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 12

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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SIMULATED OFFICE ORAL

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

RATIONALE

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

1. **suffering from chronic obstructive pulmonary disease, COPD;**

2. **being financially abused by her daughter.**

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.

SIMULATED OFFICE ORAL

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**. IRENE BOUCHARD**, age 55, 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

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **IRENE BOUCHARD**, a 55-year-old woman, who has been working as a housekeeper for your entire adult life. You are visiting the physician today because you are getting more short of breath when you work and when you climb stairs. This is your first visit to a family physician in many years.

HISTORY OF THE PROBLEM

Shortness of breath (COPD)

You currently work as a housekeeper in other people's homes. Every week you visit five or six different residences, where you do the cleaning and the laundry. Your work is physical. It involves scrubbing, vacuuming, carrying laundry baskets, and ironing. Most of the houses you visit have stairs. Gradually, over the past two years, you have found that you get short of breath when you climb stairs or when you exert yourself. It seems to be getting worse. Two weeks ago, Ms. Lalonde, one of your employers, noticed that you had to stop half way up the staircase to catch your breath. She asked you if you had seen a doctor recently. When you said you had not, she offered to make this appointment for you. Ms. Lalonde has been one of your regular employers for the past 10 years. She has "always been kind".

It is the first time you have seen a family physician by appointment in over five years. You really haven't had time to look after yourself. Most days are spent running from one house to another. If you take a day off, it means no income that day, and you really do need to work regularly to make ends meet. The last time you went to a walk-in clinic was for a "bad cold" with a fever. This was about eight months ago ("e.g., last fall"). The doctor gave you antibiotics and suggested that you stop smoking. The cold got better, and you did try to cut down on your smoking. You were smoking 1 1/2 packs per day at that time, and you now smoke about 10 to 15 per day. It is a rare employer who lets you smoke in the house these days. This has contributed to your decrease in smoking.

You would say that you used to get the same number of colds as other people, "maybe four or five a year". In the past year or two they seem to be getting worse.

You bring up more phlegm and the cough lingers on longer. The one you had eight months ago was particularly bad because you had a fever and you were bringing up a lot of yellow phlegm.

The shortness of breath has been creeping up on you. At first you felt that it was normal to be a bit winded as you get older, but now you recognize that you are more winded than most people your age. On the other hand, you only cough when you first wake up, and this pattern has not changed. You usually cough up a bit of yellow phlegm in the morning, but it is not a large quantity. You have no blood in your sputum, no fever, and no weight loss. You sleep well at night with one pillow and without waking up short of breath. You are not short of breath when walking on flat surfaces, unless you try to run or walk quickly (running for a bus).

You have never had asthma as a child or as an adult, and you do not hear yourself wheezing. You have no chest pain at rest or with effort. You do not feel your heart race or beat irregularly. You had a symptom-free menopause five years ago and have had no vaginal bleeding since then. You have noticed no blood in your stool or urine, and you have not been told that you are pale.

You do worry that there may be something wrong with your lungs. All kinds of ideas go through your head. “I have always been a hard worker. Maybe I am just getting tired out.” “Maybe the smoking is catching up with me.” “Could this be cancer?” The decline has been gradual, though. You have noticed that you have slowly been getting more short of breath.

You expect the physician to tell you to stop smoking. You are not sure that you can, especially “right now when you are so stressed”. (This could be a clue to the second problem.)

Abuse by daughter

When you were 18 years old, you had a boyfriend named Jimmy. To make a long story short, you got pregnant and Jimmy disappeared. Your parents were not at all pleased, but they let you stay at home until your daughter, **ISABELLE**, was born. You then left home and found a small apartment where you raised Isabelle on your own, with some help from your parents. At first you were on welfare, but when Isabelle was old enough to go to school, you started to go out to people’s homes to do some cleaning and to get some extra money. For a while this was done “under the table”, but after a few years you were earning enough money that you were able to get off welfare. This has been your employment on a steady basis since you were 28 and Isabelle was 10.

Isabelle was always a strong-willed child. She tested the limits at every possibility. You disciplined her as best you could, but you had no experience with child raising.

