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 5

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

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SIMULATED OFFICE ORAL EXAMINATION

INTRODUCTION

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

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

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

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

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SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

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

1. **wants to bank his sperm because of an abnormal prostate-specific antigen test result;**

2. **has parents who have dementia and whose health is deteriorating.**

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

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SIMULATED OFFICE ORAL EXAMINATION

INSTRUCTIONS TO THE CANDIDATE

1. FORMAT

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

2. SCORING

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

3. TIMING

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

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

4. THE PATIENT

You are about to meet Mr. **BRUCE CROTHERS**, age 56, 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. **BRUCE CROTHERS**, age 56, a self-employed and highly successful financial services consultant. You are used to planning and being in control, but recent events are causing havoc in your well-ordered life. You have recently found out that your prostate-specific antigen (PSA) level is high, which raises the possibility of prostate cancer and impaired fertility.

You would normally see your own family physician (FP), but inconveniently, **DR. WILLIAM KIDD** had a major heart attack last week, shortly after you last saw him. You would have talked to him about sperm donation and sperm banks, but now that's impossible. That's why you've come to see the candidate.

To make a bad situation worse, a few minutes ago your parents' housekeeper informed you of a crisis at their home. This is all too much!

HISTORY OF THE PROBLEM

Elevated prostate-specific antigen level

Two weeks ago you went to your FP for a physical examination. You were feeling perfectly healthy, but you hadn't seen a physician for three years and thought it was about time. Dr. Kidd did a complete physical exam, including a digital rectal examination (DRE), which he said was normal. He also ordered some blood tests and sent you home with a fecal occult blood test. You wondered why you had to pay for some of the blood tests, but the cost was trifling; Dr. Kidd has always been pretty thorough.

Your blood pressure (BP) and cholesterol, blood sugar, and fecal occult blood results were normal. However, your PSA level was elevated (6.8).

You have mixed feelings about the PSA screening. You hadn't had a PSA measurement before, but now you know that screening for prostate cancer is controversial, and that you didn't have an opportunity to give consent. You realize that the laboratory charge was for the PSA test. You're not sure that you would have consented to PSA screening, and are angry that Dr. Kidd didn't give you that choice. Now he has had this heart attack, and you can't talk to him.

You've done your research and you're pretty sure you wouldn't do anything except periodically repeat the PSA measurement if you weren't contemplating starting a family with your new girlfriend, **ABIGAIL CHAPMAN**. Now you feel forced to investigate the problem further: "I know it may not be cancer, but if it is, I want to have all my ducks in a row, and be properly prepared."

You feel that if you do have prostate cancer, you will decide to go ahead with treatment. You've reviewed reliable information on the internet and are fully informed about possible side effects. If given the choice between radiation and surgery, and assuming both would be equally effective, you would probably choose surgery because you are worried about inducing a chronic painful condition (prostatitis) with radiation. Dr. Kidd was going to refer you to an urologist, but the day after you received the results he had his massive heart attack and nothing at all has been done. You know that the new physician can set up the urology appointment: that's a pretty routine thing to do.

You've never had any prostate symptoms, such as frequency, urgency, hesitancy, poor stream, nocturia, or hematuria. You've had no fevers, weight loss, or bone pain.

You have normal erections and ejaculations, and a healthy sex drive. You've never had any symptoms or a diagnosis of a sexually transmitted disease.

You know that treatment for prostate cancer will most likely cause infertility, and perhaps impotence. Because you are contemplating a future family, you want to make arrangements to bank your sperm, should you need treatment.

Unfortunately, you had one of your assistants do some research, and discovered some disquieting information about sperm banks. It appears that some centres do not adhere to federal standards, and that some of the "straws" can't be linked to the donors. You find this appalling and most unprofessional; you're now very worried that if you were to bank your sperm, you'd have no guarantee that future children would be genetically related to you. The Crothers name and the high-quality genes that go with it are too important to risk because of sloppy paperwork!

Crisis with your parents

EMILDA, your parents' housekeeper for the past five years, reached you on your cell phone a few minutes ago, just as you were coming into the candidate's office. This morning, your father told her that for the past two nights he's been patrolling the house with his loaded Second World War rifle, "just to make sure those damned neighbours don't sneak over and look in our windows". He believes they do this only at night, so he's unloaded the rifle and put the ammunition back in storage now that Emilda is there. You know that this is a crisis, and a safety issue for

the neighbours, your mother, and the housekeeper. Something has to be done – but what, and by whom? There has to be a solution, but you're too busy to deal with the situation, and have enough problems of your own.

