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 23

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
CERTIFICATION EXAMINATION IN FAMILY MEDICINE

INTRODUCTION TO SIMULATED OFFICE ORAL EXAMINATIONS

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.

RATIONALE FOR SIMULATED OFFICE ORAL EXAMINATION

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

1. ulcerative colitis.

2. anxiety attacks.

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.

CERTIFICATION EXAMINATION IN FAMILY MEDICINE
SIMULATED OFFICE ORAL EXAMINATIONS

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. **RICHARD GRANDON**, age 47, 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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SIMULATED OFFICE ORAL EXAMINATION

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Mr. **RICHARD GRANDON**, age 47, an investment advisor who has an appointment with the candidate because your ulcerative colitis is flaring up. You also want to mention episodes of pounding in your chest during the past month.

You are visiting this family physician (FP) because your own, **Dr. EVANS**, is long retired. You haven't seen your last gastroenterologist, **Dr. SHEPPARD**, in 15 years.

HISTORY OF THE PROBLEM

Ulcerative Colitis

Current episode: In the past four months you have had episodes when you have had to run to the bathroom more often—often up to once every hour. Sometimes you have overt diarrhea, but frequently there is nothing much in the way of a bowel movement. You have about five loose bowel movements a day. You are also suffering from crampy, colicky abdominal pains every day. You have intermittent rectal pain, embarrassing flatulence, and nausea. This does not wake you from sleep. You are not incontinent of feces.

This constellation of symptoms has occurred three times previously, and you have been diagnosed with "ulcerative colitis" in the past. More specifically, you were told you have "ulcerative proctitis." From experience, you know that rectal bleeding will soon follow unless treatment is started.

You had hoped that, by watching your diet carefully, the symptoms would go away and you wouldn't need to see a doctor. However, this hasn't been the case. In fact, gradually the problem has become more severe—and the flare-up could not have occurred at a worse time. You have many clients who expect personal service from their investment advisor, and this means a lot of golf is coming up. Long board meetings will follow with your fellow partners in the firm.

You wonder if the stress you have been experiencing since around Christmas may have caused the flare-up (see "Anxiety Attacks"). The abdominal pains started around that time, and your wife and colleagues have told you that you're much

more tense and agitated. In addition, past attacks seemed to occur when you were under extreme stress.
Your appetite is unchanged, and you have not lost any weight. You have no food allergies, and you have not been abroad in the past year. You have never had joint pains or problems with your eyes. You have never had jaundice.

Previous episodes: When you were 13, you started suffering with colicky abdominal pains and diarrhea. Initially, your father dismissed these symptoms as "nerves" and "growing pains," and he was quite unsympathetic. After several months, you began to bleed rectally and lose weight, and this prompted your mother (who had seen the same symptoms in her brother) to take you to a doctor. Eventually you went to a pediatrician and had sigmoidoscopy and colonoscopy. Biopsies showed that you had ulcerative colitis. Treatment was started with enemas, steroids, and a sulpha drug. You developed a rash and proved allergic to the sulpha drug. This was stopped and you continued using only the oral and rectal steroids. Several months of treatment were required to bring the symptoms under control.

When you went away to university in New Orleans, the symptoms diminished when you began smoking cigarettes and disappeared when you began using marijuana. You drank alcohol only moderately, as it seemed to exacerbate your symptoms. You weaned yourself off the enemas and steroids within two months of starting university.

For a couple of years you were fine, but you had another flare-up of the abdominal pains and subsequent rectal bleeding shortly after leaving the New Orleans university at age 21, and again just before your marriage at age 32. Each time your FP sent you to a specialist, and each time a colonoscopy proved that the colitis was flaring up. You would have a short course of oral and rectal treatment, and the disease would seem to go away.

You were never good at continuing maintenance therapy or follow-up care with your doctors, and as soon as the symptoms went, you weaned yourself off the drugs. You learned from books and specialists that certain diets could help the condition, and that spicy foods would worsen it. You became adept at following a simple, bland diet, and avoiding all triggers.

Anxiety Attacks

About a month ago, you were about to attend a board meeting at work when you had the sudden, unexpected sense of "pounding" in your chest. You had no pain, but you felt as if you were being choked, and you couldn't breathe. Your hands were trembling, you started to sweat, and you felt light-headed. Although you did not collapse or lose consciousness, you were gasping for breath. Your hands and lips "tingled" after this. Colleagues said that you went "pale and clammy." This had never happened to you before.

