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 25

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

INTRODUCTION

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

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

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

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

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

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

1. **rectal bleeding of unknown etiology;**

2. **headaches following a concussion.**

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

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

INSTRUCTIONS TO THE CANDIDATE

1. FORMAT

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

2. SCORING

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

3. TIMING

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

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

4. THE PATIENT

You are about to meet Ms. **SHEENA MURDOCH**, age 27, 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 Ms. **SHEENA MURDOCH**, age 27. You are a respiratory therapist working on the resuscitation team of a local hospital. You have come to the doctor today because you think you need endoscopy. You have rectal bleeding, which has gradually been getting worse. While you are at the physician's office, you also want to ask about the headaches you have been experiencing over the past five days.

HISTORY OF THE PROBLEM

Rectal bleeding

In the past two weeks you have been having rectal bleeding. At first you were having just a bit of bleeding, mostly when you wiped, but it has been getting heavier. In the past two days you have even seen some small clots. The blood is bright red.

There has been no change in the colour of your bowel movements but the consistency has changed in the last while. You think your stools have been looser and that maybe some mucus has been present. Your bowel movements have been like this for the past three weeks or so. There has even been blood mixed in with the stool.

You have been having crampy pain in your stomach. It is hard to localize and you wouldn't say any one spot is worse than another. You also have noticed a real sense of urgency when you have to have a bowel movement, and you do not always feel empty when you are done. You have difficulty saying exactly when these other symptoms started, but you are certain it was before the blood appeared and after the diarrhea appeared.

Your bowel movements have become quite variable in the past six months. Normally you have one or two bowel movements each day, with soft stools. Currently you are sometimes fine, but at other times you have a bowel movement up to seven or eight times a day.

You have definitely noticed the number varies depending on your stress level and you find when the problem is acting up, you have to stop playing hockey (your hobby) to have a bowel movement. You sometimes experience bloating and crampy pain in your stomach at these times.

Neither the pain nor your bowel movements have ever awakened you at night. You do not feel overtly fatigued or short of breath. You never feel light-headed or dizzy. You get the nurses to check your blood pressure and pulse every once in a while, and they haven't changed. You have not had any mouth sores or vision problems, and you have never had a problem with joint pain. Much to your disappointment, you have not travelled recently. You have not been camping or hiking. You do not know of anyone else with similar bowel problems. You have not taken antibiotics for several years. You have no pain in your epigastric region and have never had symptoms of heartburn. You are not able to relate your symptoms to any particular food or to when you eat. You haven't lost any weight. You have not noticed a fever or chills. You have no "funny" rashes. You have no stiffness or fatigue. As far as you know, you have never had a rectal fissure. No one in your family has ever had any bowel problems of which you are aware. Specifically, there is no history of inflammatory bowel disease (IBD). You have not had anal sex. There is no gastroenteritis outbreak at work right now.

You do not feel there was anything particularly unusual about your bowel movements in the past.

The loose stools and urgency have been pretty inconvenient at work. You wonder if you could have cancer.

Headaches/Concussion

You have been having headaches off and on for the past five days, ever since you fell at work. You were running to a cardiac arrest when you slipped on a wet patch on the floor. You fell backward and hit your head. You saw stars for a bit and felt a little "out of it" for a while after, maybe an hour or so. You did not lose consciousness and had no weakness or unsteadiness. You were not dizzy or light-headed before the fall. None of your co-workers commented on a change in your behaviour following the accident.

Since the accident, you have had a bit of a headache all the time; you have noticed that the pain is worse when you do any physical activity, whether it is training for hockey or running around the hospital. You have not noticed that the headache impairs your ability to do your job or think clearly. You have been taking acetaminophen, about 1,000 mg four times a day (two extra-strength Tylenol four times a day). It hasn't really helped much.

Your headache does get better when you stop doing the activity that makes it worse. You have not had any weakness or numbness anywhere, and you have not noticed changes in your vision or sleep. You do not have a bump anywhere on your head.

The headache is generalized, not focused on any one spot on your head. The pain is a low-grade nuisance for the most part. It is always there, but never awakens you at night. You have had no nausea or vomiting. You do not find that light or sound worsens your headache. You have no ringing in your ears. You have no discharge from your eyes or nose.

About seven months ago, you had a nasty fall during a hockey game. (Perhaps you had some help in "falling" from the opposition.) You were checked into the boards during the playoffs, and hit your head on the ice when you fell. You felt "out of it" for a few minutes, but then got better and kept playing. You were aware of what was happening and had no obvious problem continuing to play once you got back in the game. You were playing recreational league hockey and there was no trainer around. You did not see a physician about the fall afterward. You did not have problems with headaches after this episode.

