

# CERTIFICATION EXAMINATION IN FAMILY MEDICINE

**SIMULATED OFFICE  
ORAL EXAMINATION**

**SAMPLE 17**



**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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**RATIONALE**

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

- 1. postpartum depression;**
- 2. a breast mass.**

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. **MARIA FOURNIER**, age 40, 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. **MARIA FOURNIER**, age 40, who had a baby just over four months ago. You are here today because your mother, **VIVIAN FOURNIER**, made you come in. She arrived in town three days ago to help you with the baby. (Your husband, **TIMOTHY (TIM) BOUDREAU**, had to leave suddenly 10 days ago because his mother had a stroke.) She took one look at you and your house and knew something was wrong.

You haven't found a family physician (FP) since moving to this community two years ago. You saw an obstetrician during your pregnancy and were referred to a pediatrician for your daughter's care. Your mother started phoning to find you a doctor shortly after she arrived. Today was the soonest she could arrange an appointment.

While you are here you thought you would also talk to the doctor about a breast lump, which you noticed about a week ago. You haven't said anything to anyone about it. You found it just before your husband left.

**HISTORY OF THE PROBLEM**

**Postpartum depression**

Your mother is very concerned about you. You have been feeling quite down since your baby's birth. Your mother came to visit for three weeks after the baby was born, but when she arrived a few days ago, she hadn't seen you for about three months. She was shocked when she arrived. Your house was a mess and so were you. You were obviously exhausted and were still in your pajamas from a few days earlier.

She realized immediately that something was wrong and started phoning around to find a doctor. You had been discharged from the obstetrician's care after your six-week postpartum visit. You hadn't had any energy or time to clean the house or even yourself. You had neither changed your clothes nor had a shower for two days. This behaviour is totally out of character for you. You felt completely overwhelmed. You couldn't bring yourself to do anything or care what you or your house looked like.

Your daughter was born 16 weeks ago. After being in this new community for several months, you and your husband decided you wanted to have a child. You had talked about this a lot over the years. The two of you had decided to delay having children while you were furthering your careers. You both felt the time was right and that neither of you was getting any younger. You had no difficulty getting pregnant. Your families were thrilled with the news.

Looking after the baby since your husband left has consumed all your energy. Before he left, you had been able to keep up with things around the house generally, although a lot of this was because your husband was doing most of the cooking and cleaning. The two of you have always shared these responsibilities.

Tim absolutely loves his daughter. From the minute he gets home until she goes to sleep, **ELISE** is the focus of his attention. You have not had sex since the baby was born. You have not had any interest in sex, and Tim has not suggested it.

You have been feeling down since shortly after your daughter was born. You had no problems during your pregnancy, and the delivery was uncomplicated. Initially you assumed you had “postpartum blues” and were overtired, but things have gradually worsened. You are very teary at times; you try not to let how sad you feel show. When your husband has tried to talk to you about how you are feeling, you just say you are tired because of the sleep deprivation from nursing. You know he is concerned, but he has accepted your explanation. You think you are more than “just tired”, but you don’t want to say anything to anyone else. This is supposed to be the best time of your life, and you can’t bring yourself to tell people it isn’t.

You truly are very tired and are not getting a lot of sleep. You are breastfeeding and Elise never goes more than three hours without nursing. She takes about 10 to 15 minutes to eat, she feeds on both sides, and at night she goes back to sleep right after eating. You have never been a particularly good sleeper; now, after you nurse during the night, you have a very difficult time falling asleep. You lie awake worrying about whether you are a good mother. You also lie awake listening for the baby monitor—what if something is wrong and you don’t hear Elise? Her crib was in another room, although since your husband left you have moved it into your bedroom.

You have many of the same worries during the day. What if you aren’t stimulating her enough? Is she getting enough to eat? What if you drop her? What about? Before she was born, you did a lot of reading about raising a child. Much of the advice seemed contradictory, but not particularly hard to follow. Now you have all kinds of doubts about yourself and your ability to be a mother. At times you become very anxious about this, although you have never had a panic attack.

You had lots of plans for the things you would do while you were away from work for a year. