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 14

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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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.

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SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

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

1. **a new diagnosis of hepatitis infection;**

2. **an anal fissure.**

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.

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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 Mr. **JEFFREY DALMAZIAN**, age 42, 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

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CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Mr. **JEFFREY DALMAZIAN**, a 42-year-old engineer. You recently received a letter from Canadian Blood Services, which stated that you have hepatitis infection. You are very worried about what this means for you. You also have symptoms of an anal fissure.

You are visiting the candidate today because you don't have your own family physician (FP).

HISTORY OF THE PROBLEM

Hepatitis infection

A month ago, your company sponsored a drive to increase blood donations by staging a competition among the various divisions. You and several of the people who work in your section decided to donate blood. You have never donated before. You went with the others, filled in the forms, and gave blood. It was a simple procedure, and you pretty much forgot about it until six days ago, when the letter arrived from the local blood services agency. This letter was about your recent blood donation, and shocked and worried you. It stated that you had hepatitis infection, and recommended that you follow up with a physician.

You don't know what this diagnosis means.

You discussed the letter with your wife, **ANNABELLA O'MALLEY**. She insisted that you make an appointment with this clinic right away. She has heard about hepatitis and thinks that this problem could be really serious.

You don't know much about hepatitis, except that it is a liver problem and that people turn yellow with it. You don't think you could have this because you feel well and haven't turned yellow.

You are generally a pretty healthy fellow. Except for feeling a bit tired lately, which you put down to working overtime, you consider yourself well. You have no malaise, nausea, or fever.

You have no idea how you might have contracted this problem. Your wife said that people can get this from intravenous (IV) drug use or sexual contact, and she is understandably upset.

You have just landed a pretty lucrative position within your company. It will require a great deal of travel to Asia, including several underdeveloped areas. You are concerned that liver problems may place you at increased risk during your travels. Can you take the same medications as your colleagues to prevent these problems? What if you become ill when you travel? Could you pass anything on to Annabella?

You have no tattoos.

Anal fissure

About two months ago, you got on a bit of a health kick and decided to take up running. You haven't done this kind of thing since you were in your early 20s, but you thought that if you took it slow, you wouldn't have any problems. You bought expensive shoes and a jogging suit and headed out.

A few weeks into running (about a month ago), you decided to join the guys at the office for a very long run. You thought you were prepared for it. Unfortunately, you were wrong; after several kilometres you twisted your right knee and were unable to finish the run. The guys had to bring the car and get you. You iced the knee and took a few ibuprofen tablets, but the pain was really bad. You went to the local emergency department and were checked out. There was nothing seriously wrong with the knee, and you were told to ice it, rest it, and think about an easier exercise programme. The emergency physician gave you some acetaminophen (Tylenol) with codeine (30 mg) tablets, which you found were very good for the pain. You took two tablets four times a day for six days, until the pain subsided. It was really too bad that no one told you to take something for your bowels, too.

You got very constipated. It was eight days before you moved your bowels, and by that point you were in agony. Your wife bought some over-the-counter (OTC) laxatives (Senokot) and you tried them. You had to take several doses of several pills before anything happened, and then, WOW! That first bowel movement was horrifically painful; you thought you had been ripped apart.

You had several bowel movements, which eventually became quite loose, but each time you went to the toilet it hurt. A lot. The pain is sharp and worse when you pass stools, but you can also have pain just sitting or lying down. Your wife suggested that maybe you have a haemorrhoid (you won't let her look), and she bought some cream at the pharmacy. You tried using it, but it just stung like crazy.

You have noticed a bit of bright red blood in the toilet after you move your bowels (you don't check regularly because it's too disgusting), and sometimes on the toilet paper. You don't know how long this has been going on.

You've tried to avoid going to the bathroom in the past day or so, because it hurts so much, but of course this isn't a viable option. By the time you were totally desperate to move your bowels, the stool was very hard and it hurt like crazy. The stools are brown, not black. When the stool comes out it is in small balls like pellets.

You have taken a couple of the codeine tablets again for the pain, but they constipate you and that makes everything worse.

You are pretty worried about this. The pain seems to be getting worse. You swing between constipation and loose bowel movements with the laxatives and you are starting to think there may be something really wrong with you. Does cancer start this way? Could you have damaged your internal organs by straining? Could you bleed to death?

