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 18

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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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.

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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 is:

1. **experiencing hypertension secondary to a stressful work environment;**

2. **suffering from symptoms of chronic prostatitis.**

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. **MARK LEEVES**, age 44, 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

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CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Mr. **MARK LEEVES**, a 44-year-old clinical engineer. You have come to see this family physician (FP) because you think something needs to be done about your blood pressure (BP). Restructuring of the hospital system within which you work has created a very stressful environment. You have been checking your BP at work and are worried about the values you are getting.

You are also concerned because the other night your wife said she saw blood in your semen. You have been hearing lots in the news about prostate cancer and prostate-specific antigen (PSA) testing. You wonder if your symptoms could be due to cancer, and whether you should have the PSA test.

You have not had an FP for several years and have not talked to any other physicians about your concerns.

HISTORY OF THE PROBLEM

Elevated BP and work stress

Over the past several years, all the cutbacks in the health system have led to considerable changes at work. You find these changes incredibly frustrating. The situation has gradually worsened over many years.

You became concerned about three months ago. You developed headaches shortly after arriving at the hospital dialysis unit where you maintain and repair equipment. Your head pounded and you felt flushed. These symptoms lasted most of the day, and seemed to improve only when you left work. You never felt bad in the evenings or on weekends. You told one of the unit nurses about your symptoms, and she suggested you check your BP. You couldn't believe it: your BP measurement was 180/105 mm Hg and your pulse rate (PR) was about 120 bpm!

Over the past three months you have been checking your BP fairly regularly. You use the automatic BP machines at work. Some days your readings are better, but your diastolic BP seems to be over 90 most times you check it. The systolic values are pretty variable, but tend to be somewhere between 140 and 160. Your PR is always up around 100 bpm.

There is also a BP machine at your gym, and you have been keeping an eye on your levels there and at the drugstore. Your BP is generally much better at these locations, and is always under 140/86 mm Hg. Your resting heart rate at the gym is about 70 bpm.

If you were to stop and think, you would say your sleep has been disrupted for several months. You toss and turn at night and often have strange dreams, although not usually on the weekend. You don't generally have trouble falling asleep: you often "just crash" as soon as your head hits the pillow. You also don't awaken particularly early, but always before your alarm goes off.

You are not depressed and your appetite is fine. You have no trouble staying on task at work. You have no defined episodes of panic but you do generally feel "on edge" at work. You would agree that this feeling is anxiety, although you just call it being "stressed".

Currently you are not experiencing headaches, flushing, sweating, nausea, weakness, or tremor. You have no chest pain or shortness of breath.

You have never had your cholesterol level tested.

Prostatic symptoms

The other night your wife, **ALICE STEWART**, told you that she found blood in your ejaculate after the two of you made love. Although you didn't say anything to her, ejaculation was painful. You are not sure what the significance of this is, but you know it can't be good. After seeing information in the news about prostate cancer and PSA testing, you wonder if you should have your PSA level checked. You know from working at the hospital that prostate cancer at your age is serious.

For the most part you feel fine, but you have noticed that sometimes you have discomfort when you urinate. The discomfort is a general burning feeling. You think it has been present for about three months now. At times you also get an aching pain in your lower abdomen and an intermittent feeling of heaviness in your scrotum.

One time, maybe eight months ago, your wife thought you might have a bladder infection. You had the burning and also felt as if you had to urinate all the time. You went to a walk-in clinic and were given antibiotics for three days. You don't remember what kind of pills you got or any tests. Your symptoms improved and so you didn't think much of the episode.

You have no hesitancy when you void. There has been no change in your stream and no dribbling. You have not noticed blood when you void. However, you need to urinate frequently, and this has been interfering with your work.

You do not recall ever having any type of penile discharge. There is no pain when you have a bowel movement. You have not had any constipation, diarrhea, fever, or chills.

You have had no sexual partners other than your wife, and you are confident that she has had no other partners. You do no long-distance or stationary cycling, and have experienced no trauma.

MEDICAL HISTORY

You have been healthy up to this point. You have had the odd cold now and then, but nothing particularly serious. You have never had surgery.

MEDICATIONS

You had antibiotics several months ago for the bladder infection. You are taking no prescribed medications. You take no over-the-counter medications or anything from the health food store or the gym. Specifically, you have not been using anabolic steroids or decongestants.

LABORATORY RESULTS

None available.

