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 28

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 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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RATIONALE

The goal of this Simulated Office Oral (SOO) examination is to test the candidate's ability to deal with a patient who

1. **is pregnant.**

2. **has post-traumatic stress disorder.**

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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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. **WENDY FRONTENAC**, age 32, 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.

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Ten CFPC Preparation Pointers for SOO Examiners

1. The first rule for successful acting is to put yourself into the mindset of the person you are impersonating. You have been around patients long enough to have a fairly good idea of how patients speak, behave, and dress.

Think of the following:

- The defensiveness and reticence of a patient with alcoholism.
- The embarrassment of someone with a sexual problem.
- The anxiety of a person with a terminal illness.
- The shyness of a young teenager asking for birth-control pills.

Once you receive your SOO script, think about the following:

- How is this type of patient going to react to a new physician initially?
  Will he or she be open, shy, defensive, "snarky," supercilious, etc.?
- How articulate will a person of his or her education level and social class be?
  What jargon, expressions, and body language will he or she use?
- What will his or her reactions be to questions a new physician asks?
  Will the patient be angry when alcohol abuse is brought up?
  Will he or she display reticence when questions about family relationships are asked?

2. Do not give away too much information! This is a common error. Allow the candidate to conduct a patient-centred interview to obtain the information he or she needs to zero in on the problem. The SOO is set up for you to give two or three specific cues to focus the candidate on the real issue(s), whether it (they) be alcohol abuse, sexual fears, worry about AIDS, etc.

You have all sweated through this exam yourself. It is normal to feel sorry for the poor, nervous, sweating candidate sitting in front of you. This exam is the result of years of experience on the part of the College, and the cues you are given are enough for the average candidate to realize what the real issues are. If the candidate still has not caught on after the two or three cues you have given as instructed in the case script, that is his or her problem, not yours. Do not give away too much after that.

3. Many candidates are not native English-speaking and may have language difficulties. They may not comprehend subtle verbal cues and jargon (e.g., "I only have a couple of beers a day, Doc"). The College is proud that so many physicians, many of whom are older than traditional candidates and have come from foreign countries, apply for certification. Transcultural medicine is a field unto itself, and these physicians can perform a valuable service in providing care to Canada's large immigrant population. These physicians will have to attend to Canadian-born patients, as well, and in the interest of fairness, do not act or speak differently during the examinations of these candidates. However, do feel free to write "possibility of language difficulties" on the score sheet if you feel this is the case.

4. Occasionally a candidate will get off on a tangent, or onto a completely unproductive line of questioning. During this exam you must walk the fine line of not giving away too much, but also of not leading the candidate down a completely inappropriate path of inquiry. His or her time is limited. If a candidate begins a completely unproductive line of questioning, answer "No!" (or appropriately negatively) firmly and decisively, with proper body language. This will, in a subtle way, prevent him or her from wasting several valuable minutes on such questioning.

5. Do not overact. Bizarre, hysterical gestures, arm flapping, inappropriate clothes (e.g., a retired carpenter probably will not show up in a $500 suit), etc., have no place in this exam. Always try to think how this person would act with a physician he or she had never met.

6. As the examinations proceed, you will (we hope) truly begin to **be** the patient. You will notice there will be some "doctors" with whom you feel comfortable, some with whom you feel less comfortable, some who conduct the interview the way you would have, and some who conduct the interview in a different way. We ask you to mark each candidate as objectively as possible, using the criteria we supply.

7. Remember to give the prompts! We all slip up once in a while and forget to give a prompt. If you suddenly remember, give the prompt as soon as you can. Sometimes you might be unsure about whether you need to give a prompt: you may be uncertain if the candidate has already covered the material on which the prompt is supposed to help him or her focus. When in doubt, **err on the side of giving the cue!**

8. Please pay attention to the clothing and acting instructions we give you. We find that even a change that seems minor to you, such as wearing a long-sleeved shirt instead of the specified "short sleeves," has a way of changing the whole atmosphere of the encounter for candidates.

9. Remember to give a clear three-minute prompt! When candidates ask that their performance be reviewed after a poor score, a common complaint is that this prompt was not given. To prevent any misunderstanding, give both verbal and visual cues: say something like **"You have three minutes left"** and flash a three-finger sign.

After you have given the three-minute warning, you should not volunteer any new information. Limit your responses to direct answers or clarification. If the candidate finishes before the alarm, simply sit in silence until it goes off. Do not offer any more information or inform him or her that he or she has time left.

