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 27

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 (SOO) is to test the candidate's ability to deal with a patient who has:

1. **a thyroid mass;**

2. **a conflict with his wife because of parenting issues.**

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 Mr. **VICTOR MCALLISTER**, 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

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Mr. **VICTOR MCALLISTER**, age 42, a salesman for a large and prosperous insurance company. Over the past several weeks you have noticed a non-painful swelling in the middle of your throat, just left of your Adam's apple. You are visiting the clinic today because your wife, **JOAN MCALLISTER**, insisted that you see a doctor about the lump.

You also have some concerns about how Joan is overindulging your nine-year-old son, **DARREN MCALLISTER**. You want some advice on how to stop this behaviour.

Your own family physician (FP), **Dr. JOHN SMITH**, is working out of the country with a relief agency for a year. He has been your FP for 10 years.

HISTORY OF THE PROBLEM

Thyroid mass

You first noticed the neck swelling about two months ago, when you went to purchase some new dress shirts. While trying on the shirts, your finger rubbed against a small, firm lump. It feels like a large frozen pea just to the left of your Adam's apple. It moves when you swallow, but you can't roll it around with your finger (i.e., it is fixed to the thyroid). It doesn't hurt when you touch it. You have had no pain, redness, itching, or burning with this lump. It does not affect your breathing. The lump is no larger than it was when you discovered it, although you are aware of and paying attention to it. You find yourself rubbing your fingers over it several times a day.

You haven't gained weight or noticed any skin changes or changes in energy level. You have never had radiation to your neck. You have not had night sweats, a change in voice, or difficulty swallowing or breathing.

You are actually more concerned about the lump in your neck than you have let on to Joan. You wonder if it might be cancer. However, you have been avoiding the subject actively, and haven't made an appointment to see anyone about the lump because you are secretly scared to know what it is. Your wife made this appointment for you.

You have no family history of thyroid cancer.

Conflict over parenting

Darren is your only child. You suspect that Joan has never really gotten over the loss of two other babies, but the issue doesn't come up in conversation and this is only a suspicion. She is exceptionally devoted to Darren and fusses over him continually. For example, she drives him to and from school (which is only three blocks away), prepares special meals for him whenever he says his stomach hurts, and lets him come home from school early if he complains of pain. She encourages his artistic pursuits, and has bought him an entire closet full of LEGOs.

You have strongly encouraged Darren to play sports: hockey in the winter and soccer in the summer. Darren is an average but somewhat uninterested hockey player. You feel he could be quite good if he would only apply himself. You started as Darren's hockey coach six weeks ago, and although you haven't made a connection between the two events, Darren's tummy pain started to worsen and occur more frequently at about the same time.

Darren is generally healthy, but over the past year he has complained frequently of "tummy aches". At first you and Joan felt that he was trying to get out of doing schoolwork, but he often complains on the weekend and has missed going to hockey practice. Twice in the past six weeks he has awoken with belly pain before an important game.

Darren often asks to be excused from hockey practice because he has a "tummy ache". As the coach of the team, you strongly feel that Darren should not retire to the bleachers or go home when he feels a bit unwell, but rather "play through" the discomfort. This is how you dealt with any aches or pains during sports, and it generally worked. Your wife, however, disagrees. Whenever Darren snivels that he doesn't feel well, she immediately panders to him and rushes him home to lie on the couch with a hot water bottle.

Joan rarely disagrees with you and has always deferred to you, leaving most of the household decision-making to you—at least until recently. Now she seems not to be following your instructions about handling Darren's tummy pain, and she has openly defied you by taking him off the ice during hockey games—in front of the other fathers!

Just last weekend, Joan ordered a crying Darren home before hockey practice had even started. You are concerned that she is "making the boy into a sissy". This disagreement over parenting styles has led to quarrels between the two of you over the past couple of months. You don't really fight with Joan (i.e., neither of you yells or screams), but you certainly tell her that she is behaving inappropriately and that you want her to stop.