ALLERGIES

None.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco:	None.
Alcohol:	Two to three beers socially, perhaps once or twice a month.
Caffeine:	About four cups of coffee a day.
Diet:	You generally try to follow a healthy diet, but you do like your burgers and fish and chips.
Exercise and Recreation:	You work out every day after work. You usually run for about 30 minutes and lift free weights for 40 to 60 minutes.

FAMILY HISTORY

Your father, **FRANK LEEVES**, is a 74-year-old retired grain farmer. He is a long-time smoker and suffers from chronic obstructive pulmonary disease (COPD).

Your mother, **ELIZABETH LEEVES**, is 68. She suffers from osteoarthritis.

Your sister, **SUSAN JOHNSTON**, is 48 and healthy. She and her 50-year-old husband, **TOM JOHNSTON**, work on the farm. They have two children.

Your paternal uncle was diagnosed with type II diabetes in his 60s. Your maternal grandfather died of a stroke in his 70s. No other family history suggests heart disease. As far as you know, no one in your family has had prostate cancer.

PERSONAL HISTORY

Childhood

You were born in a small town in southern Saskatchewan (e.g. Gravelbourg) and grew up there on your parents' farm. You worked on the farm when you were not attending school. You had a fairly happy childhood, and over the years your family's finances were about as stable as could be expected.

First marriage

At university you met your first wife, **MARIE WINSTON**, who was a nursing student. The two of you married at age 22, while attending university. Looking at her nursing textbooks was what got you interested in clinical engineering.

You and Marie divorced when you were 33. Things never really were all that great during your marriage and you think you both just gave up trying to fix problems. You did not have children. Your divorce was not particularly pleasant, but you got through it and were glad the marriage was finally over. After the divorce was final, you moved to this community to take a new job. That was 11 years ago. You are not making any ongoing support payments and have lost touch with Marie. You don't know where she is now.

Current marriage and stepdaughters

You met Alice, age 41, at the hospital where you are now employed. She came to work as a secretary in an outpatient clinic. You met at a hospital social function and dated for about two years before marrying three years ago. You know you can talk to her about anything.

Alice was married previously and has two daughters. **LISA STEWART** is 15 and **KAREN STEWART** is 12. Their father lives out of town and generally they see him only on holidays. He does provide child support.

Initially Lisa and Karen seemed to adjust to your involvement in their lives fairly well. Then puberty hit. From your perspective Lisa has become obnoxious. She is rude to her mother and you might as well not exist. Karen is not as bad, but at times she emulates her older sister. Your parents never would have put up with this kind of behavior from you or your sister, and you think Alice shouldn't either. Alice says this is just a phase and puts up with Lisa's behavior. She thinks if she responds to it, it will just get worse. You disagree but realize that Lisa and Karen are Alice's children and that she's known them a lot longer. You and Alice work hard to prevent their behavior from affecting your relationship negatively. Besides, compared with work, your home life is an oasis.

Relationship with family of origin

You keep in contact with your family and see them on holidays. You are not as close as you would like because of the geographic distance between you.

EDUCATION AND WORK HISTORY

You finished high school and realized that you did not want to be a farmer. You liked working with machinery on the farm and decided you wanted to be an engineer. Your father would have liked you to study agriculture and come back to run the farm, but he accepted your decision. (He was relieved when your older sister married someone who was willing to take over the farm when he retired.)

You started university with the intention of becoming a mechanical engineer. You completed this program, but discovered biomedical engineering in your final year. Following graduation you did a two-year program in clinical engineering. You have always been a hard worker. Growing up on the farm, you always had chores after school and worked throughout the summer. Later you continued to work on the farm when you were not at university. You had an arrangement with your father: in exchange for summer labor, he helped pay for your education.

After completing your degree and the subsequent specialization in clinical engineering, you obtained an entry-level position in the clinical engineering department of a Saskatoon hospital. This was in 1982. Marie also obtained a position at the hospital and did well. Everything was great initially. You spent the next nine years at the hospital. You enjoyed your work and had lots of opportunities for further training.

As your marriage to Marie was ending in 1990 to 1991, you received an offer to work at a hospital in this community. It seemed like a good offer. You would be a relatively senior technician and be able to make a new start after your divorce. This is the job you still have today.

Initially your new job was quite satisfying. You worked with a good group of people and all the staff had a good relationship with management. You all worked independently and shared the work to be sure everything got done in a timely manner.

In the mid-1990s, hospital cutbacks resulted in reduced staff in your department. There were early retirements for some of the senior staff and no one was replaced. These changes led to an increased workload, but initially things seemed to go fairly well. There was still a good group of skilled people in the department, and for the most part you all were able to keep up with demands.