You've always been rather private about your body. (You hated to change in the gym, didn't shower with the other boys in high school gym class, etc.) You've never been abused nor had any other particular reason for this attitude. All your family members avoid showing or discussing their bodies. As a consequence, you are extremely embarrassed to talk about this subject and only the severe pain has driven you to see a doctor. You are rather horrified that anyone will have to "check you out" (give you a physical examination). This is why it has taken you so long to come in to see a doctor about the problem. In the past, you have generally avoided seeing a doctor unless you have injured something (like your knee). You've never had an FP. You also feel very uncomfortable seeing a doctor; you don't know why this is.

Before this episode you had regular bowel movements. When you looked at the stools, they were brown and formed.

You have never used IV drugs. You have not had casual sex since you met Annabella. You can't remember the number of sexual partners you have had; you admit that when you were in university you did drink to excess on several occasions and had unprotected sex with several partners. You didn't use condoms back in those days. You've never had sex with another man. You have no idea how you may have gotten this problem, and wonder if the lab has made a mistake.

MEDICAL HISTORY

You travelled extensively when you were a child, and lived in several different countries. You had your childhood vaccinations in Africa.

You have never been immunized against hepatitis. You have travelled to resorts in Mexico and didn't take precautions with ice cubes and salads, etc. You never really seemed to get sick when you travelled.

SURGERY

None.

MEDICATIONS

Acetaminophen (Tylenol) with 30 mg codeine PRN, which you started taking six weeks ago and have now stopped using.
Sennosides (Senokot) PRN.

LABORATORY RESULTS

Six days ago, you received a positive test result for hepatitis infection.
The type was unspecified.

ALLERGIES

Hay fever.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco: You have smoked half a pack of cigarettes a day since you were 19. You would consider quitting if your wife became pregnant. She quit smoking when she stopped taking the birth control pill, and she reminds you frequently that you should stop, too.

Alcohol: You drink three to four beers a week (or wine when you go out to dinner). You are not a problem drinker and CAGE results are negative.

Illicit drugs: You do not use illegal drugs, although in university you "dabbled" with "a few pills and stuff".
You didn't really like using drugs and preferred liquor.

Exercise and Recreation: You have recently taken up jogging, but this is on hold until your knee is "perfect" again.

FAMILY HISTORY

Your parents, **JAMES** and **SUSANNAH**, are healthy. They live in Hawaii. Neither has significant health problems, but your father's brother died of a myocardial infarction when he was 47. Your mother has hypothyroidism, which is treated, and suffers no ill effects.

Your brother, **WILL**, is 44 and has a very healthy lifestyle in Vancouver. He is a strict Buddhist and exercises all the time. He has no health problems that you know of.

You have no family history of colon cancer, or of alcohol abuse or cirrhosis.

You had a younger sister, **LIZABETT**, who died at age three years, when you lived in Ghana. Your parents never talk about Lizabett, but your older brother can remember her being sick. (He was about seven when she died.) He says that she turned very yellow before she went to the hospital. You were five years old when she died. Now that you have remembered this story, you suspect that she had jaundice. You wonder if you were ill with hepatitis when you were a child, and just never knew it.

You called your mother after you got the letter from the blood services agency, but she didn't really want to talk about your sister and became very upset and refused to discuss the cause of Lizabett's death. Your father doesn't know too much about it, either; he stayed home with you and your brother when Lizabett went to the hospital, and he wasn't there when she died. There were no medical records to speak of, and you can't contact the hospital, either.

You don't remember ever being sick in Africa and were never admitted to hospital there. You have never had a blood transfusion, or an operation of any kind.

PERSONAL HISTORY

Childhood

You were born in Canada but travelled extensively when you were a child because of your father's employment. He had an engineering consulting business, and you, your brother, and your mother moved with him until you left for university at 18.

You have lived in Africa (in what are now Ghana, South Africa, and Zimbabwe), Australia, the Philippines, and Norway.

Generally your childhood was good. You didn't really like changing schools so often, but you usually went to the international school and that was pretty good. You have friends all around the world.

You know that your mother and older brother, both of whom are introverts, found the travelling very difficult, and that at one point your mother threatened to leave the marriage unless your father stopped moving. A few years later he sold the business, and they retired early and moved to Hawaii. They now travel only to visit you or your brother.

Sexual history

During your university days (especially during your first two-year stint) you were not careful and didn't think about the consequences of indiscriminate sexual behaviour. You did know a bit about the risk of contracting acquired immunodeficiency syndrome and other sexually transmitted diseases, but just never thought it would happen to you. You often didn't use condoms when you were in your late teens and early 20s.