10. Remember to follow the script and assist the College by clearly and adequately documenting important details of the interview on the reverse side of the score sheet, particularly with "problem" candidates.

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CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **WENDY FRONTENAC**, age 32. You have just discovered that you are pregnant, and by your calculation you are 10 weeks along. The surprise of the pregnancy could not have come at a more challenging time, as you recently started to relive the sexual abuse of your childhood.

You have never had a regular family physician (FP). The small town in which you grew up has relied on locum doctors for decades. You selected this physician from the list available when you called the hospital.

HISTORY OF THE PROBLEM

Pregnancy

You did a pregnancy test last week and discovered that you are pregnant. Your last menstrual period (LMP) was 12 weeks ago.

This is not your first pregnancy. From age 17 to 22, you lived on the street, supporting yourself through petty theft and working in the sex trade. You were pregnant three times and decided to terminate those pregnancies -all well before you were 12 weeks. At that time, you were not certain you could identify the fathers, and at age 22, you were using cocaine and prescription opiates daily.

This pregnancy was not planned, and you and your partner of three years, **TIM**, age 27, have not really discussed a family. Because of the terminations and an episode of pelvic inflammatory disease (PID), you wondered whether you could even become pregnant. You have not used contraception of any kind since you moved in with Tim. After a year with no pregnancy, you figured you were “probably safe.” Tim seemed fine with not having children, but now that you are pregnant, he is very happy.

You believe that this pregnancy will go well. You have been pretty healthy. You have had no nausea or vomiting, although you have had some fatigue and breast tenderness. You have had no bleeding.

Your past medical history is uncomplicated. You did contract hepatitis C infection when you were injecting drugs, but completed treatment for it five years ago. Your infectious disease specialist and, more important, your hepatitis nurse have always reassured you that you should have no problems with a pregnancy.

As far as you know, you don't need to worry about any genetic issues. However, you have not decided whether to have genetic testing—you are not certain you would ever go through with another termination.

Currently you don't use any drugs. Ten years ago you entered a drug treatment program. After multiple residential and outpatient treatments, you started using methadone and kept using it for five years. You are no longer using it, but you continue to be part of a program and still attend a meeting once a week—more often if you are feeling fragile. You have a great relationship with your sponsor, **LORRAINE**, age 45.

You have one remaining bad habit: you still smoke a half pack of cigarettes a day and would be interested in stopping.

You have two cats, and one roams outside. You look after the cats, which includes cleaning the litter box.

You are fine with the pregnancy but are starting to wonder what giving birth will be like.

Post-traumatic Stress Disorder

The past month has been one of the most difficult you have ever experienced. Five weeks ago, you received a phone call from **TANYA**, age 42, who is one of your cousins. She was in town to support her daughter, **CANDICE**, age 18, who was testifying in court.

Candice was sexually abused by **PHIL**, a family friend, when she was 11 and 12 years old. She was not the only one who was abused, and she is one of several young women who testified. Tanya called because she thought you might want to go to court; she suspected Phil might have assaulted you.

She was right. As an 11-year-old you were pretty confused. Life at home was chaotic, and looking back as an adult, you realize that your parents had drug and alcohol issues. Your father drank heavily on weekends and your mother drank daily and used lots of pills. You were flattered by Phil's attention. He would visit the house and, because your parents were not there to care for you, gave you your first real drinks. He introduced you to marijuana at the same time. You cannot believe your parents did not know about Phil. Your behaviour and clothes changed in ways that, as an adult, you see as obvious warning signs. You used alcohol and drugs to bury the pain of the abuse, which lasted until you were 14.

In your more charitable moments you forgive your parents for failing to notice, and you suspect your mother may have been abused. Most of the time, however, you are angry that no one protected you. At 17, you left home after repeated arguments with your parents, who did not seem to notice the pain you were experiencing.

Sex became a way to survive and get what you needed. You mostly lived by couch surfing and traded sex for drugs and rent. Occasionally you had a paying customer, but mostly you were able to avoid the seedier side of sex work.

You changed your life when you were 22 because you were tired of the lifestyle. In addition, a friend's body had been found in a ditch and that scared you. You are pretty certain she crossed one of the gangs in town.

After Tanya's call, you decided to testify against Phil. You went to court alone because Tim was working out of town.