This rifle incident is the latest in a string of problems. Both your parents seem to be suffering from dementia. Your mother has had progressive dementia (Alzheimer's disease) for 11 years, and recently your father has been showing signs of dementia, too. He's not quietly confused like your mother. Two months ago he yelled at a gas company employee reading the meter, and recently he said he put out poisoned bait for the neighbour's dog. This doesn't make any sense as their yard is completely fenced, and the dog is a toy poodle that can barely jump onto a couch. He bears a grudge against the neighbours, and still remembers a dispute from 30 years ago.

MEDICAL HISTORY

You have always been healthy. You've had no hospitalizations or emergency department visits. Recurrent tennis elbow is the worst ailment you've had. You had to attend physiotherapy for three weeks with one occurrence.

You have had no genitourinary (GU) symptoms or diagnoses except for the one high PSA test result recently.

MEDICATIONS

You are not using any prescription drugs. You take the odd ibuprofen (Advil) for strains and sprains.

LABORATORY RESULTS

PSA 6.8.
Normal DRE.
Normal fasting blood sugar measurement, lipid profile, and kidney and liver function.

ALLERGIES

None.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Illicit drugs: You've never dabbled in any street drugs. "My body is my temple."

Diet: You really enjoy fine food. You've "inherited good genes", so your cholesterol and sugar levels have never been high, and you've been able to indulge in gourmet foods.

Exercise and Recreation: You belong to an executive health club in the downtown building where your office is located. You play squash twice a week, and do a little stretching and weight training three days a week. Your aerobic capacity and flexibility are top-notch. You are a consistent winner at squash, and you're very comfortable on even the most demanding ski slopes.

FAMILY HISTORY

There's no family history of prostate cancer.

Grandparents

Your grandparents were healthy, and died of old age. (Your mother's parents lived into their 80s.)

Mother

Your mother, **LOUISE CROTHERS**, was born in 1920 in London, England. She was an only child. She met your father during the Second World War; she was swept off her feet by the dashing Canadian flyer.

She had attended a secretarial school, and started working at age 17. She had a wonderful native intelligence and ended up as the executive secretary to a vice-president of a major book retailer. She retired in 1985, and lived a healthy, fulfilling retirement until her progressive dementia reared its head in 1993. She was always very healthy, swimming and playing tennis until her mind was overcome by her disease. She'd never taken any pills, but now she's taking donepezil (Aricept), which doesn't seem to have halted the progression of the Alzheimer's disease very successfully.

You've always gotten along with your mother; she was a sound, sensible Englishwoman, who gave you good advice. Seeing her slow decline has been so sad. At times she doesn't recognize you; sometimes she thinks you're her husband.

She always looked ahead, so even before the Alzheimer's disease set in she gave you full control (a mandate) of all areas of her life. This mandate was to be used if necessary. She thought you were a better choice than her husband, as she believed it unwise to give legal powers to someone who was older than she was. This was a bone of contention between you and your father.

Father

Your father, **GEORGE CROTHERS**, was born in 1914 in Winnipeg. He was trained as an accountant, but signed up in the Royal Canadian Air Force in 1939, mainly for the adventure. He flew Hurricanes early on, and then switched to Typhoons (tank busters). He was a natural fighter pilot and was given a medal and a promotion for his exploits on D-Day. (He's been a consultant for major motion pictures about the war.)

He returned to Canada a hero, and rose to become a senior manager in the aerospace industry. He retired in 1984. Like your mother, he's been very healthy. They both have the same FP, **Dr. SUSAN MELDRUM**, but your father prides himself on never going to see her.

Your relationship with your father has always been difficult. If you got a grade of 95% at school, your father would always ask about the other five percentage points. He never understood your wish to go away to university in the USA, and still doesn't understand quite what you do, although he does acknowledge that you have a knack for making money. He was a team player, in both the air force and sports. He wanted you to play soccer and football, sports with which you were never comfortable. He thought squash and skiing weren't really sports at all.

You've never been able to stand up to him. He has a ferocious command of logic, and you could never win an argument with him.

All in all, you really don't like him. Generally you've been distant, but now you've been dragged back into his life as the situation has worsened.

Parents' living situation

Since your mother became sick, your father has been her sole caregiver; he used to handle their finances, and shop for groceries. Fortunately, he did give up driving several years ago. This was likely a financial decision: all the services he needs are within easy walking distance of the house. Even Dr. Meldrum's office is just around the corner.