You find the headache annoying more than anything else. The increased intensity and throbbing when you run make work a little more difficult, but you persevered. You are not too happy that you may still have the problem during your game in a few days. You thought you would ask the candidate about the headaches because you were here today anyway. You wonder if massage would help.

You are aware of concussions, but do not really know what the symptoms feel like. Besides, a concussion happens only in car accidents and contact sports – not from falling in a hall.

You have not filled out any forms, but your supervisor **SUSAN EDWARDS,** does know you fell. You have not mentioned the headaches to her.

MEDICAL HISTORY

You have been an essentially healthy person. Other than for the occasional childhood sore throat or ear infection, you have seen a physician only for annual check-ups. Your last check-up was in May, when you had your Pap test and your oral contraceptive (OC) prescription renewed.

MEDICATIONS

Oral contraceptive pills.
Acetaminophen, 1,000mg QID

LABORATORY RESULTS

None.

ALLERGIES

Oranges.

IMMUNIZATIONS

Up to date. You have had a hepatitis B series.

LIFESTYLE ISSUES

Tobacco:	You are a non-smoker.
Alcohol:	You may have one or two beers when you are out with friends after a hockey game.
Illicit drugs:	You use no recreational drugs.
Diet:	You try to eat a healthy, well-balanced diet.
Exercise and Recreation:	Currently, you play recreational hockey. The season has started and you practise once a week and also participate in scheduled games. You generally alternate between going to the gym and running most days of the week.

FAMILY HISTORY

Your parents live in your hometown. They are both teachers, however, your father retired four years ago. Your mother, **DORA DELPHINE**, is 56, your father, **HAROLD MURDOCH**, is 57. Both are healthy.

You have two older sisters. **YVONNE**, age 35, teaches English in Prague. You don't have much contact with her. **ELISE**, age 31, lives here in town. She is married and has two daughters and a son. Both your sisters are well.

Your paternal grandfather had prostate cancer, and your maternal grandmother developed breast cancer in her late 70s. You are not aware of any other cancers in your family. You know of no family member with inflammatory bowel disease.

PERSONAL HISTORY

You have never been in what you would consider a serious relationship. You have dated several men, but never found anyone to whom you would want to make a commitment. At present, you are quite happy with your life. You think it might be nice to have children, but on the other hand you enjoy your independence and the surrogate parenting of your nieces and nephew.

EDUCATION AND WORK HISTORY

You graduated from high school without any problems. After graduation you worked for one year in retail jobs, and then travelled for six months. When you returned home you went to community college and trained to be an emergency medical technician (EMT). You worked in this field for about a year and enjoyed the intermittent intensity of the job, but decided you wanted to try something different. A couple of people on your former recreational hockey team were respiratory therapists, and you thought that work would be interesting. You felt you would enjoy being employed in a hospital for a while, and liked the idea of being able to work for a private business in the future.

Upon completing the three-year respiratory therapy training program, you went to work in your local hospital. You were there for about two years when your current job in this community became available. That was approximately six months ago. The pay was better and your sister lived here, so you decided to move. You are currently working in a tertiary care hospital. You are on the resuscitation team, which means you spend a considerable portion of your day running from place to place in the hospital.

FINANCES

You are financially secure. Your salary covers your monthly living costs, and you have a small amount in savings. A considerable portion of your savings was consumed by the move to this community six months ago. Your rent an apartment and live alone.

You are covered under the hospital's disability program. Extended medical benefits are part of your employment contract.

SOCIAL SUPPORTS

You grew up close to your sisters, so it has been nice living in the same community as Elise again. You spend quite a bit of time visiting her and her family.

You have a good relationship with your parents. You are looking forward to Christmas, as they are planning to come here and you all are hoping Yvonne will get home from Prague.

You have made many friends at the hospital. Because you work takes you all over the hospital, you meet all kinds of people. You have joined the hospital's recreational hockey league, and enjoy going out with the team after games.

In your hometown, you have two very good friends with whom you keep in close contact. You could tell them anything.

You are not in a steady relationship. You are not averse to developing one, but at present are quite content to see what comes your way casually. During sexual encounters, you always use condoms in addition to your birth control pills.

RELIGION

You have no religious affiliation.

ACTING INSTRUCTIONS

You are dressed stylishly but simply. You don't wear a lot of makeup or jewellery.

You are a straightforward person who likes straight answers to her questions. You express your **FEELINGS** and opinions clearly, and **EXPECT** other people to do the same.

You are quite worried about the rectal bleeding You haven't told anyone about it. You don't want to worry anyone prematurely. You wonder if you could have cancer. You know you are not really at the right age for it, but don't have any other explanation for the bleeding.

The headaches are a nuisance more than anything else. You would like them to go, but don't have a clear idea of the possible underlying problem. You think that muscle tensions may be the cause, and that massage might help. You are not particularly interested in changing your activities to respond to this problem. You would rather "play through" the pain. If the candidate clearly explains the nature of the problem and the importance of modifying activity, you will agree to try.