An ambulance was called, and you were rushed to a nearby emergency department (ED). The pounding in your chest improved, spontaneously, after about 30 minutes. Your lips and hands went back to normal after the same time. You were given a "relaxing pill" under your tongue, and your heart was checked. You were led to believe that everything was fine, and you were allowed to go home later that day.

Two weeks later, the same thing happened after you dropped your daughter off at school. Your heart raced, you became sweaty and light-headed, and your hands began to shake. You started to drive to the ED, but the feeling wore off after about 20 minutes. You therefore drove to work.

A few days ago, you had another episode when you were at a restaurant with your wife, **PENELOPE**. She insisted that you go to the ED, and you were checked again for a heart complaint. The palpitations lasted about 20 to 30 minutes. This time you were admitted to the hospital for two days, and **Dr. WONG**, a cardiologist, did a "full work-up" on you, including a heart tracing, blood tests, and a "stress echo" test. You also wore a heart monitor for 24 hours. Dr. Wong told you that the heart rhythm and structure, as well as the blood supply to your heart, were "100% perfect." He said something about your symptoms being caused by "palpitations," which were probably "stress related." He suggested a follow-up appointment with an FP. You were also told that all blood test results, including those for your thyroid, were "normal."

Your wife, other family members, and colleagues are worried about you. You also are worried that these attacks will occur again. Initially you had no idea what triggered them, as the occasions on which they occurred seemed unrelated. However, you have been pondering Dr. Wong's comment about stress. Specifically, you have been thinking about recent stressful events and their relationship to your palpitations.

About a month ago, the global chief executive officer (CEO) of your company retired, which prompted the board meeting at which you first had palpitations. You had survived the economic downturn by hard work, clever investments, and firing a lot of the junior staff. Board members noticed your ruthlessness, and you are now rumoured to be the next CEO. Barring a scandal, you should easily be voted in by the end of the month.

You fear that such a scandal is possible, and this is causing considerable anxiety. Years ago, you needed money and were in some pornographic films with **JUSTINE**, a girlfriend from your university days in New Orleans. You went by the pseudonym "**ROCK GRAND**" (see "Personal History" for more details). About four months ago, you read a newspaper article about Justine. She is a member of the Democratic Party and ran for local office in New Orleans during the last mayoral election. The Republican Party found some seedy pornographic movies she had made as a student, and released them to the press. Website addresses were provided so that anybody who wished to could see her naked with an "unknown guy named Rock Grand." The newspaper article went on to state that the old 8-mm footage is now a "most-viewed video" on the web, and blog sites had been set up in an attempt to

identify this “unknown American stud.” Fortunately, nobody has contacted you—yet. The New Orleans election is long over and Justine was easily defeated, but you are terrified that your past will somehow resurface. Your life was going so well until that awful newspaper article. This could ruin your chance for promotion and send your happy, upper middle-class life into turmoil.

You have always been a good sleeper, but in the past month, you have noticed that you wake up earlier. You also tend to wake up if there is a slight noise in the bedroom, and then you have trouble getting to sleep again. When you get up in the morning, you feel tense and apprehensive. That dreadful newspaper article undoubtedly caused your stress, which is magnified by fears about your promotion.

You have not had a cough, and you have not brought up any phlegm or blood. You have no calf pains. You are not depressed, and your appetite is unchanged.

MEDICAL HISTORY

Except for your colitis flare-ups, you have been healthy. You have never had surgery.

MEDICATIONS

None currently.

LABORATORY RESULTS

Recent tests in the ED included blood tests, electrocardiography, and stress echocardiography of your heart. Results were normal. Specifically, your complete blood count, electrolytes, lipids, and thyroid function were normal.

ALLERGIES

Sulpha drugs give you a rash.

IMMUNIZATIONS

Up-to-date.

LIFESTYLE ISSUES

Tobacco: You do not smoke.

Caffeine: You do not drink any caffeinated beverages (e.g., tea, coffee, cola, Red Bull).

Alcohol: You drink minimal amounts of alcohol, perhaps one glass of wine a day with dinner. Alcohol in larger quantities causes your colitis to flare up, and so you never drink more than this.

Illicit drugs: You use no illicit drugs.

Diet: You have a healthy diet.

Exercise and recreation: You are a member of a golf club and a squash club. You are fit and active, and you are not overweight. Your office building has an exercise club, and you go there daily. You are the sort of person who checks his pulse before and after exercise, and then announces loudly how fit he feels after a hard workout.