When you arrived in court you "felt solid," but as soon as you saw Phil, memories of the abuse started to return. You had the sensation of choking and could not catch your breath. You felt trapped and unable to move. Your eyes filled with tears, but you could do nothing. A court officer saw your distress and helped you out of the courtroom. Her kind words about how hard these events can be felt like a warm blanket, and you managed to return home.

Since that time you have been unable to get the events of your abuse out of your mind. You are having flashbacks and nightmares. Your heart starts pounding when you remember the events. You feel irritable and anxious. Once, when you were at the mall, you saw a man who looked like Phil and you were overwhelmed with the same feelings. No one has noticed that your concentration has decreased, but lately people at the diner where you work as a waitress have noticed you are quite jumpy and are startled easily. You have spilled coffee at work.

In two weeks you are supposed to travel by bus to a nearby town to attend the wedding of the only family member with whom you are still in contact, your sister, **KATHY**, age 47. Kathy and you reconnected when you were finally sober. Both of you have avoided a real heart-to-heart talk about what went on at home. Kathy has been in therapy for a long time, and you suspect she had some of the same issues as you did growing up. You see each other twice a year and chat perhaps once a month by phone. You both have great defences.

Tim is unable to go to the wedding. Your mother likely will be taking the same bus, and you know you won't be able to get on it if she is there. You would like the FP to validate your feelings and give you permission not to go, but you will respond favourably to a supportive plan, such as office visits before and after the wedding.

You have not discussed this as PTSD with anyone else except although you believe this is what it is most likely. You have not discussed this Lorraine your sponsor or at meetings.

Despite everything that has been happening you have not considered doing anything to change your sobriety by using again.

MEDICAL HISTORY

- You have received treatment for hepatitis C infection.
- You have had previous PID.
- You have had three therapeutic abortions-all before 12 weeks.

SURGERY

You have had no major surgery.

MEDICATIONS

- You take no medications.
- You have not started taking prenatal vitamins.

LABORATORY RESULTS

- You have had no recent laboratory tests.
- You had a Pap test three years ago and sexually transmitted infections testing when you started your relationship with Tim.

ALLERGIES

You have no allergies, but you often tell people you have a narcotics allergy in order to avoid exposure to opiates.

IMMUNIZATIONS

Your immunizations, including hepatitis A and B immunizations, are up to date. Your rubella immune status is unknown.

LIFESTYLE ISSUES

Tobacco:	You currently smoke half a pack of cigarettes a day. You are contemplating stopping smoking.
Alcohol:	You do not drink alcohol.
Caffeine:	You drink two cups of coffee a day.
Illicit Drugs:	Currently you do not use any illicit drugs.

Diet: You eat well generally, although you can easily slip back into the junk food habit of your early years. No one ever taught you how to cook.

Exercise and Recreation: You enjoy being outdoors with Tim. You never imagined that you would enjoy fishing and hunting, but you do.

FAMILY HISTORY

Your parents abuse alcohol. You know of no family history of genetic diseases.

PERSONAL HISTORY

Family of Origin

You grew up in a small community. Your parents were employed in resource-based industries (mining, lumber for example) and there were times when money was abundant and others when it was not.

You laugh when you hear people discuss moving to the "country" to keep their children away from bad influences. The community was small enough for your family to be known for their alcohol use and chaotic home, but the school and community never took any action. You suspect that there were other families like yours in town, but no one really talked about this.

Your parents are still married. Ten years ago they retired and moved to the same community in which you are now living. Their pensions are their sole source of income. You know that their drinking has continued and are relieved that this preoccupies them enough to avoid you. Basically, you are estranged from them, and deep down you wonder if they ever really cared about you.

Your only sibling is Kathy. She left home at age 18, when you were three years old. She put herself through college and eventually became a teacher. She has never had children and you have never asked why. Your relationship with her restarted only recently, and you would not say that the two of you are close. You understand Kathy's previous need to distance herself from your parents and from you. You realize she now understands you are leading a sober life. The invitation to her wedding is a real olive branch. You are perplexed that she has invited your mother to the wedding, but trust she has a good reason for doing so.

Relationship

You and Tim met three years ago, when a friend from work set the two of you up. You have lived together for two years. You know Tim loves you: he has accepted your past and treats you well.

Tim has never had a problem with drugs, but both his parents suffered from alcoholism. His childhood was tough and he is a survivor. He understands where you have been, but is quite clear about his own need to live with a sober partner.

You have never been married and you and Tim have no plans to marry. A baby would not change this.

