness has focused you on your own high blood pressure. As a self-employed person, you are facing serious financial challenges.”
</td></tr>
</table>

Superior Certificant	Covers points 1, 2, 3, and 4.	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathically reflects observations and insights back to the patient.
Certificant	Covers points 1, 2, and 3.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience, or cuts the patient off.

4. MANAGEMENT: RHEUMATOID ARTHRITIS FLARE-UP

Plan	Finding Common Ground
1. Arrange an examination of the involved joints. **2. Arrange investigations to establish the severity of the disease (e.g., erythrocyte sedimentation rate and/ or C-reactive protein testing/ X-ray examination of the involved joints).** **3. Discuss pharmacological treatment (e.g., an analgesic for pain and disease-modifying agents).** **4. Discuss non-pharmacological treatments (e.g., exercise/physiotherapy, referral/occupational therapy).** **5. Indicate other investigations to assess other RA-associated conditions (e.g., eye, skin, and lung examinations).**	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

Superior Certificant	Covers points 1, 2, 3, 4, and 5.	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks her feedback about it. Encourages the patient's full participation in decision-making.
Certificant	Covers points 1, 2, 3, and 4 **OR** 5.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does not cover points 1, 2, 3, and 4 **OR** 5.	Does not involve the patient in the development of a plan.

5. MANAGEMENT: HYPERTENSION

Plan	Finding Common Ground
1. Agree to continue treatment for high BP. **2. Discuss possible links between nonsteroidal anti-inflammatory drug use and recent increasing BP.** **3. Arrange a complete physical exam.** **4. Discuss non-pharmacological treatment (e.g., dietary measures such as the DASH diet and no added salt, avoiding alcohol, exercising, and weight loss).**	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks her feedback about it. Encourages the patient's full participation in decision-making.
Certificant	Covers points 1, 2, and 3.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does not cover points 1, 2 and 3.	Does not involve the patient in the development of a plan.

6. INTERVIEW PROCESS AND ORGANIZATION

The other scoring components address particular aspects of the interview. However, evaluating the interview as a whole is also important. The entire encounter should have a sense of structure and timing, and the candidate should always take a patient-centred approach.

The following are important techniques or qualities applicable to the entire interview:

1. Good direction, with a sense of order and structure.

2. A conversational rather than interrogative tone.

3. Flexibility and good integration of all interview components; the interview should not be piecemeal or choppy.

4. Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.

Superior Certificant	Demonstrates advanced ability in conducting an integrated interview with clear evidence of a beginning, middle, and an end. Promotes conversation and discussion by remaining flexible and by keeping the interview flowing and balanced. Very efficient use of time, with effective prioritization.
Certificant	Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently.
Non-certificant	Demonstrates limited or insufficient ability to conduct an integrated interview. Interview frequently lacks direction or structure. May be inflexible and/or overly rigid with an overly interrogative tone. Uses time ineffectively.