

**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 .

<p><b><u>Listening Skills</u></b></p> <ul style="list-style-type: none"> <li>• Uses both general and active listening skills to facilitate communication.</li> </ul> <p><b><u>Sample Behaviours</u></b></p> <ul style="list-style-type: none"> <li>• Allows time for appropriate silences.</li> <li>• Feeds back to the patient what he or she thinks he or she has understood from the patient.</li> <li>• 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.”).</li> <li>• Clarifies jargon that the patient uses.</li> </ul>	<p><b><u>Cultural and Age Appropriateness</u></b></p> <ul style="list-style-type: none"> <li>• Adapts communication to the individual patient for reasons such as culture, age, and disability.</li> </ul> <p><b><u>Sample Behaviours</u></b></p> <ul style="list-style-type: none"> <li>• Adapts the communication style to the patient’s disability (e.g., writes for deaf patients).</li> <li>• Speaks at a volume appropriate for the patient’s hearing.</li> <li>• Identifies and adapts his or her manner to the patient according to the patient’s culture.</li> <li>• Uses appropriate words for children and teens (e.g., “pee” rather than “void”).</li> </ul>
<p><b><u>Non-Verbal Skills</u></b></p> <p><b><u>Expressive</u></b></p> <ul style="list-style-type: none"> <li>• Is conscious of the impact of body language on communication and adjusts it appropriately.</li> </ul> <p><b><u>Sample Behaviours</u></b></p> <ul style="list-style-type: none"> <li>• Ensures eye contact is appropriate for the patient’s culture and comfort.</li> <li>• Is focused on the conversation.</li> <li>• Adjusts demeanour to ensure it is appropriate to the patient’s context.</li> <li>• Ensures physical contact is appropriate for the patient’s comfort.</li> </ul> <p><b><u>Receptive</u></b></p> <ul style="list-style-type: none"> <li>• Is aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt).</li> </ul> <p><b><u>Sample Behaviours</u></b></p> <ul style="list-style-type: none"> <li>• Responds appropriately to the patient’s discomfort (shows appropriate empathy for the patient).</li> <li>• Verbally checks the significance of body language/actions/behaviour (e.g., “You seem nervous/upset/uncertain/in pain.”).</li> </ul>	<p><b><u>Language Skills</u></b></p> <p><b><u>Verbal</u></b></p> <ul style="list-style-type: none"> <li>• Has skills that are adequate for the patient to understand what is being said.</li> <li>• Is able to converse at a level appropriate for the patient’s age and educational level.</li> <li>• Uses an appropriate tone for the situation, to ensure good communication and patient comfort.</li> </ul> <p><b><u>Sample Behaviours</u></b></p> <ul style="list-style-type: none"> <li>• Asks open- and closed-ended question appropriately.</li> <li>• Checks with the patient to ensure understanding (e.g., “Am I understanding you correctly?”).</li> <li>• Facilitates the patient’s story (e.g., “Can you clarify that for me?”).</li> <li>• Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects).</li> <li>• Clarifies how the patient would like to be addressed.</li> </ul>

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(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>