You had no steady boyfriend or partner. Your parents were really not too interested in you or Isabelle and you ended up having less and less contact with them. You were living in a part of town that was a bit rough, and Isabelle's school was a breeding ground for drugs and gang activities. She attached herself to the "wrong crowd", and you didn't know what to do about it other than to lecture her every night. When she was 16, she was failing in school and (you were fairly sure) taking drugs. You had never taken drugs yourself, and you had no idea what to expect or how to deal with it. Soon after her 17th birthday, she left a note on the table saying that she was tired of listening to you and that she was leaving town with her boyfriend. You contacted the school and the police, but they did not track her down and she disappeared from your life completely.

This was devastating for you. You loved your daughter and you felt that you should have done a better job of protecting her. The truth was that she was drifting away from you throughout her adolescent years and you were powerless to stop it. You had a few friends in the neighbourhood whom you could talk to. None of them seemed surprised that she had taken off, and some even told you that you were better off without her. They told you that you were only 35 and that you could start over. "It would be easier to find a man if you didn't have a daughter in the house." The truth was, though, that you really had no interest in starting a relationship. You were distrustful of men and happier living on your own. You maintained your friendships and your cleaning jobs, but you did not look for anyone with whom to share your life.

Six months ago, the 37-year-old Isabelle suddenly reappeared at your door. She said that she needed a place to stay and some money. You took her in immediately. She looked like she had been through some hard times. She was thin, nervous, and seemed both tired and frightened. She gradually told you about her life. She had been heavily involved in drugs – especially heroin – and had been working as a prostitute in another town in order to get money for drugs. She had come back to try to get clean. She told you that she had been off drugs for several months, and just needed to get a fresh start. On the one hand, you were pleased to see Isabelle again and relieved to see that she was still alive. She told you that she had never had a lasting relationship and had never had a child. (You are not a grandmother.) On the other hand, you were a little frightened by the way she looked and by the stories she was telling you. Nevertheless, you took her in and started looking after her. She said that she had absolutely no money, and that she would need some cash to get clothes and to try to find a job. You gave her $500 from your savings.

Your jobs kept you out of the house most of the day. Isabelle told you that she

was out looking for work. For a month things were fairly good. You had occasional arguments about little things. Isabelle seemed to "fly off the handle" easily. During the second month you were more suspicious about her efforts to find work. She was asleep when you left the apartment and was still in bed on a few occasions when you came home at the end of the day. She was going out in the evenings and coming back after you were asleep. She kept "borrowing" money. You told her that you did not have a lot of savings, and that you needed your money to make ends meet, but she promised to return it and yelled at you for being selfish. She was becoming more and more verbally abusive. Last week she said, "You should give me your money, you bitch! You did nothing for me when I was a kid." She said you were "worthless". "A maid for rich people." You kept giving her what money you had after these arguments. Frankly, you are getting frightened. You want her to leave. You suspect that she is taking drugs again. You suspect she is prostituting herself. You have noticed that money had been taken from your purse. Yesterday you told her that you didn't have any money to spare. "You should get a job soon, Isabelle, and find a place of your own." Isabelle screamed at you. She called you a worthless bitch and threw a chair against the wall before storming out. She was back home, asleep, when you left to go to the doctor's appointment today.

So far your neighbours have not been involved. You have had no fights in the doorway. You have been able to keep the problem "within the family." Your friends in the neighbourhood were as surprised as you were that Isabelle showed up again "out of the blue", but they assume that you are happy to have her back with you. Isabelle has not brought strangers home with her. You have not found any drugs or needles in your apartment.

You are frightened and feel guilty. You feel that you should help your daughter, but at the same time you do not have a lot of money and you are not sure what she is doing with it. Her outbursts are violent, and although you have not been physically harmed, you are worried.

MEDICAL HISTORY

No regular medical care as an adult. Occasional visit to walk-in clinics with minor problems. No PAP tests since post-partum period.

OBSTETRICAL HISTORY

G1P1A0. Spontaneous vaginal delivery

SURGERY

None.

MEDICATIONS

None.

ALLERGIES

No know allergies.

IMMUNIZATIONS

You had “your shots” in school.