When you have time, you enjoy playing the grand piano in your home.

FAMILY HISTORY

Your Father, **PETER GRANDON**, is an only child. He was born in New Orleans. Your mother, **MARY GRANDON**, is from Montreal. She was a fine arts major and met your father when they attended university in New Orleans in the late 1950s. They moved to a small town 300 km outside Montreal when your father accepted a posting as an Anglican minister.

Both your parents are now in their early 70s and well. However, your mother has always had "bad nerves," which your father blames on her artistic temperament. She drinks gin and wine; your father is a non-drinker. Your father tends to have "fire and brimstone" beliefs, and during your childhood he sometimes became irate about religious or social issues. At these times your mother's gin consumption increased a little, perhaps because she was trying to "calm her nerves."

Your brother, **DAVID**, is 45. He was the rebel in the family. He took after your mother, while you were more like your father. He works as an artist on an island off the coast of British Columbia. You believe he is single. The two of you don't have much in common, and you have little contact with him.

Your mother's brother suffered from colitis all his life. He ended up having an operation and a bag attached to his side.

Colitis seems to be the only family illness. There is no history of bowel cancer, heart trouble, hypertension, stroke, thyroid disease, or depression. Family members tend to live into their 80s, at least.

PERSONAL HISTORY

Childhood and Adolescence

You were born and grew up in another city. During early adolescence, you became more introverted and shy because of your colitis. Sports, sleepovers, and camping weekends ended. You had to be near a bathroom at all times, and you lost contact with most of your friends. Your bowel movements also had a dreadful smell, and you were teased a lot about your disease.

You spent most weekdays studying. On Sundays you helped your father in the church, and you loved serving at the altar and singing in the choir. Your mother noticed your musical talent and encouraged you to take singing lessons and learn the piano. As a teenager, you played the church organ every Sunday.

Early Adulthood

When you graduated from high school with honours, you decided to attend your father's old university in New Orleans. You chose mathematics and economics as your major.

Initially you did well in your studies. However, because of your love of music, you gravitated to the blues and jazz bars in the older parts of the city. The long nights in the bars and clubs affected your studies and your financial situation, as did your "dope" smoking.

You also started a passionate affair with Justine, a fellow student in sociology and political science. You made an attractive, striking couple, and you both were aware that people stared at you on the street and in bars. In your second semester, a man named **PHILIPPE** approached you. He said he was a professional photographer and asked to take some pictures of you and Justine. He offered you a few dollars and you accepted gladly. A few more photos were taken "to advertise the city," and then a few more. As the months went by, the photos with Justine became more and more risqué, and the money became better. You began appearing in movies. Philippe said these would be shown only in private clubs, and so nobody would find out. To protect your anonymity, you used the pseudonym "Rock Grand." You earned about $500 a semester, which paid most bills and your rent.

At the end of your second year, your father and brother paid a surprise visit. They walked into an apartment filled with cigarette and marijuana smoke, your friends' empty rye bottles, and a naked girl in your bed. Your father was furious. He took you back to Canada to continue your degree program here. You felt shame and

humiliation; you believed your father when he said a colitis flare-up was a result of "the evil inside you." You visited a gastroenterologist and underwent colonoscopy, and the flare-up resolved after medical therapy. You quit cigarette and marijuana smoking, although doing so was difficult.

Marriage

You moved to this city about 24 years ago, and you met Penelope at a golf club social event 17 years ago. You married two years later.

Penelope is the only daughter of a wealthy family in this city, which made its money by building golf courses in exotic locations around the globe. You both have become even richer because of your job, which has allowed you to indulge your expensive tastes.

You and Penelope have never discussed your past in New Orleans.

Children

Your son, **DANIEL**, is 14 and a keen football player. Your daughter, **SIMONE**, is 12 and passionate about horses. Both attend private schools, where they excel.

EDUCATION AND WORK HISTORY

You graduated from high school at the top of your class. After returning to Canada following two years at university in New Orleans, you earned a first-class honours degree in mathematics and economics at a Montreal university.

After graduating, you had interviews for top jobs at investment consulting firms. You took your first job in this city in the late 1980s, when economic times were good. You have stayed with your firm, Cray Bros. Inc., your entire career. You have a pension and shares in the company, and are now a senior partner who is likely to become the next global CEO.