Partner's Child

You have no children. Tim has a six-year-old daughter from a previous relationship. She lives with her mother in another city. Tim provides for her as required, and she has visited you for two weeks every summer.

EDUCATION AND WORK HISTORY

You received your high school equivalency a few years ago. You work as a waitress in a breakfast and lunch diner. You like the regular hours, the early start, and meeting "morning people."

FINANCES

You and Tim make reasonable money. He works in construction. Your needs are simple and are met by your incomes.

SOCIAL SUPPORTS

Tim is a major support, as is your sponsor, Lorraine. You have a good circle of friends, but, while you are quite sociable, they are not close friends. You have difficulty trusting people.

RELIGION

You do not attend any religious services.

EXPECTATIONS

You hope the FP will offer to provide prenatal care. You also want him or her to help you deal with your PTSD symptoms.

ACTING INSTRUCTIONS

Instructions are written according to the patient's feelings, ideas, effect/impact on function, and expectations.

You are dressed in a tee-shirt and jeans. You do not wear makeup and you are modest in your appearance.

You respond well to a physician who is not judgmental about your past, but will be more reticent if he or she does seem judgmental. You are very forthright and a bit rough around the edges in your speech ("Like, I got knocked up," and "He was a shit," etc.). You do work with the public and will apologize to the physician for any inappropriate language.

Your **FEELING** is happiness about the pregnancy. You are pretty certain that it will go well, but you are worried about how your anxiety could affect the baby and the impact of your past on the baby. Your **IDEA** is that you may have anxiety, but you strongly suspect you have PTSD. Your **FUNCTION** has been affected because you are having difficulty sleeping and are jumpy at work. However, you have been able to keep working with the pregnancy. Your **EXPECTATION** is that the physician will help take care of your pregnancy needs and will support you in dealing with your new anxiety. You are concerned about taking any drugs and hope the physician will not prescribe any right away. You want to attend your sister's wedding, but you are really worried about seeing your mother and secretly hope the FP may give you an excuse not to attend.

CAST OF CHARACTERS

WENDY FRONTENAC:	The patient, age 32, who works as a waitress and is pregnant and suffering from PTSD.
TIM:	Wendy's partner, age 27, who is the father of her baby.
KATHY:	Wendy's sister, age 47.
LORRAINE:	Wendy's sponsor, age 45.
TANYA:	Wendy's cousin, age 42.
CANDICE:	Tanya's daughter, age 18, who testified against Phil in court.
PHIL:	A family friend who sexually abused Wendy and Candice.

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

TIMELINE

2 weeks from now:	Sister Kathy's wedding.
Today:	Appointment with the candidate.
1 month ago:	Saw your former abuser, Phil, at the courthouse.
12 weeks ago:	Last menstrual period.
2 years ago:	Moved in with Tim.
3 years ago:	Met Tim.
10 years ago:	Stopped drug use and changed lifestyle.
15 years ago:	Left parents' home to live on the street.
18 years ago:	Sexual abuse ended.
21 years ago:	Sexual abuse started.
32 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I'm pregnant."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of PTSD, the following prompt must be said: **"Something weird happened at the courthouse a month ago."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of pregnancy, the following prompt must be said: **"What do I need to do for this pregnancy?"** *(This prompt is unlikely to 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 a certificant **must** gather information about the illness experience to gain a better understanding of the patient and his or her problem, a superior performance is not simply a matter of whether a candidate has obtained all 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). It is intended to be 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 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 that the patient uses.

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 the patient's culture.
- Uses appropriate words for children and teens (e.g., "pee" rather than "void").

Non-Verbal Skills

Expressive

- Is conscious of the impact of body language on communication and adjusts it appropriately.

Sample Behaviours

- Ensures eye contact is appropriate for the patient's culture and comfort.
- Is focused on the conversation.
- Adjusts demeanour to ensure it is appropriate to the patient's context.
- Ensures physical contact is appropriate for the patient's comfort.

Receptive

- Is 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.").

Language Skills

Verbal

- Has skills that are adequate for the patient to understand what is being said.
- Is able to converse at a level appropriate for the patient's age and educational level.
- Uses an appropriate tone for the situation, to ensure good communication and patient comfort.

Sample Behaviours

- Asks open- and closed-ended question appropriately.
- Checks with the patient to ensure understanding (e.g., "Am I understanding you correctly?").
- Facilitates the patient's 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.