He was never able to master cooking and cleaning, so five years ago he agreed to hire Emilda. She works from 9 am to 8 pm, Monday through Friday. She's been buying the groceries for the past couple of years. A year ago you persuaded him to hire **SWEE-SIM**, who performs Emilda's tasks on the weekend.

Your father has been increasingly forgetful, missing garbage and blue box collections. If your parents hadn't previously made arrangements for lawn mowing, window cleaning, and eaves trough clearing, those tasks would probably remain undone.

Because your father recognizes your financial skills, he has allowed you to guide their investment strategy, but in the past year his memory has slipped: he missed paying some bills and you've assumed de facto control of all the finances. You actually have no legal authority to do so. You see these events as evidence of your father following in your mother's footsteps.

You would love to find a quick solution to your parents' care. Money is not a problem, as both you and your parents are very well off, but your father has been resistant to any change. For example, you've suggested they'd be better off in a retirement home, but your father will have none of that foolish talk. He has refused even to consider placement on a waiting list.

PERSONAL HISTORY

Former marriage

You married at age 38 but divorced after five years. Your wife, **CATHY HOFFMAN**, was a real bitch—a ball-buster: "She seemed so sweet at first, but all she really wanted was her own career as a lawyer." She'd been the Canadian champion in the 100-meter hurdles, and was a great squash player. You met playing squash.

You and Cathy had no children, and you have no children from any other relationship. Before and after your disastrous marriage, you had short-term relationships with women you met on vacation; the sex was always good. You usually used condoms.

Current relationship

Over the past six months you have been dating Abigail, a student in the undergraduate course for which you guest lectured two classes last year. She's 23, and a real sweetie: gentle and kind. She wasn't one of the best students, but with the extra tutoring she requested, she passed the course. You enjoyed the celebratory dinner that ensued. She grew up in a small town, and was quite sheltered, so it's been fun showing her the sophisticated life in the city. You've taken her out to dinner a couple of times, and to the opera once.

She'd never been to an opera before, and got a bit confused by the plot turns in Mozart's *Le Nozze di Figaro*—"That's *The Marriage of Figaro*, of course"—but she seemed to enjoy it.

This relationship is moving ahead more slowly than usual. Abigail is inexperienced sexually, so you've kissed her only once. That was a goodnight kiss after the opera. Certainly nothing sexual has happened so far (although you do desire her), but you think that she could be the one with whom you will have a family.

She's eager to graduate and get out into the real world, but with her grades she's not likely to find a job that's very interesting. She'll probably realize she's not cut out for the rough-and-tumble of the business world, and settle for a part-time job; you think she'd be a great front desk person. You could provide her with a good life, and she'd be a wonderful mother, wife, and companion. You'd never think of just living with her: this is your future wife!

You have not discussed your thoughts about the future with Abigail; she has exams coming up, and really needs to concentrate on studying. Knowing that she was going to be married, wealthy, and living in the city would put her in such a tizzy that she might not do well.

You haven't met Abigail's parents.

EDUCATION AND WORK HISTORY

Your parents sent you to all the best schools. Your birthday is toward the end of the year, so you were younger than most of your classmates. You did fine academically, but you had no real social life.

You attended Cal Tech, where you earned a degree in the new field of computer engineering. You realized that if you obtained an MBA you could be in the forefront of a major new business paradigm, so you did and you were. You could have stayed in the USA, but that would have meant entering the lottery for the draft; you returned to Canada.

You are now a well-known consultant in the financial services sector. You entered the field early and have been on the leading edge ever since. For the past 15 years you've been on your own. Your company is small, but you get big contracts because of the quality of your work. You are often on the national networks as a commentator on business issues. However, you may say to the candidate, "I know doctors don't seem to keep up with financial matters, so you may not have seen me".

In the past seven years you have been a guest lecturer in the undergraduate program at the local university. You enjoy teaching. You are really pleased that the students, especially the women, seem to like you. You've written a number of reference letters for students; you're a bit disappointed they haven't kept in touch once they've graduated.

FINANCES

You are rich. You have an extensive investment portfolio, and own property in several cities. Your home is here and you have a condo in Snowmass, Colorado, to which you escape when you need a break.

You do, of course, take other vacations: you attend shows in London, enjoy the Venice Carnival, and take ski and golf trips.

SOCIAL SUPPORTS

You have a few squash and golf buddies. They are good for having a beer with, but you have no contact outside the club, or off the course.

Your employees are just your employees. You don't believe in mixing work and pleasure.

You've been spending some time with Abigail recently.