FINANCES

You have a very good income. Although you've suffered a personal loss of about $500,000 in the stock market over the past two years, you are still extremely rich. However, you have a mortgage on a house and acreage worth nearly two million dollars, payments on your Lexus and Porsche, and the monthly fees for two private schools. Time off work is not an option.

SOCIAL SUPPORTS

You have many friends at your golf and squash clubs. Most are quite well off and from the middle to upper classes. You also have friends at church.

Penelope's parents live in town, and you see them regularly. However, they are abroad for the colder parts of the year.

RELIGION

You, Penelope, and the children attend the local Anglican church every Sunday. You put considerable sums of money in the collection tray, and you enjoy singing hymns. You don't believe all the rubbish that is preached, but a good member of society should be seen to go to church.

EXPECTATIONS

Your colitis and bathroom breaks are affecting meetings and golf, and you have had to explain to your wife and children that an old problem is flaring up. You would like the candidate to take you on as a patient, in case you have a future attack. You are aware that you probably should have sought medical advice sooner for your colitis, and hope that perhaps this new FP can provide some treatment. However, you are doubtful about this: he or she probably is "not qualified enough" to do that. If the FP can't provide treatment, you believe he or she should refer you to somebody who can.

You also want the FP to make your apprehension and these infuriating feelings in your chest go away, before they start affecting your lifestyle and reputation. You have already had attacks at work and in a restaurant, and your future promotion depends on your calm, confident, ruthless personality.

ACTING INSTRUCTIONS

Instructions are written according to ideas, feelings, expectations, and effect on function.

You are well-dressed in smart shoes, pants, and a shirt. A tie is optional. You are also wearing a wedding ring and a nice watch.

You don't care much for FPs, and feel that you could easily do this job yourself. Although you desperately want treatment for your colitis and palpitations, you believe that all FPs do is refer patients to **proper** doctors who can actually prescribe something; initially, therefore, you are quite condescending.

Because of the awful story that has come out about your past, you appear stressed and tense. If the candidate asks why you are stressed, you do not hesitate to mention the possibility of your rise to the very top of your firm. However, you keep your sordid past more hidden.

A good candidate will make the link between stress and colitis, and realize that something occurred around Christmas last year. If you are put at ease and gain confidence in the candidate, you explain more openly that you read something about yourself in the newspaper at Christmas. The seven-minute prompt is intended to give the candidate a huge hint that something awful happened in your life around this time. If the candidate does not follow up on the hint and inquire about it, you probably will not mention the event again.

You are **FEELING** embarrassed about your colitis, and your **IDEA** is that it is all caused by stress and the revelations about your past. It is affecting your **FUNCTION** because you cannot attend any lengthy meetings or play any golf. Your **EXPECTATION** is that you will receive treatment as soon as possible, either from the FP or a specialist.

You are **FEELING** worried about your palpitations, and your **IDEA** is that they are due to worsening stress. Is your sordid past catching up with you and affecting both your colitis and your palpitations? The attacks of palpitations are affecting your **FUNCTION** as you simply cannot cope with normal events during them. Your **EXPECTATION** is that you will have treatment as soon as possible to make them go away.

CAST OF CHARACTERS

RICHARD GRANDON:	The patient, age 47, an investment advisor suffering from colitis and anxiety attacks.
"ROCK GRAND":	Richard's pseudonym when he acted in pornographic films.
PETER GRANDON:	Richard's father, an Anglican minister.
MARY GRANDON:	Richard's mother.
DAVID GRANDON:	Richard's brother, age 45.
PENELOPE GRANDON:	Richard's wife.
DANIEL GRANDON:	Richard and Penelope's son, age 14.
SIMONE GRANDON:	Richard and Penelope's daughter, age 12.
JUSTINE:	Richard's former lover and "co-star" in the pornographic films.
PHILIPPE:	The director of the pornographic films.
Dr. EVANS:	Richard's former FP, who has retired from practice.
Dr. SHEPPARD:	Richard's former gastroenterologist.
Dr. WONG:	The cardiologist whom Richard saw during his recent hospital stay.