LIFESTYLE ISSUES

Tobacco: For the past eight months you smoked about 10 to 15 cigarettes per day. You smoked 1 ½ packs per day before that. You began smoking at age 16.

Alcohol: Rare beer at a friend’s home.

Illicit drugs: None.

Exercise and Recreation: You enjoy watching television.

FAMILY HISTORY

You have not been close to your parents although they lived in the same town. You mother died last year of a heart attack. She was 75 years old. Your father died three years ago of emphysema. He was 72 years old.

PERSONAL HISTORY

Your childhood was uneventful. Your father worked in a factory in this town, and your mother was a grocery clerk. Your relationship with your family chilled when you got pregnant.

You have had a few boyfriends over the years, but never met anyone who wanted to stay with you. You pretty much gave up on dating by the time you were 40.

EDUCATION AND WORK HISTORY

You were never good in school. You dropped out when you were sixteen, without a high school diploma. You were living at home at that time and took a number of odd jobs to get spending money. You met Jimmy when you were 18 and dated him briefly.

FINANCES

Your income comes in cash payments from your house cleaning jobs. Finances are always tight and you do not have a lot of money saved. If a candidate asks you for figures, you could say that you get $400 in a good week. You can pay rent, utilities, groceries, cigarettes, etc. but that there is not a lot left over at the end of the month. If the candidate begins to ask about finances before Isabelle is being discussed, this would serve as a means to bring up the second of your problems.

SOCIAL SUPPORTS

You have a few close female friends in the neighbourhood. You will visit with them from time to time. Sometimes you will go to bingo with them. You would be embarrassed to talk about the situation with your daughter.

RELIGION

You do not practise any religion.

ACTING INSTRUCTIONS

You are dressed very simply in inexpensive clothing. You have no jewellery or make-up. You should remember that you dropped out of high school. Your level of education should be reflected in your speech: simple words, short phrases, and slang. Be prepared to appear confused by the candidate who uses elevated language or medical terms.

You are here to see a doctor for the first time in a long while. You are concerned about your increasing shortness of breath. Although you are not sure of exactly why it is happening, you expect that it is related to your smoking (**IDEAS**). You are worried about it (**FEELINGS**). It is beginning to affect your ability to work, which is a concern for the future. If you can't work, you would have to go back on welfare and it would be very hard for you to pay your rent (**FUNCTION**). You would expect that the doctor will examine you, perhaps send you for a chest X-ray, and certainly tell you to stop smoking (**EXPECTATIONS**). You would listen politely to smoking advice, but you would not agree to stopping at this time. On the other hand, you are hoping that it is not too late to cure whatever is happening. If asked if you know about smoking cessation aids, you would say that you haven't paid too much attention to the TV commercials.

The situation at home is both the second problem and an important part of the context. Your daughter frightens you. Will she harm you physically? (**FEELINGS**) You suspect that she is taking drugs and that she is taking advantage of you (**IDEAS**), but you would be reluctant to say this out loud. She is your daughter, after all, and you are conflicted. Maybe you do owe her something. Maybe you were a bad mother. It is not yet affecting your **FUNCTION**, but you are concerned that you will be short of money at the end of the month. You have no expectations of the doctor at this visit. Your second prompt is about money being tight. The candidate should then ask you why. You should then volunteer that your daughter has been borrowing money. "Why?" "She doesn't have a job right now." Then your responses to subsequent questions should gradually reveal the rest of her history. The candidate has to get it from you with sensitive questioning. For example: "What was her job before?" "Well, we lost touch with each other, but I don't think she really had a job recently." "You lost touch?" "Yes, Isabelle left home when she was 17 and she just came back." Etc.

Although this patient is only 55 years old, the scenario should allow the candidate to demonstrate that he or she recognises the dynamics of elder abuse. They should see that you are an easy victim who feels trapped and powerless in a dangerous situation. It is important for marking the management of the abuse that you have a clear answer if the candidate asks you if you are willing to call the police or leave the apartment if you feel threatened. If they outline the plan without asking you clearly if you feel you could call the police or leave, you would just nod politely. If they really do explore whether you have the strength to do it, you would say that you can't imagine calling the police on your own daughter and you would be embarrassed to go to a neighbour.