About two years ago, further cutbacks caused the hospital to change the management structure in your department. A new supervisor, **JIM PETRUCIC**, was brought in, and things seemed to go from bad to worse. You didn't like your new boss's management style and disagreed with some of his decisions. Your department went from one where people had responsibility for independent actions to one where the supervisor made almost all decisions. On occasions you have been told to sign off on reports and projects when you felt it was

inappropriate to do so. You know this has happened to other people, and that no one is particularly happy about the changes. However, you are the only one who has ever made your feelings public. For the most part, when people have had enough they either go on "stress leave" for several months or get a new job elsewhere. Fortunately there is a demand for skilled people in your field—but unfortunately this demand has made finding highly qualified replacements more difficult for your department. This has caused an increased workload and hours for remaining senior staff members.

You dread going to work these days. You have tried keeping your head down and your mouth shut. You were ignored or called a troublemaker when you tried to make suggestions. You don't know how much longer you can stand your job. You would like to quit and take a position elsewhere. You have had several offers for positions in other cities; some of these are with employers for whom your former colleagues enjoy working. Unfortunately, Alice is not prepared to move. She likes her full-time job, and does not want to disrupt her daughters' lives with a move.

You don't know what to do or what you want to do, but are open to suggestions. You agree that time off might help in the short term, but are not sure that this is the best solution. It just leaves everyone else at work with more to do, and eventually you would have to go back. You doubt anything would have changed during your absence. You do have lots of sick time saved up and there is a short- and long-term disability program, so you know you could take time if it were appropriate to do so. You are not prepared to move for a new job without your wife. You are willing to see a counselor to discuss how to cope with the situation and are sure the hospital has an employee assistance program that would cover the cost. You are also willing to talk to your union representative or to the hospital's human resources department to see if anything else can be done about the situation.

SOCIAL SUPPORTS

You have a good relationship with your colleagues and see them socially as well as at work. The people at the gym are really just acquaintances.

ACTING INSTRUCTIONS

You are dressed in a casual shirt and pants. You have come to the FP's office from work and had planned to return there after this visit.

You are open and forthright in discussing your concerns about your BP. The high readings have been an increasing worry. Working in the dialysis unit gives you a clear understanding of the consequences of not treating high BP appropriately. You realize that work is probably influencing the values because they are fine when you aren't there.

You are resistant to the idea of taking time off work. You have seen the impact of others' leaves and there are not many around who can do the specialized work for which you are trained.

You see your previous marriage as a failure and would not leave your job to find other work without your wife's full support. You came today to get medication to treat your BP while you are at work. However, you accept advice that there may be a better way to deal with this problem than with pills you may not need. You agree to a temporary leave if the candidate says this may be necessary to sort out your BP and to help you find better ways to cope with work.

When you talk about work you become obviously irritated and frustrated. You punctuate your **FEELINGS** with hand gestures. You say that ***"the place drives me nuts!!!"*** You describe your boss, Jim, as the ***"bane of my existence"***. You could talk for hours about the inappropriate hiring of under-trained staff, how he treats you all as if you were children or else thieves, how he gets upset if you do other people's work when they get behind, and how he makes the senior staff train new staff but gets angry when your work falls behind because you are teaching. **FEEL** free to rant a bit.

The blood in your semen scares you. There has never been any cancer in your family, and you are not even sure if that is the problem. You worry that your kidneys may be affected, especially as it hurts when you pee. This kind of problem is not something you would normally share with anyone, so you have some difficulty talking about it. You are worried enough, however, to want to discover what is going on. You will do whatever the doctor thinks will make the problem better, but you would also like a clear answer about what the problem is. If the doctor offers you antibiotics without clearly specifying duration of use, ask for clarification about how long you will be taking them.

If the candidate becomes focused on the interaction between you and your stepdaughters minimize the impact it is having on your marriage. You don't think the situation is bad enough that you need help to deal with it.

