

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

**SIMULATED OFFICE
ORAL EXAMINATION**

SAMPLE 2



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.

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SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

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

- 1. symptoms of polycystic ovarian syndrome (PCOS) and fertility questions;**
- 2. acute recurrent sinusitis.**

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. **AURORA ENDERBY-SMITH**, 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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CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **AURORA ENDERBY-SMITH**, a 32-year-old grade nine history teacher. You have come to the doctor today with a variety of concerns. Your main complaint is you appear to have developed acne and noticed some hair growth on your stomach and neck. Your periods have also become somewhat erratic. You are not quite sure what to make of all this but find the skin problems annoying and are concerned about your periods because you and your husband would like to have a child.

You are also getting another sinus infection and would like antibiotics to treat it. You have had several such infections in the past two years and have had to take antibiotics about eight times. You don't really like having to take antibiotics, but feel you absolutely cannot take time off work. You are not worried about how often you get sick but would like to stop getting them.

For the past four or five years you have gone to walk-in clinics when you've been sick. Your family doctor moved away while you were travelling a few years ago.

HISTORY OF THE PROBLEM

Polycystic ovarian syndrome symptoms

Acne: Over the past five months you have developed acne. You had this when you were in your teens, but it got better when you were in your 20s. You did not see a doctor for it. You used cleansers from the drugstore and think you really just grew out of it. It is not bad today, but you keep getting painful "zits" around your hairline. They are deep, tender, raised sores. You have also noticed similar but smaller sores on your chest and shoulders. You have tried several different things from the drugstore - pretty much anything your friends suggested but nothing really seems to help. It's not that you can't tolerate the acne or that it is particularly painful, but you believe you are too old to have to deal with it. Your students are the ones who are supposed to have this problem, not you. You are concerned that the acne may undermine your authority in the classroom.

Hirsutism: Lately you have also noticed hair growth on your stomach and face. It is mostly concentrated on your chin, neck, and stomach below your belly button. The hair on your stomach and neck is quite coarse. This has never been a problem for you before. You asked your mother about it and she said she doesn't remember it being common in the family, but because both her and your father were only children, there is not a lot of people to judge.

You have been having the hair waxed, but this is a painful nuisance and you really wonder why the hair suddenly appeared. You have not tried electrolysis because you've heard it really hurts, and you've never considered laser therapy. It would probably be too expensive.

Period changes: You have also noticed changes in your periods. You stopped the pill seven months ago, shortly after marrying **MARK WILSON**, because you wanted to become pregnant. Your cycles have been "weird" ever since. Sometimes your period comes right when you expect it, and other times it is two or three weeks late. You get excited when your period is late because you hope you're pregnant. Unfortunately, the pregnancy tests are always negative and your period comes eventually.

You have not noticed any pelvic pain during the middle of your cycle or any bleeding before the onset of your period. When you do get your period, you never know quite what to expect. Sometimes it is crampy for the first few days, with what you would consider normal flow, and lasts for five days. Other times it is heavy and lasts for six or seven days. It is usually heavier when it comes late.

You sometimes have premenstrual syndrome (PMS) symptoms (bloating, breast tenderness, slight moodiness). However, these don't occur consistently.

You are somewhat concerned about the effect your period problem is having on your ability to get pregnant. The concern is not overwhelming, but you do want to have more than one child and time is marching on. You wonder if there is anything to worry about and whether you need any tests. You recognize that this problem started about the time you stopped the pill, but are not sure of the relationship between the two events. You didn't think the pill caused problems like this. You started taking it when you were 18 and went away to live in the mountains. You have kept taking it since, whether you were in a relationship or not.

You and your husband have not talked about assisted reproduction or fertility agents. You have seen those ovulation kits in the drugstore, but have never bought one. You and your husband have sex about every three to four days.

You started having your periods when you were 11. They were irregular at first, but after the first two years or so they seemed to become more regular.

Absence of other symptoms: Your weight hasn't changed. You have no leaking from your breasts. Your voice, ring size, and shoe size haven't changed. You have no heat or cold intolerance. Your bowel function is normal. You don't have dry skin or changes in your hair. You have not been fatigued.

