

MARKING SCHEME

For the SOO Video

Detailed performance criteria for each of these marking boxes is provided to the examiners. These are based on objective criteria and have been standardized. In each case, the candidate is assessed on the content of the criteria as well as their doctor-patient communication skills as applicable to the content. These are based on the Patient-Centred Clinical Method described by the Centre for Studies in Family Medicine, the University of Western Ontario.

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: OSTEOARTHRITIS OF THE KNEE

Osteoarthritis	Illness Experience
<p>Areas to be covered include</p> <p>1. History of the current problem:</p> <ul style="list-style-type: none"> Onset three years ago. Worse with activity. Worse in the morning. Swelling present. No other joints involved. <p>2. Progress to date:</p> <ul style="list-style-type: none"> X-ray examination. Orthopaedic consultation. No injections. Physiotherapy did not help. <p>3. Pharmacologic therapy:</p> <ul style="list-style-type: none"> Acetaminophen (Tylenol) failure. Ibuprofen failure. She started taking diclofenac/misoprostol (Arthrotec) nine months ago. No relief with glucosamine. <p>4. Additional contributing factors:</p> <ul style="list-style-type: none"> Refuses to use a cane. On the waiting list for a knee replacement. No history of previous injury. 	<p><u>Feelings</u></p> <p>Frustrated</p> <p><u>Ideas</u></p> <ul style="list-style-type: none"> Surgery will make her dependent on others. Surgery is the only thing that will make knee function more normal. She can live with things the way they are. <p><u>Effect/Impact on Function</u></p> <ul style="list-style-type: none"> No longer able to golf. Cannot kneel in church. Cannot climb stairs easily. <p><u>Expectations For This Visit</u></p> <p>Doctor will have her keep taking diclofenac/misoprostol (Arthrotec).</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. No specific weighting is given to the dimensions of the illness experience.
Non-certificant	Does not 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: HYPERTENSION

Hypertension	Illness Experience
<p><u>Areas to be covered include</u></p> <p>1. History:</p> <ul style="list-style-type: none"> • Latest reading 140/90 mm Hg. • HCTZ, 25 mg daily. • started taking HCTZ three months ago. <p>2. Risk factors for CV disease:</p> <ul style="list-style-type: none"> • No diabetes. • Normal lipids. • Non-smoker. <p>3. Other significant medical history:</p> <ul style="list-style-type: none"> • Her father died of a cerebrovascular accident. • Previously she had an active lifestyle. • She drinks one glass of wine a day. <p>4. accurate diagnosis of hypertension:</p> <ul style="list-style-type: none"> • Six-month history. • Three readings on three separate occasions. • Normal ECG. 	<p><u>Feelings</u></p> <p>Feels old</p> <p><u>Ideas</u></p> <ul style="list-style-type: none"> • Her high BP needs treatment. • diclofenac/misoprostol (Arthrotec) can cause high BP. <p><u>Effect/Impact on Function</u></p> <p>None</p> <p><u>Expectations For This Visit</u></p> <p>The doctor will continue to follow her for her high BP.</p> <p>He will renew her prescription for hydrochlorothiazide.</p>

Superior Certificatant	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.
Certificatant	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. A certificatant will explore both ideas and expectations fully.
Non-certificatant	Does not 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 identified include</u></p> <p>1. Family:</p> <ul style="list-style-type: none"> • Housemates are her family. • Shares a home. • Sam is her surrogate son. <p>2. Life-cycle issues:</p> <ul style="list-style-type: none"> • Planned her early retirement. • No children. • Enjoys cooking. <p>3. Social supports:</p> <ul style="list-style-type: none"> • Golf club. • Church. • Good friends, for whom she loves to entertain <p>4. Social factors:</p> <ul style="list-style-type: none"> • Financially secure. 	<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 empathic 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 demonstrates good context integration:</p> <p>“You must find that having planned so well for your retirement, and with such support from your family and friends, that both your illnesses are taking away the pleasure you expected to have at this point in your life.”</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 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: OSTEOARTHRITIS OF THE KNEE

Plan	Finding Common Ground
<p>1. Discuss the risks and benefits of continuing diclofenac/misoprostol (arthrotec).</p> <p>2. Supports candidate in her decision to undergo knee surgery.</p> <p>3. Discuss a repeat physiotherapy assessment/exercise program.</p> <p>4. Discuss other pain management strategies (e.g., joint injections, topical anti-inflammatory) and/or narcotics to manage non malignant pain.</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.

5. MANAGEMENT: HYPERTENSION

Plan	Finding Common Ground
<p>1. Arrange follow-up for a BP check within three months.</p> <p>2. Continue antihypertensive medication.</p> <p>3. Arrange blood tests (e.g., electrolytes , kidney function .</p> <p>4. Discuss lifestyle modifications (e.g., exercise [swimming], CV fitness for someone with knee pain).</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 ORGANISATION

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 prioritisation, 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 prioritisation.
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.