THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

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CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL

PATIENT: MR. BILL SNOOK

MARKING SCHEME

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

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

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

Listening Skills

- Uses both general and active listening skills to facilitate communication

Sample Behaviours

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

Cultural and Age Appropriateness

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

Sample Behaviours

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

Non-Verbal Skills

Expressive

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

Sample Behaviours

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

Receptive

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

Sample Behaviours

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

Language Skills

Verbal

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

Sample Behaviours

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

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.

(1) Allen T, Bethune C, Brailovsky C, Crichton T, Donoff M, Laughlin T, Lawrence K, Wetmore S. Defining competence in family medicine for the purposes of certification by The College of Family Physicians of Canada: the evaluation objectives in family medicine; 2011 [cited February 7, 2011}. Available from: *http://www.cfpc.ca/uploadedFiles/Education/Defining%20Competence%20Complete%20Document%20bookmarked.pdf*

1. IDENTIFICATION: GASTROESOPHAGEAL REFLUX DISEASE (GERD)

GASTROESOPHAGEAL REFLUX DISEASE (GERD)	ILLNESS EXPERIENCE
Areas to be covered include **1. current symptoms:** • Burning pain. • Intermittent. • Radiates to the throat. • Nocturnal awakening. • Sour taste in the mouth. **2. significant lifestyle factors:** • Worse with coffee and/or with fatty or spicy foods. • Eased by milk and/or Tums. • Smoker. • Irregular eating pattern. • Rare use of nonsteroidal anti-inflammatory drugs. **3. excluding cardiac disease:** • No relation to exercise. • No family history of heart troubles. • No diaphoresis. • No dyspnoea. • No palpitations. **4. ruling out red flags:** • No weight loss. • No gastrointestinal (GI) bleeding. • No family history of GI malignancy.	**Feelings** • Worry. **Ideas** • He is concerned that the problem may be his heart. **Effect/Impact on Function** • None. **Expectations for This Visit** • The doctor will make sure his heart is okay. **A satisfactory understanding of all components (Feelings, Ideas, and Expectations) is important in assessing this patient's illness experience.**

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, and 3.	Inquires about the illness experience to arrive at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

2. IDENTIFICATION: GAMBLING ADDICTION

GAMBLING ADDICTION	ILLNESS EXPERIENCE
Areas to be covered include **1. history of gambling:** • Started five years ago. • Goes to the casino to play slot machines. • Does not bet on sports or card games. • Has no drug addictions. • Is not depressed. **2. current effect of gambling:** • Goes every night. • Spends $2,000 a month. • Feels euphoric when he wins. • Gambles alone. **3. evidence that gambling is becoming a problem:** • Visa card has been cancelled. • Has defaulted on bank loans. • Conflict with his landlord. • Gets agitated when he cannot get to the casino. • Has used up all his savings. **4. the fact that he has not yet resorted to illegal means of obtaining funds.**	**Feelings** • Desperation. **Ideas** • He now realizes that this has become a problem. **Effect/Impact on Function** • He is financially desperate. **(The fact that he has no money to go to his daughter's graduation is very important to this SOO.)** **Expectations for This Visit** • He wants help to overcome the gambling problem, but he is unsure how this can be done. **A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing this patient's illness experience.**

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an in-depth understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, and 3.	Inquires about the illness experience to arrive at a satisfactory understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates only minimal interest in the illness experience, and so gains little understanding of it. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate cuts the patient off.

3. SOCIAL AND DEVELOPMENTAL CONTEXT

CONTEXT IDENTIFICATION	CONTEXT INTEGRATION
Areas to be covered include **1. work history:** • Five years in this city. • Works at the bottling plant. • Good income. • Several conflicts with management. • Unionized. **2. family history:** • Family lives in the United States. • Rare contact with his mother. • Family history of alcohol abuse. • Uncle has bipolar disorder. **3. social factors:** • Has never met his daughter. • No friends in this city. • Has been asked to attend his daughter's graduation. • No current partner. **4. his opportunity for overtime work.**	Context integration measures the candidate's ability to • integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience. • reflect observations and insights back to the patient in a clear and empathic way. **This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.** The following is the type of statement that a Superior Certificant may make: **"What you're going through at the moment, with no support from friends or family, must be incredibly stressful. Let's see if we can explore ways to get things turned around so that you can go to your daughter's graduation."**

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

4. MANAGEMENT: GASTROESOPHAGEAL REFLUX DISEASE (GERD)

PLAN	FINDING COMMON GROUND
1. Advise the patient that the diagnosis is likely GERD. **2. Reassure the patient that it is unlikely to be heart trouble.** **3. Suggest lifestyle modifications (e.g., decreasing coffee intake, reducing smoking, elevating the head of his bed, avoiding spicy foods).** **4. Consider pharmacological treatments.**	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

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

5. MANAGEMENT: GAMBLING ADDICTION

PLAN	FINDING COMMON GROUND
1. Suggest that he has a problem with gambling. **2. Offer information about support groups (e.g., addictions counselling, Gamblers Anonymous).** **3. Offer follow-up to review progress.** **4. Discuss the patient's own strategies to address his addiction, such as keeping diaries, doing overtime, taking up a hobby, etc. (The patient needs to admit that he has a problem and to be an active partner in suggesting solutions.)**	Behaviours that indicate efforts to involve the patient include: 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. **This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.**

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks his or her feedback about it. Encourages the patient's full participation in decision-making.
Certificant	Covers points 1, 2, and 3.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-certificant	Does 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, 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.