After university, you had several long-term monogamous relationships before you met Annabella. You have been monogamous since you met her. You have never engaged in anal intercourse or used sex toys.

Marriage

You have been very happily married to Annabella for three years. She is a manager in the human resources branch of your company and is quite smart and successful. You met because she interviewed you when you applied for the job at your current company.

You dated for a year, and then moved in together. You wouldn't have bothered with marriage, but her family insisted because they are quite religious, although Annabella is not. They paid for the wedding and, looking back, marriage was a good idea. Annabella has changed your life, giving it stability and a depth you never even knew were missing.

The two of you live in a condo. Financially you are doing very well; two good salaries provide you with a great lifestyle. You have health insurance at your job but you don't have disability insurance. You are young and pretty healthy; why would you look at disability insurance now?

You and Annabella are actively trying for a baby. She is 38 and stopped taking the pill four months ago. You hope that sometime soon, she'll give you the good news that you'll be a dad. You are really looking forward to having kids, which is funny because several years ago you never would have thought you wanted to be a dad.

You have not used condoms with your wife as she was taking the pill when you met. Since you received the letter from the blood services agency, you have wondered if you might infect her, and you have suggested that the two of you abstain from sex until you get this hepatitis issue checked out.

Annabella is worried, too, but also annoyed; she is fertile right now and is upset because this is yet another month of not getting pregnant. Annabella has always wanted children and thinks she is getting too old to achieve a pregnancy. She is pretty concerned that at her age she might not get pregnant, and that any month you don't try for a baby is a setback for her. You think she'll be pretty angry and upset if you have to postpone attempts to conceive.

EDUCATION AND WORK HISTORY

You went to university for two years right after high school, but didn't like it very much. You also partied pretty hard and didn't get great grades. You decided to "take a break" for a while.

You worked in manual labour for a few years until you were 24, and then you went back to university with a completely different attitude. You got your civil engineering degree.

You took a position with a local company and worked for them for three years, but found that the job wasn't as satisfying as you had hoped it would be. Five years ago you had a job interview at a major international engineering firm. The job was everything you wanted, and you have been working for the firm ever since.

You were promoted a few weeks ago, and the new position is looking pretty exciting. There will be a lot of travel and you are strangely (considering your childhood) looking forward to the new challenges of projects in Malaysia. Developing something modern in the places you'll be visiting is quite exciting. You have heard, though, that a couple of the guys who were previously on the team became sick in the jungle. The company has urged all employees to protect themselves while they are there.

FINANCES

You and Annabella make good money, and you are financially stable. You owe payments on a sports car and the condo. You have paid off your student loans.

SOCIAL SUPPORTS

You have several friends, although you wouldn't say any of them are particularly close. Most of your social interactions come through your wife. You do hang out with three other couples (for dinner, dancing, theatre, etc.) because the women all went to school together.

Your brother lives in another city. You call him on holidays. You wouldn't say you are overly close to him.

Your parents are supportive but live far away. Your wife's parents are in the next city and you see them pretty often. You would say they are supportive, but you don't feel particularly close to them.

RELIGION

You were raised as a Protestant, but you do not attend church regularly.

EXPECTATIONS

You expect the candidate to answer your questions about hepatitis infection and tell you how to get rid of it.

You also expect the candidate to arrange treatment of your anal pain.

ACTING INSTRUCTIONS

You are casually dressed. You've come to see this FP on your day off.

You are **NERVOUS** (rubbing your hands together, jiggling your knees, etc.) about having to speak to the physician about the anal pain. You are embarrassed about discussing issues "down there", and struggle a bit to find the right words to discuss your symptoms. You don't use medical terms (i.e., "anus", "stool", etc.). Rather, you use more common terms.

You are **CONCERNED** about your wife and the possibility of giving her (or your yet-to-be-conceived child) an infection. You do stress how important it is for Annabella to get pregnant as soon as possible, and you don't want to wait. If the candidate suggests using a barrier method until testing is completed, you are a bit resistant unless he or she explains the importance of this request. You are compliant if a candidate fully explains the rationale behind any suggestions, but slightly resistant to a candidate who dictates what needs to be done.

You make certain the candidate understands that you are not a problem drinker.