You do not volunteer information about the previous fall as you do not see that it has any relevance to this visit. However, you provide details freely if the candidate asks about any prior falls or head injuries.

CAST OF CHARACTERS

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

SHEENA MURDOCH:	The 27 year-old patient, who is a respiratory therapist experiencing headaches and rectal bleeding.
HAROLD MURDOCH:	Sheena's 57 year-old father, who is a retired teacher.
DORA DELPHINE:	Sheena's 56 year-old mother, who is a teacher.
YVONNE MURDOCH:	Sheena's 35 year-old sister, who teaches English in Prague.
ELISE MURDOCH:	Sheena's 31 year-old sister, who lives in the same city; she is married with three children.
SUSAN EDWARDS:	Sheena's supervisor at the hospital.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I have been having blood in my bowel movements, and I think I need to get it checked out."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the headaches, the following prompt must be said: **"While I am here, I want to ask you about these headaches I have been having."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the rectal bleeding, the following prompt must be said: **"So what about this bleeding?"** *(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.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

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: RECTAL BLEEDING

Rectal bleeding	Illness Experience
Areas to be covered include: **1. history of the current symptoms:** • Bleeding began two weeks ago. • No melena. • Loose bowel movements. • Sensation of incomplete emptying. • Crampy abdominal pain **2. history of bowel problems:** • Change in bowel habits six months ago. • Episodic diarrhea. • Symptoms exacerbated by stress and physical activity. • Bowel pattern normal in the past. **3. systemic symptoms:** • No fatigue. • No weight loss. • No joint pain. • No rashes. • No epigastric pain or heartburn. **4. ruling out alternative causes:** • No recent antibiotic use. • No exposure to contaminated water (e.g., while camping) • No recent travel. • No gastroenteritis outbreak at work.	**Feelings** • Worry. **Ideas** • This might be cancer. **Effect/Impact on Function** • She has to make frequent trips to the bathroom at work. • She has to go to the bathroom when she is playing hockey. **Expectations for this visit** • This problem will be investigated further. **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: HEADACHES/CONCUSSION

Headaches/Concussion	Illness Experience
Areas to be covered include: **1. current headaches:** • Dull, throbbing headache. • Exacerbated by activity. • Present for five days. • Acetaminophen not helping. **2. pertinent negative factors:** • No photophobia and/or phonophobia. • No nausea or vomiting. • No other neurologic symptoms. • No mental slowness since the fall. **3. history of the fall:** • Fell and hit her head at work. • No loss of consciousness. • Felt "out of it" for approximately one hour aftwerward. **4. previous head trauma:** • Similar episode seven months earlier at a hockey game. • No headaches after this prior fall.	**Feelings** • Annoyance. **Ideas** • The headache is related to her fall. **Effect/Impact on Function** • She has not changed her activities with the appearance of the headaches. **Expectations for this visit** • The physician will help make the headache go away, and may make a referral for massage therapy. **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:** • Her parents live out of town. • She is close to her sister who lives in town. • She has little contact with her sister in Prague. **2. life cycle issues:** • She recently moved to a new community. • She has no long-term relationship. • She has no children. • She often cares for her sister's children. **3. social support:** • She has made friends at work. • She has two very good friends in her hometown. • The hockey team is an important source of social and physical activities. **4. social factors:** • She works as a respiratory therapist. • She is required to do physical activity in her current position. • She has a secure job. • She is trained as an EMT as well as a respiratory therapist.	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 an active person, both at work and during your leisure time. You are now faced with two problems that are limiting your ability to be involved in the activities that are an integral component of your life."**

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 **OR** 4.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	Does not cover points 1, 2, and 3 **OR** 4.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience, or cuts the patient off.

4. MANAGEMENT: RECTAL BLEEDING

Plan	Finding Common Ground
1. Arrange for a complete physical exam. **2. Arrange for a complete blood count. (Other blood work, such as erythrocyte sedimentation rate or coagulation studies, may also be included.)** **3. Arrange for endoscopy within the next few weeks. (A gastroenterology or surgery referral is sufficient.)** **4. Investigate for possible infectious causes.**	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

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

5. MANAGEMENT: HEADACHES/CONCUSSION

Plan	Finding Common Ground
1. Inform the patient that she has a concussion. **2. Advise her to stop all physical activity (any activity that produces pain) at work and during her leisure time.** **3. Arrange a follow-up appointment to re-evaluate the headaches in one week.** **4. Discuss pain management. Massage may help with soft tissue pain, but won't take away the pain due to the concussion; she must be pain-free without medication before she returns to sports or other activities.**	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.

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.