Sinusitis

Over the past two years or so you have taken antibiotics eight times for sinus infections. They generally begin with a pressure feeling in your forehead and face, and then you get a runny nose.

The first time you felt like this you had just started your teaching internship and had no time to go to the doctor. This was in September of 2000. You were sick for five or six days with a runny nose and headache, started to feel a bit better, and then got worse. You were dizzy and your head hurt, especially when you bent over. You developed a fever and had green mucus coming out of your nose. You had to go to the doctor at this point. He did an X-ray of your sinuses, said you had a sinus infection, and prescribed an antibiotic for 14 days. You are certain it was some type of penicillin. You missed three days in the classroom, but your symptoms gradually improved and you returned to your normal self. About a month later you got sick again; however, that time wasn't as bad and you got better after five or six days without antibiotics. Shortly after returning to school following Remembrance Day, you got sick again. This time the sinusitis was more like the first episode, and you had to take time off again. Once again your infection responded to 14 days of penicillin treatment.

Since this second bad infection you have been careful to get antibiotics shortly after you start to feel sick. You can't take time off as you did when you were a student.

Whenever you start to feel the pressure in your head and get a runny nose you go to the doctor, generally within two or three days of your symptoms appearing. You usually just stop in at the most convenient walk-in clinic. Within four days of starting antibiotic treatment you feel much better. Because the antibiotics work so well, you have not really needed to try anything from the drugstore. You do not take any herbal remedies when you are ill or before you become sick.

You have taken antibiotics eight times since January of 2001. You never get sick in the summer. You have no allergies and are not troubled by hay fever. You have never had any trauma to your nose. Between the sinus infections you feel fine. You do not have a cough or a runny nose between infections.

You have noticed that when you take antibiotics you get yeast infections. You have heard that this can happen. You buy something from the drugstore to treat these infections. You put up with the yeast infections because the antibiotics prevent you from getting sick.

You started having sinus pressure about two days ago and have been blowing your nose fairly regularly today. The discharge has been clear. You have no pain in your jaw or face. You want the doctor to give you a prescription for penicillin so you can get on top of this new infection.

MEDICAL HISTORY

Other than your recent sinus infections you have been healthy.

When you were in kindergarten you fell down the stairs and broke your arm. You have never had surgery.

When you were single you always practiced safe sex (i.e., used condoms), and were regularly tested for sexually transmitted diseases (STDs). You had a human immunodeficiency virus (HIV) test about three years ago. The result was negative.

MEDICATIONS

Currently you are taking no medications. Specifically, you are not taking folic acid. You have been using acne cleansers from the drugstore without much success. When you need them, you purchase yeast infection treatments from the drugstore.

LABORATORY RESULTS

Once when you were sick, you had an X-ray of your sinuses. The doctor told you it showed an infection in your sinuses.

ALLERGIES

You are not aware of any allergies to medication or other substances. If asked, you say that you have never been troubled by hay fever. You have no problems around animals.

IMMUNIZATIONS

Up to date.
You have never received influenza vaccination.

LIFESTYLE ISSUES

Tobacco:

You have never smoked.

Alcohol:

Occasionally, you and Mark share a bottle of wine with dinner, but otherwise you do not really drink.

Illicit drugs:

When you were very young and living in the mountains, you, like many others, smoked a bit of marijuana. Of course you also used marijuana when you travelled to Amsterdam. However, you have not had any for years.

Diet:

You try to eat a balanced diet and prefer organic foods. Every summer you grow your own vegetables in a community garden.

Exercise and Recreation:

Your exercise consists mainly of walking to work every day. This is about five miles in each direction.

FAMILY HISTORY

Both your parents are healthy.

You are not aware of any specific health problems in your extended family. Three of your grandparents lived into their 80s and died of "natural causes". Your mother's mother is 89.

PERSONAL HISTORY

Family of origin

You were born and raised in this community. Your father, **EDWARD SMITH**, is 60 and a sociology professor. Your mother, **JENNIFER ENDERBY**, is 59 and a social worker who works with inner-city street kids. You have no siblings. Your parents live in town and you have a close relationship with them.

Your parents have always considered themselves "free spirits". You were named Aurora because you were conceived under the Northern Lights. Your parents felt it was important for you to explore the world on your own, but they were always there to provide advice, information, and support when you needed them.