Darren's pain subsides after a loose bowel movement. The movements do not contain blood or mucus. Darren was prone to constipation as a baby and young child. He is a picky eater, but drinks several large glasses of milk a day. He refuses both fruits and vegetables. He is growing well and not losing weight.

MEDICAL HISTORY

You are generally healthy.

You had your tonsils out when you were six years old.

Other than treatment for the occasional sports injury (you played a lot of competitive sports in high school and university), you did not require any medical therapy until about five and a half years ago, when you had a vasectomy.

The last time you visited a doctor was for an episode of pneumonia five years ago. You had antibiotics and the infection resolved quickly with no lasting effects.

You have never been hospitalised.

MEDICATIONS

Occasionally you take ibuprophen for knee pain after running.

LABORATORY RESULTS

None.

ALLERGIES

None.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco: You smoked in university, "just at parties", but quit because smoking might have interfered with your ability to play sports if you had become addicted.

Alcohol: You drink alcohol daily, usually one or two glasses of wine with dinner if you are with clients or a couple of beers if you are home with the family. You have never had a problem with alcohol.

Illicit drugs: You tried marijuana several times in university, but didn't really like it.

Travel: You travel frequently for work, although you do not have to leave the country. In fact, you haven't travelled outside your native province for several years. You even spend your vacations at your parents' cottage in this province.

FAMILY HISTORY

Both your parents are living. Your father, **TREVOR MCALLISTER**, age 70, is healthy and active. Your mother, **BETSY MCALLISTER**, age 68, is very overweight and has been diagnosed with "thyroid problems", hypertension, and "a touch of diabetes".

You are the eldest of four siblings. Your three younger sisters are **VANESSA DEAN**, age 40; **ISABEL MASSEY**, age 38; and **JENNIFER FORREST**, age 35. They are generally healthy, although Isabel is significantly overweight and has recently been diagnosed with diabetes.

Vanessa has a son with Down syndrome.

No one has had cancer in your immediate family of origin, but your maternal grandmother died of colon cancer when you were a young child.

PERSONAL HISTORY

Childhood

You were raised in a pretty happy family. The only issue of concern you can remember from your childhood is your mother's battle with her weight. Your parents got along, and as the eldest child and the only boy, you had a fair amount of attention. You were an average student, but you excelled on the playing field and won a small athletic scholarship to university.

When you were small, you had bowel complaints similar to your son's. You specifically remember being doubled up with abdominal pain on the school bus, worried that you would have an attack of diarrhea before you got to school. Your parents were of the "old school" when it came to discipline and sickness; you never got "time off" for your bowel problems, and were expected to "shush about it." Eventually your bowel problems settled into a predictable pattern of bloating and constipation, and you have figured out how to live with them by exercising and eating lots of fibre.

Marriage

You met Joan through one of your teammates at a hockey game. She was the younger sister of a casual friend, and you were attracted to her gentle quietness immediately. You dated for nearly two years before becoming engaged, and waited another 18 months before marrying, because Joan wanted "everything perfect"—and, at first, everything *was* perfect.

You did well in your job, Joan found temporary employment until she became pregnant with Darren, and after Darren was born, life settled down. However, Darren suffered from colic starting at age four weeks, shattering the idyllic peace. Then Joan found herself pregnant again when Darren was eight months old. Neither you nor Joan was particularly happy about this. Darren continued to be fussy, you both were tired and cranky, and you had some difficulties on the job. You were a bit relieved when Joan miscarried at four months because you had really worried about how you would cope with another child at that time. Joan, on the other hand, took the loss exceptionally hard.

Less than a year later, Joan became pregnant again. This time the pregnancy was a planned event. However, at five months of gestation she went into labour and delivered at home alone. The baby was born dead.

Joan required hospitalisation for several weeks after this event, primarily for depression. Her psychiatrist strongly advised that she not chance becoming pregnant again.