RELIGION

You suppose that you're Anglican. You really like the sound of a choir in a fine Gothic chapel.

ACTING INSTRUCTIONS

You are immaculately dressed. You are wearing a jacket with or without a tie.

You treat the candidate as an equal, and will put him or her down if he or she "doesn't seem up to snuff".

After the opening statement, begin the history by mentioning the new relationship. For example, you might say, "Well, I've begun seeing this wonderful girl, but now I don't know if we'll be able to have kids."

You are self-centred, and have the following opinions:

- Dr. Kidd has let you down by having a myocardial infarction (MI).
- Why don't the feds have better control over things they license (e.g., sperm banks)?
- Why is my father making things difficult right now?
- Who's going to look after these things? I'm too preoccupied with my PSA and Abby.

You have great expertise with internet searching; you've learned a lot about prostate cancer (probably more than the average FP), and are completely familiar with all the terms, acronyms, staging systems, etc. You expect anyone you talk with to be as familiar with the material as you are.

If asked about finances, clearly indicate that no expense (a night time caregiver for your parents, etc.) will cause any hardship.

If the candidate suggests waiting to see the results of further prostate investigations before considering sperm donation, insist that you wish to know the facts about sperm banks, and to be put in touch with a good one now.

If the candidate asks you to return for a physical exam (and does not mention DRE specifically), ask: "What needs to be done, as I had a physical two weeks ago?"

CAST OF CHARACTERS

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

BRUCE CROTHERS:	The patient, a 56-year-old financial services consultant, with an elevated PSA level.
ABIGAIL CHAPMAN:	Bruce's new love interest, a 23-year-old student.
GEORGE CROTHERS:	Bruce's father, age 90.
LOUISE CROTHERS:	Bruce's mother, age 84.
CATHY HOFFMAN:	Bruce's former wife.
EMILDA:	George and Louise's housekeeper, who works Monday through Friday.
SWEE-SIM:	George and Louise's weekend housekeeper.
DR. WILLIAM KIDD:	Bruce's FP, who had an MI last week.
DR. SUSAN MELDRUM:	George and Louise's FP.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"I've been doing some research about prostate cancer and fertility, and I need to talk to you about it."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the crisis with your parents, the following prompt must be said: **"And now my father's acting up."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the elevated PSA level, the following prompt must be said: **"So what about my future kids?"** *(It is unlikely that this prompt will be necessary.)*
3 MINUTES REMAINING:	**"You have THREE minutes left."** *(This verbal prompt **AND** a visual prompt **MUST** be given to the candidate.)*
0 MINUTES REMAINING:	**"Your time is up."**

*To avoid interfering with the flow of the interview, remember that the 10- and seven-minute prompts are optional. They should be offered only if necessary to provide clues to the second problem or to help the candidate with management. In addition, to avoid interrupting the candidate in mid-sentence or disrupting his or her reasoning process, delaying the delivery of these prompts momentarily is perfectly acceptable.

NOTE: If you have followed the prompts indicated on the interview flow sheet, there should be no need to prompt the candidate further during the last three minutes of the interview. During this portion of the interview, you may only clarify points by answering direct questions, and you should not volunteer new information. You should allow the candidate to conclude the interview during this time.

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MARKING SCHEME

NOTE: To cover a particular area, the candidate must address **AT LEAST 50%** of the bullet points listed under each numbered point in the **LEFT-HAND** box on the marking scheme.

Distinguishing a "Certificant" from a "Superior Certificant": Exploration of the Illness Experience

While it is critical that a certificant gather information about the illness experience to gain a better understanding of the patient and his or her problem, superior performance is not simply a matter of whether a candidate has obtained all of the information. A superior candidate **actively explores** the illness experience to arrive at an-in-depth understanding of it. This is achieved through the purposeful use of communication skills; verbal and non-verbal techniques, including both effective questioning and active listening. The material below is adapted from the CFPC's document describing evaluation objectives for certification (1) and is intended to act as a further guide to assist evaluators in determining whether a candidate's communication skills reflect superior, certificant, or non-certificant performance .