Previous relationships

You had perhaps 10 partners before you met Mark. None of these relationships were serious. You had your last relationship when you were working at the provincial archives office; you never saw it amounting to much.

Husband

You met Mark, age 32, in an after-degree teaching program. Unlike you, he had always known what he wanted to do. After secondary school, he got a certificate and worked as a teacher's aide for four years before moving to this community to get a math degree. He then went on to the after-degree program to get his teaching qualification. For two years he has been teaching math at a different secondary school from the one where you work.

You dated Mark for almost four years, and lived with him for three before you married in October 2002. You and Mark decided to get married because you wanted to start a family and felt that the commitment of marriage was important for that. Mark has no children. The two of you have a wonderful relationship. You are able to talk about anything. He provides a grounding and stabilizing influence for you, while you help him find his lighter, less serious side. You see yourselves as friends as much as lovers.

As far as you are aware, Mark is completely healthy. He does not have an FP and has not seen a doctor for several years. You are sure that he has no STDs. Specifically, you are aware that he is HIV negative.

You do not see much of your in-laws. They live in another province and Mark has little interest in spending much time with them. He has a good relationship with your parents.

EDUCATION AND WORK HISTORY

You took a somewhat non-traditional route to a teaching career. After finishing secondary school you worked at a mountain resort for two years. Your parents supported you in your decision to do this. They felt you should "find yourself" and see what the world was all about. You had a wonderful time. You did a variety of service jobs (waitress, tour guide, and groundskeeper). You met people from all over the world, and had many love affairs with bitter endings. (You have a flair for the dramatic.) All in all, you felt that this was a wonderful experience.

You also have worked as a tour guide at a local museum. There you developed your fascination with history. You already had a strong interest in social issues, which you no doubt received from your parents, but found you really enjoyed learning about people who had lived in the community before you.

You decided to study history. You had no particular plans for when you finished your degree, but felt that the knowledge and the experience were important. You moved back with your parents, and after some adjustment on both sides you all came to a comfortable arrangement. You attended classes part time and worked in the university library and a coffee shop to support your studies. They weren't great jobs, but they helped pay the bills. You also had several scholarships. Although the history degree took a bit longer to complete than you would have liked, you finished with honors and got a job with the provincial archives. You researched public requests for information.

You found the research interesting but soon realized this was not the career for you. You weren't sure what you really wanted to do. You quit after one year and chose to travel the next year. You went by yourself and had an amazing experience. You spent a lot of time thinking about what you wanted from the future and decided that teaching would be right for you. You really admired the teachers who enriched your education, and wanted to do the same for future generations. You also saw teaching as a way to use the education you had gained.

You returned home and entered an after-degree teaching program. Currently you are a grade nine history teacher at a local school. You have been working for two years. You like your job and find your colleagues very supportive. Eventually you would like to teach more senior students, but you realize you need more experience. You find the grade nine students enough of a challenge right now, and you are busy with the social activism club, which you organized. You are at a public school with a good administrator. You feel there is support for decisions you make about students. You do not feel any significant stress related to your job. You feel committed to your students and think that any time off will have a negative effect on them.

SOCIAL SUPPORTS

You and Mark have many friends, both at work and in other settings. You have an active social life.

ACTING INSTRUCTIONS

You are comfortably dressed in loose-fitting clothes. Generally you prefer natural-fibre clothes made by local artisans. You believe in supporting local trade and avoid wearing anything with an identifiable brand name. You have a simple wedding band. You may be wearing a string or hemp necklace or bracelet, perhaps a toe ring.

You are a straightforward person who is frank about your concerns. You openly answer questions and ask for clarification. You **FEEL** you are in charge of your health, and believe physicians should help you remain in charge.

You are embarrassed and annoyed by the acne. You are not concerned about your appearance but **FEEL** that the acne may undermine your role in the classroom. You are concerned about your ability to get pregnant. You hadn't really considered that this would be a problem for you when you decided the time was right. You haven't been trying that long, but you do **FEEL** that time is marching on and want to have more than one child.

You are worried about your developing a sinus infection. You can't miss work and have difficulty finding time for medical appointments. You accept receiving no antibiotic prescription if the candidate explains the nature of sinus infections and has a clear plan for treatment if you do become sicker.