You were comfortable with that decision, and quickly arranged a vasectomy. You didn't discuss this with Joan because you felt that she was too "fragile", and that you were helping the situation. Joan was having side effects from the birth control pill, and you thought that "as the coach of the family team", you would shoulder the responsibility yourself. You haven't regretted that decision at all; Joan has never discussed it.

Currently Joan is an administrative assistant for a law firm. She works part time in order to be home with Darren after school. She is healthy. Apart from care during her three pregnancies and the bout of depression, she hasn't had any medical interventions.

Son

Darren is a great kid: active, funny, and bright. He tends to cling to your wife and seems to prefer her company to that of the other boys at school. He has never been very interested in the rough-and-tumble games of the other neighbourhood boys; he would rather spend hours reading, playing with his LEGOs, and helping your wife in the kitchen.

EDUCATION AND WORK HISTORY

You completed a general BA at the local university. You had a partial athletic scholarship for the first two years, but you never made it to the semi-professional level.

Currently you work for a large insurance company that is nationally known and quite prosperous. You sell insurance to small independent companies, and really enjoy your work. You have worked for this company for 11 years. Before that you worked for a competitor.

FINANCES

You have no financial worries. You live in a duplex in a great neighbourhood, and paid off your mortgage last year because you live in a smaller, less costly home.

SOCIAL SUPPORTS

Your main support is Joan. You consider that you have a close and stable relationship with her.

You are particularly close to Vanessa, because you are only 17 months apart in age and she is also "very into" sports. You played tennis with her for many years while you were growing up. She lives in the same city as you and you meet once a week for a tennis match. She is married and has three children. Her youngest, a boy, was born with Down syndrome three years ago.

You get along well with your co-workers. You have several male friends with whom you play hockey in the winter.

RELIGION

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

EXPECTATIONS

You expect that the doctor will refer you to a specialist to determine the nature of the thyroid mass.

You expect that the doctor will support your belief that Darren's stomach pain is inconsequential, and that your wife should not pander to it.

ACTING INSTRUCTIONS

You are wearing a high-necked shirt or a turtleneck. You frequently finger the collar or rub your Adam's apple.

You are pleasant and cordial, straight to the point and factual. You often use sports metaphors in your speech ("team player", "drop the ball", "winning is everything", etc.). You frequently say things such as "Don't you agree?" and "*You* understand, don't ya, Doc?" because you want the candidate on your side.

You show some mild disdain for Darren's lack of interest in sports and preference for quiet games. You refer to these quiet pastimes as "sissy", and worry that your wife will somehow make Darren cling to her more as time goes by.

You have little concern for Joan's feelings, not because you don't care for her, but because they don't fit in with your idea of what is correct. You have little insight into how your pushing sports, ignoring Darren's belly pain, and getting the vasectomy without your wife's knowledge may have affected your family. You express surprise if the candidate raises these issues and isn't wholly supportive.

You should be forthcoming about Darren's history: his symptoms and the fact that he is otherwise very healthy and growing well. You should specifically say that you force Darren to play hockey even though he complains of pain.

CAST OF CHARACTERS

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

VICTOR MCALLISTER:	The patient, age 42, an insurance salesman who has a mass in his neck.
JOAN MCALLISTER:	Victor's wife, age 43, who works part time as an administrative assistant.
DARREN MCALLISTER:	Victor and Joan's son, age nine, who suffers from abdominal pain.
TREVOR MCALLISTER:	Victor's father, age 70, who is healthy and active.
BETSY MCALLISTER:	Victor's mother, age 68, who is very overweight and has thyroid problems, hypertension, and mild diabetes.
VANESSA DEAN:	Victor's sister, age 40, who has a son, age three, with Down syndrome.
ISABEL MASSEY:	Victor's sister, age 38, who is significantly overweight and diabetic.
JENNIFER FORREST:	Victor's sister, age 35.
DR. JOHN SMITH:	Victor's FP for the past 10 years, who is currently working with a relief agency for a year.