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

(1) Allen T, Bethune C, Brailovsky C, Crichton T, Donoff M, Laughlin T, Lawrence K, Wetmore S. 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 February 7, 2011}. Available from: *http://www.cfpc.ca/uploadedFiles/Education/Defining%20Competence%20Complete%20Document%20bookmarked.pdf*

1. IDENTIFICATION: PREGNANCY

PREGNANCY	ILLNESS EXPERIENCE
Areas to be covered include **1. current pregnancy:** • LMP 12 weeks ago. • No prenatal care to date. • No nausea/no vomiting. • No bleeding/no cramping. • No prenatal vitamins/no folic acid. **2. past gynecological/obstetric history:** • PID in the past. • Three therapeutic abortions. • Used no contraception before the pregnancy. **3. ruling out pregnancy red flags:** • Is a smoker. • Has no genetic concerns. **4. substance use-related issues:** • Hepatitis C virus infection treated. • Previously did well with methadone. • No drug use. • No alcohol use.	**Feelings** • Hopeful but apprehensive **Ideas** • The physician will help her plan for a healthy baby. **Effect/Impact on Function** • None **Expectations for This Visit** • The physician will undertake her pregnancy care. **A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing this patient's illness experience.**

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: POST-TRAUMATIC STRESS DISORDER

POST-TRAUMATIC STRESS DISORDER	ILLNESS EXPERIENCE
Areas to be covered include **1. current symptoms:** • Started one month ago. • Trigger was seeing Phil. • Short of breath. • At times unable to move. • Recurrent episodes/nightmares. **2. past history:** ▪ Childhood sexual abuse. ▪ Started at age 11. ▪ Perpetrator was a family friend. ▪ Other family members were abused. **3. treatment:** • Never sought professional help/counselling about her abuse. • Tim accepts and understands her past. **4.** has not been tempted to use substances in the past month.	**Feelings** • Worried **Ideas** • This is related to her past abuse. **Effect / Impact on Function** • Her sleep and work are affected. • She is concerned about attending her sister's wedding. **Expectations for This Visit** • The physician will help her deal with these symptoms. **A satisfactory understanding of all components (Feelings, Ideas, Effect / Impact on Function, and Expectations) is important in assessing this patient's illness experience.**

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:** • Parents suffer from alcoholism. • Estranged from parents. • Sister Kathy. **2. Social factors:** • No close friends. • Sponsor Lorraine. • Attends group (NA, Al-Anon). • Works as a waitress. **3. Teenage years:** • Drug abuse. • Traded sex for drugs and rent. • Living on the street after the age of 17. 4.**Tim:** • Living together. • No abuse. • The father of her baby. • No history of substance use. • Happy about the baby.	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 empathic 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 had real challenges in your life, from the family you came from to living on the streets and surviving childhood sexual abuse. You have done so well in remaining substance free and this pregnancy is positive for you I can understand your concern that this recent event will derail you.

Superior Certificant	Covers points 1, 2, 3, and 4.	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathically reflects observations and insights back to the patient.
Certificant	Covers points 1, 2, and 3.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience, or cuts the patient off.

4. MANAGEMENT: PREGNANCY

PLAN	FINDING COMMON GROUND
1. Confirm she will be continuing with this pregnancy. **2. Arrange for prenatal care.** **3. Advise the use of prenatal vitamins/folic acid.** **4. Discuss smoking cessation.**	Behaviours that indicate efforts to involve the patient include 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

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

5. MANAGEMENT: POST-TRAUMATIC STRESS DISORDER

PLAN	FINDING COMMON GROUND
1. Agree with the patient that the symptoms are related to past abuse/suggest a diagnosis of PTSD. **2. Offer non-pharmacological support for treatment/counselling with self or others.** **3. Validate/support her anxiety about her sister's wedding.** **4. Discuss the importance of dealing with the past sexual abuse before giving birth.**	Behaviours that indicate efforts to involve the patient include 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

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

6. INTERVIEW PROCESS AND ORGANIZATION

The other scoring components address particular aspects of the interview. However, evaluating the interview as a whole is also important. The entire encounter should have a sense of structure and timing, and the candidate should always take a patient-centred approach.

The following are important techniques or qualities applicable to the entire interview:

1. **Good direction, with a sense of order and structure.**

2. **A conversational rather than interrogative tone.**

3. **Flexibility and good integration of all interview components; the interview should not be piecemeal or choppy.**

4. **Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.**

Superior Certificant	Demonstrates advanced ability in conducting an integrated interview with clear evidence of a beginning, a 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.