CAST OF CHARACTERS

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

AURORA ENDERBY-SMITH:	The patient, a 32-year-old history teacher with PCOS symptoms and a sinus infection.
MARK WILSON:	Aurora's 32-year-old husband, who is a math teacher.
EDWARD SMITH:	Aurora's 60-year-old father, who is a sociology professor.
JENNIFER ENDERBY:	Aurora's 59-year-old mother, who is a social worker.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:

“Doctor, I’m 32 years-old and I have developed acne.”

10 MINUTES REMAINING:*

If the candidate has not brought up the issue of sinusitis, the following prompt must be said: **“I also need to get antibiotics for the sinus infection I am getting.”**

7 MINUTES REMAINING:*

If the candidate has not brought up the issue of PCOS symptoms, the following prompt must be said: **“Do you think anything should be done about my periods?”**
(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

<p>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 .</p>	
<p>Listening Skills</p> <ul style="list-style-type: none"> • Uses both general and active listening skills to facilitate communication <p>Sample Behaviours</p> <ul style="list-style-type: none"> • 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 	<p>Language Skills</p> <p>Verbal</p> <ul style="list-style-type: none"> • 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 <p>Sample Behaviours</p> <ul style="list-style-type: none"> • 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
<p>Non-verbal Skills</p> <p>Expressive</p> <ul style="list-style-type: none"> • Conscious of the impact of body language on communication and adjusts appropriately <p>Sample Behaviours</p> <ul style="list-style-type: none"> • 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 <p>Receptive</p> <ul style="list-style-type: none"> • Aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction/anger/guilt) <p>Sample Behaviours</p> <ul style="list-style-type: none"> • 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”) 	<p>Cultural and Age Appropriateness</p> <ul style="list-style-type: none"> • Adapts communication to the individual patient for reasons such as culture, age and disability <p>Sample Behaviours</p> <ul style="list-style-type: none"> • 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”)
	<p>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.</p>

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: POLYCYSTIC OVARIAN SYNDROME SYMPTOMS

PCOS symptoms	Illness Experience
<p><u>Areas to be covered include:</u></p> <p>1. history of the current problem:</p> <ul style="list-style-type: none"> • Cystic acne. • Onset of problems seven months ago. • Hirsutism. • Irregular menstrual cycles. <p>2. previous history:</p> <ul style="list-style-type: none"> • Acne in adolescence resolved. • Menses regular before starting oral contraceptives (OCs). • No family history of hirsutism. <p>3. potential contributing factors:</p> <ul style="list-style-type: none"> • Discontinuation of OCs. • Has taken OCs for 14 years. <p>4. other relevant symptoms:</p> <ul style="list-style-type: none"> • No change in voice. • No galactorrhea. • No change in ring or shoe size. • No symptoms of hypothyroidism (e.g., weight loss, cold intolerance, bowel changes). 	<p><u>Feelings</u></p> <ul style="list-style-type: none"> • Embarrassment at her acne, especially in front of students. <p><u>Ideas</u></p> <ul style="list-style-type: none"> • She doesn't know why the acne is present but she's too old for it and wants it gone. <p><u>Effect/Impact on Function</u></p> <ul style="list-style-type: none"> • Not getting pregnant. <p><u>Expectations for this visit</u></p> <ul style="list-style-type: none"> • The doctor will give her advice on how to deal with acne. • The doctor will reassure her about her pregnancy. <p>A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing the illness experience of this patient.</p>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an <u>in-depth</u> 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 <u>satisfactory</u> understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non- certificant	Does <u>not</u> cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains <u>little</u> 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: RECURRENT SINUS INFECTIONS