TIMELINE

Today:	Appointment with the candidate.
6 weeks ago:	Began coaching Darren's hockey team and his abdominal pain began to worsen and to occur more frequently.
2 months ago:	Discovered the neck lump.
1 year ago:	Start of Darren's abdominal pain.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"My wife is worried about this lump in my neck."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of parenting conflict, the following prompt must be said: **"I need your opinion about my son."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the neck lump, the following prompt must be said: **"What do you think this lump is?"** *(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")

Prepared by:
K. J. Lawrence, L. Graves, S. MacDonald, D. Dalton, R. Tatham, G. Blais, A. Torsein, V. Robichaud for the Committee on Examinations in Family Medicine, College of Family Physicians of Canada, February 26, 2010.

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

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

1. IDENTIFICATION: THYROID NODULE

Thyroid nodule	Illness Experience
Areas to be covered include: **1. history of the current problem:** • Patient found it two months ago. • Not changing in size. • Non-painful. • The size of a pea. **2. ruling out a thyroid problem:** • No weight change. • No change in energy. • No skin changes. • No bowel changes. • No temperature intolerance. **3. ruling out malignancy:** • No night sweats. • No voice changes. • No other lumps. • Non-smoker. • No difficulty swallowing. **4. no history of neck radiation.**	**Feelings** • Worried about the lump. • Concerned the lump may be cancer. **Ideas** • Could this be cancer? **Effect/Impact on Function** • There has been no impact at work; the patient is irritated that his wife pressured him to have the mass checked out. **Expectations for this visit** • The doctor will arrange for the lump to be tested and removed. **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: PARENTING CONFLICT

Parenting conflict	Illness Experience
Areas to be covered include: **1. wife's parenting:** • Special meals for Darren. • Drives Darren to and from school. • Allows Darren to come home from school early. • Encourages Darren's non-athletic pursuits. **2. patient's parenting:** • Forces Darren to play hockey when he is in pain. • Strongly encourages Darren to play sports. • Coaches Darren's hockey team. **3. Darren:** • Abdominal cramps. • No other identified medical conditions. • No constitutional symptoms (no weight loss, bleeding, mucus, etc.). • Pain worsened six weeks ago. **4. conflict:** • The patient and his wife are arguing. • The wife is asserting herself. • The wife took Darren home from hockey.	**Feelings** • Annoyance. • Frustration. **Ideas** • Darren's abdominal pain is not serious. • Darren should be involved in appropriate male activities. **Effect/Impact on Function** • The patient and his wife are starting to disagree openly. **Expectations for this visit** • The doctor will agree that there is nothing to worry about Darren's pain. **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, **OR** 4.	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, **OR** 4.	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. immediate family:** • One living child. • Parents living. • Three sisters. **2. Joan's history:** • Two miscarriages. • History of depression. • Victor feels she has never gotten over the loss of two babies. **3. Victor's history:** • Athletics are very important. • Parents dismissed his childhood aches and pains; he always "plays through" his pain. • Sees a father's role as being "captain of the family team". • Had a vasectomy without his wife's knowledge. **4. social factors:** • Insurance salesman. • Financially secure. • Plays hockey regularly.	Context integration measures the candidate's ability to: • integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience; • reflect observations and insights back to the patient in a clear and empathetic way. **This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.** The following is the type of statement that a Superior Certificant may make: **"You have concerns that this neck lump is something rather serious, and you worry that your wife's overprotection of Darren is subversive to your role in the family. You worry that your role as the father is being undermined, and you feel helpless to reinstate it."**

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: THYROID NODULE

Plan	Finding Common Ground
1. Review various possible causes. **2. Arrange for a physical examination.** **3. Reassure the patient that appropriate investigations will be arranged, based upon the examination.** **4. Discuss "red flags" (e.g., increase in size, pain, change in voice, etc.) that require investigation.**	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: PARENTING CONFLICT

Plan	Finding Common Ground
1. Offer to see and examine the son. **2. Offer to see the wife with the patient to discuss the son.** **3. Explore the possibility of marital conflict underlying the parenting disagreement.**	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, and 3.	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 and 2.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does not cover points 1 and 2.	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.