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

TIMELINE

Today:	Appointment with the candidate.
5 days ago:	Palpitations and second ED visit; admission to hospital for a cardiac work-up.
2 weeks ago:	Anxiety attack in the car.
1 month ago:	Anxiety attack at work.
1 month ago:	Company CEO retired; rumours that you will be the next CEO began circulating.
4 months ago:	Read a revealing newspaper article; colitis flare-up began.
12 years ago, age 35:	Daughter born.
14 years ago, age 33:	Son born.
15 years ago, age 32:	Flare-up of colitis; last visit to a gastroenterologist; married Penelope.
17 years ago, age 30:	Met Penelope.
24 years ago, age 23:	Moved to this city; started work with Cray Bros. Inc.
26 years ago, age 21:	Father removed you from the university in New Orleans; colitis flare-up.
27 years ago, age 20:	Began appearing in pornographic films.
28 years ago, age 19:	Started university in New Orleans.
34 years ago, age 13:	First colitis attack.
47 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"My colitis is flaring up again."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of anxiety, say, **"I'd like to talk to you about these episodes I've been having."**
7 MINUTES REMAINING:*	If the candidate has forgotten about the colitis, say, **"Life has thrown me a real curveball in the past few months."**
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 ten- 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.

1. IDENTIFICATION: Ulcerative Colitis

Ulcerative Colitis	Illness Experience
Areas to be covered include **1. current symptoms of colitis:** • Abdominal pain. • Tenesmus. • Five loose bowel movements a day. • Flatulence. • Nausea. **2. history of colitis:** • Started in his early teens. • Has had three previous attacks. • Treated previously with oral and rectal steroids. • Diagnosis confirmed by biopsy testing. • Uncle had colitis. **3. pertinent negative factors:** ▪ No blood in stools. ▪ No weight loss. ▪ No foreign travel. ▪ Pas de sensibilité alimentaire. ▪ No family history of bowel cancer. **4. excluding involvement of other systems:** • No iritis. • No arthritis. • No rash.	**Feelings** Embarrassment. **Ideas** Recent stress has caused the exacerbation. **Effect / Impact on Function** He cannot attend lengthy board meetings or play a full round of golf. **Expectations for This Visit** He will receive treatment for the attacks, either by the candidate or a specialist. Treatment needs to be sooner rather than later. **A satisfactory understanding of all areas is important in assessing the 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: Anxiety Attacks

Anxiety Attacks	Illness Experience
Areas to be covered include **1. history of the attacks:** • Occurred three times in the past month. • Elles ne sont jamais survenues auparavant. • Attacks lasted 20 to 30 minutes. • Two visits to the ED. • Attacks subsided spontaneously. **2. symptoms:** • Palpitations. • Sweating. • Tremor. • Pâleur. • Hands and fingers tingled. **3. lifestyle factors:** • Non-smoker. • No coffee. • Exercises daily. • No current substance abuse. Pas de consommation abusive de substances psychoactives désormais. • One glass of wine a day. **4. pertinent negative factors:** • No chest pain. • Not depressed. • Pas d'hémoptysie. • Full cardiac work-up negative. • No family history of heart complaints.	**Feelings** Worried. **Ideas** • This is all due to stress. • His past is coming back to haunt him. **Effect / Impact on Function** He cannot function during attacks. **Expectations for This Visit** He wants the doctor to make the feelings go away, preferably sooner rather than later (as with the colitis). **A satisfactory understanding of all areas is important in assessing the 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. work history:** • Senior investment advisor. • Potential for promotion. • Survived the economic downturn. • Has downsized the firm workforce. **2. family history:** • Married. • Two children, ages 12 and 14. • Parents alive. • Minimal contact with his brother. **3. "sordid" past:** • Previous pornographic movie career. • Previous illegal drug use. • Old videos on the Internet. **4. the lack of a confidant / nobody to talk to.**	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: **"There is obviously a lot happening for you at work right now. You also have stress regarding parts of your past life and all these factors may be connected to your Colitis flare up. This must be especially difficult for you as you have nobody to talk to"**

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. Empathetically 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: Ulcerative Colitis

Plan	Finding Common Ground
1. Arrange a physical examination. **2. Obtain old records.** **3. Discuss pharmacological treatment options.** **4. Discuss referral to a gastroenterologist. / referral for colonoscopy** **5. Discuss the link with bowel cancer.**	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, 4, and 5.	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks his feedback about it. Encourages the patient's full participation in decision-making.
Certificant	Covers points 1, 2, 3, and 4.	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: Anxiety Attacks

Plan	Finding Common Ground
1. Suggest that the diagnosis is anxiety/panic attacks. **2. Discuss referral for therapy or counselling.** **3. Discuss pharmacological treatment** (e.g., beta-blockers, selective serotonin-reuptake inhibitors, short-term anxiolytics). **4. Discuss his coping strategies if his past becomes common knowledge.**	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 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.