Recurrent sinus infections	Illness Experience
<p><u>Areas to be covered include:</u></p> <p>1. prior sinus infections:</p> <ul style="list-style-type: none"> • Antibiotics eight times in the past two years (not just eight infections). • Since the second bad episode, she has been getting antibiotics within two to three days of symptoms starting. • Symptoms are always better within four days of starting antibiotic treatment. • She has yeast infections after antibiotic use. <p>2. current symptoms:</p> <ul style="list-style-type: none"> • No fever. • Sinus pressure. • Clear nasal discharge. • Symptoms began two days ago. • No face/jaw pain. <p>3. other treatments:</p> <ul style="list-style-type: none"> • Has not used over-the-counter treatments. • No herbal remedies. <p>4. possible related factors:</p> <ul style="list-style-type: none"> • No rhinorrhea between infections. • No history of allergies. • No chronic cough. 	<p><u>Feelings</u></p> <ul style="list-style-type: none"> • Concern about getting sicker. <p><u>Ideas</u></p> <ul style="list-style-type: none"> • Antibiotics will prevent her illness. • She cannot miss work. <p><u>Effect/Impact on Function</u></p> <ul style="list-style-type: none"> • She has had to take time off in the past. <p><u>Expectations for this visit</u></p> <ul style="list-style-type: none"> • The doctor will give her an antibiotic prescription. <p>A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing the illness experience of this patient.</p>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an <u>in-depth</u> 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 <u>satisfactory</u> understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non- certificant	Does <u>not</u> cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains <u>little</u> 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
<p><u>Areas to be covered include:</u></p> <p>1. family:</p> <ul style="list-style-type: none"> • No siblings. • Parents live in town. • Little contact with in-laws. <p>2. life cycle issues:</p> <ul style="list-style-type: none"> • Recently started a teaching career. • Trying to get pregnant. • Married seven months ago. <p>3. social support:</p> <ul style="list-style-type: none"> • Husband is her main support. • Many friends in the community. • Excellent relationship with her parents. <p>4. social factors:</p> <ul style="list-style-type: none"> • Community gardener. • Financially secure. • Supportive work environment. • Organized the social activism club at school. 	<p>Context integration measures the candidate's ability to:</p> <ul style="list-style-type: none"> • 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. <p>This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.</p> <p>The following is the type of statement that a Superior Certificant may make: "You are just at the start of your career and trying to start a family. You find yourself faced with infections that could affect your ability to work. At the same time, you are faced with symptoms which appear to be negatively impacting your ability to get pregnant."</p>

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 <u>not</u> 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. The following is the type of statement that a Non-certificant may make: "So what's the big deal, all you have is acne."

4. MANAGEMENT: POLYCYSTIC OVARIAN SYNDROME SYMPTOMS

Plan	Finding Common Ground
<p>1. Explain that the current symptoms mean the patient may have PCOS.</p> <p>2. Arrange for a physical examination to clarify the diagnosis.</p> <p>3. Discuss therapeutic options for symptoms and/or fertility enhancement if it becomes necessary.</p> <p>4. Advise the patient to start taking folic acid (at least 0.4 mg a day).</p>	<p>Behaviours that indicate efforts to involve the patient include:</p> <ol style="list-style-type: none"> 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. <p>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.</p>

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 OR 4.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does <u>not</u> cover points 1, 2, and 3 OR 4.	Does <u>not</u> involve the patient in the development of a plan.

5. MANAGEMENT: RECURRENT SINUSITIS

Plan	Finding Common Ground
<p>1. Discuss the distinction between viral and bacterial sinusitis.</p> <p>2. Suggest alternative supportive measures to treat symptoms (e.g., decongestants, steam, Vicks, Vaporub).</p> <p>3. Develop a plan for how the patient will receive treatment if she becomes more symptomatic.</p> <p>4. Discuss antibiotic resistance.</p>	<p>Behaviours that indicate efforts to involve the patient include:</p> <ol style="list-style-type: none"> 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. <p>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.</p>

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

6. INTERVIEW PROCESS AND ORGANIZATION

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

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

1. Good direction, with a sense of order and structure.
2. A conversational rather than interrogative tone.
3. Flexibility and good integration of all interview components; the interview should not be piecemeal or choppy.
4. Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.

Superior Certificant	Demonstrates advanced ability in conducting an integrated interview with clear evidence of a beginning, middle, and an end. Promotes conversation and discussion by remaining flexible and by keeping the interview flowing and balanced. Very efficient use of time, with effective prioritization.
Certificant	Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently.
Non- certificant	Demonstrates limited or insufficient ability to conduct an integrated interview. Interview frequently lacks direction or structure. May be inflexible and/or overly rigid with an overly interrogative tone. Uses time ineffectively.