CAST OF CHARACTERS

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

JEFFREY DALMAZIAN:	The patient, age 42, an engineer with newly diagnosed hepatitis infection and an anal fissure.
ANNABELLA O'MALLEY:	Jeffrey's wife, age 38.
JAMES DALMAZIAN:	Jeffrey's father, a retired engineering consultant.
SUSANNAH DALMAZIAN:	Jeffrey's mother.
WILL DALMAZIAN:	Jeffrey's brother, age 44.
LIZABETT DALMAZIAN:	Jeffrey's sister, who died in Africa at three years of age.

TIMELINE

Today:	Appointment with the candidate.
2 to 3 weeks ago:	Anal bleeding and pain began.
1 month ago:	Injured your knee and started using acetaminophen with codeine; became severely constipated.
2 months ago:	Started running.
3 years ago, age 39:	Married Annabella.
4 years ago, age 38:	Moved in with Annabella.
5 years ago, age 37:	Met Annabella; started working at current job.
37 years ago, age 5:	Sister died in Africa.
42 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I just got this disturbing letter."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the anal fissure, the following prompt must be said: **"I have pain when I go to the toilet."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of hepatitis, the following prompt must be said: **"Can I give this hepatitis to my wife?"** *(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")

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1. IDENTIFICATION: HEPATITIS

Hepatitis	Illness Experience
Areas to be covered include: **1. risk factors:** • Lived in Africa as a child. • Several sexual partners in Canada/no condoms. • No sexual contact with males. • No IV drug use. • No blood transfusions. • No tattoos. **2. clinical evidence of disease:** • No oedema/ascites. • No jaundice. • No itch. • No abdominal pain. • No upper gastrointestinal (GI) bleeding. **3. liver health:** • No history of problem drinking. • No regular medications. **4. not immunized against hepatitis A and B.**	**Feelings** • Worry. **Ideas** • He wonders if he got this in childhood; his sister died after she turned yellow. **Effect/Impact on Function** • Refraining from sexual activity. **Expectations for this visit** • The doctor will help him sort this out. **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: ANAL FISSURE

Anal fissure	Illness Experience
Areas to be covered include: **1. current symptoms:** • Pain on defecation. • Bright red blood on toilet paper or toilet bowl. • Change in stool (constipation). **2. relationship to recent codeine use.** **3. pertinent negative factors:** • No family history of inflammatory bowel disease. • No family history of cancer. • No weight loss. • No trauma. • No prior history of rectal bleeding. **4. personal history:** • Smokes. • Normally has a high-fibre diet. **5. failure of OTC remedies (haemorrhoidal cream).**	**Feelings** • Extremely embarrassed. **Ideas** • He might have done some real damage to himself. **Effect/Impact on Function** • Avoiding using the toilet. **Expectations for this visit** • He will get this problem fixed. **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, 4, and 5.	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. relationship with Annabella:** • Married. • She is trying to get pregnant. • She works for the same company. **2. family:** • Brother distant. • Parents in Hawaii. **3. work:** • Civil engineer. • Will be travelling with work. • Well paid; no financial worries. **4. his mother's inability to discuss his sister's death.**	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 are worried that you may have developed a significant illness secondary to your time in Africa, and that it may negatively impact both your life and health, but also that of your wife and the possibility of creating the child you both want. In addition, you are concerned about the anal pain and bleeding you are experiencing, and fear that it may signify a serious problem."**

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. The following is the type of statement that a Certificant may make: **"You're worried you might have a blood disease and maybe something worse with your anus.**
Non-certificant	Does <u>not</u> 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. The following is the type of statement that a Non Certificant may make: **"I don't know why you're concerned."**

4. MANAGEMENT: HEPATITIS

Plan	Finding Common Ground
1. Discuss hepatitis (e.g., types, transmission). **2. Offer further testing to clarify disease status.** **3. Review precautions to prevent possible infection of sexual partner.** **4. Discuss the possibility of a "false reactive" result.**	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 <u>not</u> cover points 1, 2, and 3.	Does <u>not</u> involve the patient in the development of a plan.

5. MANAGEMENT: ANAL FISSURE

Plan	Finding Common Ground
1. Arrange a physical examination and a rectal examination. **2. Suggest the diagnosis is likely an anal fissure.** **3. Discuss various non-invasive methods of treating anal fissures (e.g., laxatives, stool softeners, sitz baths, increased fibre, improved hydration, etc.).** **4. Discuss the natural history of anal fissures.** **5. Discuss subsequent treatment, if necessary (e.g., surgery/colorectal surgery, a GI referral, use of vasodilatory creams).**	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.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does <u>not</u> cover points 1, 2, 3, and 4.	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.