CAST OF CHARACTERS

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

IRENE BOUCHARD: The patient, age 55

ISBELLE BOUCHARD: Your daughter, age 37

TIMELINE

Today:	Appointment with the candidate.
Yesterday:	Isabelle threw a chair against the wall.
4 months ago:	Isabelle became more verbally abusive.
6 months ago:	Isabelle reappeared.
8 months ago:	Took antibiotics for a “bad cold”.
20 years ago:	Isabelle left home at age 17. You were 35.
37 years ago:	You got pregnant at age 18.
55 years ago:	You were born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I am getting short of breath climbing the stairs."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the abuse by the daughter, the following prompt must be said: **"I need to keep working. Money is tight."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of add text here, the following prompt must be said: **"Do you think I will be able to keep working?"** *(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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CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL

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")

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1. IDENTIFICATION: COPD

COPD	Illness Experience
Areas to be covered include: **1. history:** • Began over the past two years. • Productive AM cough. • Gradual onset. • Yellow sputum. **2. smoking / lung history:** • Began smoking in teens. • Smokes 10 to 15 a day. • Smoked more in the past. • One episode of a bad cold needing antibiotics about eight months ago. **3. ruling out other causes of dyspnoea:** • No chest pain. • No shortness of breath at night. • No history of asthma. • No weight loss. • No haemoptysis. **4. not ready to stop smoking at this time (pre-contemplative).**	**Feelings** • Worry. **Ideas** • Could this be cancer? **Effect / Impact on Function** • Slowing her down at work. **Expectations for this visit** • The FP will request a chest x-ray. **A satisfactory understanding of all components (Feelings, Ideas, Effect / Impact on Function, and Expectations) is important in assessing the illness experience of this patient.**

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: ABUSE BY DAUGHTER

Abuse by daughter	Illness Experience
Areas to be covered include: **1. daughter's past history:** • Disappearance as a teenager. • Drug abuse. • Prostitution. • Daughter has no current partner. **2. financial abuse:** • Demanding money. • Daughter disappearing at night. • Not obviously looking for work. • Money missing from purse. **3. escalating abuse:** • Denigrating the patient. • Yelling at her. • Threw a chair. • No overt homicidal threats. **4. has not confided in friends or clients.**	**Feelings** • Fear. • Guilt. **Ideas** • I want her out. **Effect / Impact on Function** • None yet, but you might be short of money if it continues. **Expectations for this visit** • None. **A satisfactory understanding of all components (Feelings, Ideas, and Effect / Impact on Function) is important in assessing the illness experience of this patient.**

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

Context Identification	Context Integration
Areas to be covered include: **1. family situation:** • Isabelle is the only child. • Single mother. • No current partner. • No grandchildren. **2. work history:** • Works as a maid. • A number of employers. • Was on welfare when raising Isabelle. • Makes only enough money to pay rent and necessities. **3. supports:** • A few friends. • Mrs. Lalonde (employer). • No family support (no living relatives). • No support from Isabelle's father. **4. would have no one to care for her if she were to become ill.**	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 must feel very upset about Isabelle. She disappeared for years, and what should have been a happy reunion has turned bad. This must add to the worries you are having about your own health right now, especially as you are not feeling safe in your own home. How can you help Isabelle when she is threatening you?"**

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: COPD

Plan	Finding Common Ground
1. Identify the problem as possible damage to the lungs (COPD or chronic bronchitis, in understandable terms). **2. Arrange for a physical examination.** **3. Arrange for testing, including both chest radiograph and spirometry.** **4. Reviews options for smoking cessation for her future consideration.**	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 his or 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 <u>not</u> cover points 1, 2, and 3.	Does <u>not</u> involve the patient in the development of a plan.

5. MANAGEMENT: ABUSE BY DAUGHTER

Plan	Finding Common Ground
1. State that you are concerned for her safety. **2. Offer community resources for her (social services, elder abuse services, etc.).** **3. Outline a plan if patient is threatened (e.g., calling the police, leaving the apartment).** **4. Assess her willingness to act on the plan (e.g., calling the police, leaving the apartment).**	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 his or 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 <u>not</u> cover points 1, 2, and 3.	Does <u>not</u> 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.