CAST OF CHARACTERS

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

MARK LEEVES:	The patient, a 44-year-old clinical engineer.
ALICE STEWART:	Mark's current wife, a 41-year-old secretary in a hospital outpatient unit.
LISA STEWART:	Alice's 15-year-old daughter.
KAREN STEWART:	Alice's 12-year-old daughter.
FRANK LEEVES:	Mark's 74-year-old father, who is a retired grain farmer.
ELIZABETH LEEVES:	Mark's 68-year-old mother.
SUSAN JOHNSTON:	Mark's 48-year-old sister.
TOM JOHNSTON:	Susan's 50-year-old husband.
MARIE WINSTON:	Mark's former wife, age 44.
JIM PETRUCIC:	Mark's supervisor at work.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"Doc, I'm worried about my blood pressure."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the prostatitis, the following prompt must be said: **"I'm wondering if I need my PSA checked."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the high blood pressure, the following prompt must be said: **"Do you think work could be affecting my blood pressure?"** *(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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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: ELEVATED BP AND WORK STRESS

Elevated BP and work stress	Illness Experience
Areas to be covered include: **1. elevated BP:** • First noted three months ago. • BP consistently >140/90 mm Hg at work. • BP always <140/86 mm Hg away from work. • Heart rate always elevated at work. **2. work factors:** • Has worked in the same department for 11 years. • Problems began with new supervisor. • Increased responsibility. • Poorly trained junior staff. • Longer hours. **3. lifestyle issues:** • No excessive alcohol intake. • Non-smoker. • Exercises regularly. • No illicit drug use. • Four cups of coffee a day. **4. ruling out secondary hypertension:** • No tremor. • No anabolic steroids. • No sweating. • No weakness.	**Feelings** • Concern. • Frustration. • Anxiety. **Ideas** • Work is affecting his BP. • High BP will affect his health. **Effect/Impact on Function** • Sleep disruption. **Expectations for this visit** • Something to control his BP. **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: PROSTATIC SYMPTOMS

Prostatic symptoms	Illness Experience
Areas to be covered include: **1. current symptoms:** • Dysuria. • Suprapubic pain. • Hematospermia. • Painful ejaculation. **2. history of symptoms:** • Symptoms began three months ago. • Similar symptoms treated as a urinary tract infection. • No history of problems before eight months ago. **3. pertinent negative factors:** • No penile discharge. • No trauma. • No pain with defecation. • No fever or chills. **4. sexual issues:** • Monogamous relationship. • No history of sexually transmitted infections.	**Feelings** • Fear. **Ideas** • He may have cancer. • Something may be wrong with his kidneys. **Effect/Impact on Function** • Frequent urination is affecting the completion of work tasks. **Expectations for this visit** • He wants to know what is wrong. **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.

3. SOCIAL AND DEVELOPMENTAL CONTEXT

Context Identification	Context Integration
Areas to be covered include: **1. family:** • Previous failed marriage. • Married to current wife for three years. • Two adolescent stepdaughters. • No children of his own. **2. supports:** • His wife is his main support. • Good relationship with colleagues at work. • Acquaintances at the gym. **3. financial factors:** • His wife's former husband pays child support. • Short-term disability coverage is available at work. • His wife works full time. • He is making no support payments to his first wife.	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: **"After your last marriage, you want this new one to succeed and are prepared to stay in a negative work environment if that is what it would take. At the same time, you are faced with concerns about significant health problems."**

Superior Certificant	Covers points 1, 2, and 3.	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 and 2.	Demonstrates recognition of the impact of the contextual factors on the illness experience. The following is the type of statement a Certificant may make: **"I think work is affecting your blood pressure and at the same time you are worried you might have cancer."**
Non-certificant	Does not cover points 1 and 2.	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 a Non-certificant may make: **"We need to do something about your blood pressure."**

4. MANAGEMENT: ELEVATED BP AND WORK SRESS

Plan	Finding Common Ground
1. Recommend ongoing BP assessment. **2. Discuss strategies for coping with a stressful work environment.** **3. Suggest lifestyle modifications (e.g., decrease caffeine intake, follow a low-salt diet).** **4. Discuss the possible need to take leave from work in future to deal with health concerns.**	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 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: PROSTATIC SYMPTOMS

Plan	Finding Common Ground
1. Reassure the patient that he likely has prostatitis, not cancer. **2. Discuss the treatment for prostatitis, which may involve providing antibiotics today.** **3. Arrange for urinalysis and urine culture-and-sensitivity testing.** **4. Review indications for and limitations of PSA testing, whether the candidate chooses such testing or not.**	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. **In order to cover point 2, a candidate who gives an antibiotic prescription must recommend a minimum treatment duration of 14 days**	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks his feedback about it. Encourages the patient's full participation in decision-making.
Certificant	Covers points 1, 2, and 3. **In order to cover point 2, a candidate who gives an antibiotic prescription must recommend a minimum treatment duration of 14 days.**	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.