Listening Skills

- Uses both general and active listening skills to facilitate communication

Sample Behaviours

- Allows the time for appropriate silences
- Feeds back to the patient what he or she thinks he or she has understood from the patient
- Responds to cues (doesn't carry on questioning without acknowledging when the patient reveals major life or situation changes, such as "I just lost my mother")
- Clarifies jargon used by the patient

Language Skills

Verbal

- Adequate to be understood by the patient
- Able to converse at an appropriate level for the patient's age and educational level
- Appropriate tone for the situation - to ensure good communication and patient comfort

Sample Behaviours

- Asks open- and closed-ended questions appropriately
- Checks back with the patient to ensure understanding (e.g., "Am I understanding you correctly?")
- Facilitates the patients' story (e.g., "Can you clarify that for me?")
- Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects)
- Clarifies how the patient would like to be addressed

Non-Verbal Skills

Expressive

- Conscious of the impact of body language on communication and adjusts appropriately

Sample Behaviours

- Eye contact is appropriate for the culture and comfort of the patient
- Is focused on the conversation
- Adjusts demeanour to be appropriate to the patient's context
- Physical contact is appropriate to the patient's comfort

Receptive

- Aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt)

Sample Behaviours

- Responds appropriately to the patient's discomfort (shows appropriate empathy for the patient)
- Verbally checks the significance of body language/actions/behaviour. (e.g., "You seem nervous/upset/uncertain/in pain.")

Cultural and Age Appropriateness

- Adapts communication to the individual patient for reasons such as culture, age, and disability

Sample Behaviours

- Adapts the communication style to the patient's disability (e.g., writes for deaf patients)
- Speaks at a volume appropriate for the patient's hearing
- Identifies and adapts his or her manner to the patient according to his or her culture
- Uses appropriate words for children and teens (e.g., "pee" versus " void")

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1. IDENTIFICATION: ELEVATED PSA LEVEL

Elevated PSA level	Illness Experience
Areas to be covered include: **1. history of elevated PSA level:** • PSA 6.8. • No previous PSA testing. • No current symptoms of benign prostatic hypertrophy. • No family history of prostate cancer. **2. concern regarding fertility:** • Loss of fertility with treatment. • Wants to bank his sperm before treatment. • Has never had a child. **3. potency/fertility:** • No erectile dysfunction. • Unchanged (normal) sexual desire. **4. no discussion of plans for pregnancy with Abigail**.	**Feelings** • Irritation regarding PSA testing. • Upset that incompetent bureaucracy is fouling up his plans. **Ideas** • He might have prostate cancer. • Sperm samples get mixed up. **Effect/Impact on Function** • None. **Expectations for this visit** • The candidate will help him find a decent sperm bank. • The candidate will arrange a urology referral. **A satisfactory understanding of all components (Feelings, Ideas, 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: PARENTS' DEMENTIA

Parents' dementia	Illness Experience
Areas to be covered include: **1. current crisis:** • Father is patrolling with a loaded rifle at night. • Rifle is unloaded at this moment. • Mother is demented. • No caregivers at home at night. **2. parents' current situation:** • No financial barriers to care. • Father has refused to put their names on waiting lists. • Father is not driving. • Patient is managing their finances. • Patient has full legal responsibility (mandate) for mother. **3. father's gradual deterioration:** • Requires daytime caregivers. • Increasingly paranoid ideation (meter reader, dog, neighbours). • Loss of short-term memory. **4. parents have their own FP.**	**Feelings** • Annoyance. • "I'm trying to do the best I can." **Ideas** • He can't manage his parents on his own. • His father is becoming demented. **Effect/Impact on Function** • He hasn't got more time to spend on looking after his parents. **Expectations for this visit** • The candidate will solve the crisis for him. **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:** • Only child. • Strained relationship with father. • Close to mother. **2. employment:** • Financial services consultant. • National commentator/expert in his field. • Guest lecturer. **3. relationship with Abby:** • She's 23 years old. • He tutored her. • They've had only a few dates. • No sex.	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 seem caught in the increasingly common sandwich generation phenomenon: you feel the need to be looking after yourself and your future, and you feel the pressure of the needs of your aging parents."**

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

4. MANAGEMENT: ELEVATED PSA LEVEL

Plan	Finding Common Ground
1. Arrange for DRE. **2. Discuss follow-up of high PSA measurement (e.g., refer to an urologist, repeat PSA testing, order trans rectal ultrasonography).** **3. Discuss referral to a sperm bank.** **4. Acknowledge the patient's perception of lack of informed consent for PSA testing.**	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: PARENTS' DEMENTIA

Plan	Finding Common Ground
1. Insist the patient arrange removal of ammunition and/or the gun. **2. Discuss options for care arrangements (e.g., adding an overnight caregiver, removing the mother from the home).** **3. Encourage the patient to arrange assessment of the father by Dr. Meldrum.** **4. Offer to encourage the patient to provide an update to his parents' FP.**	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.

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.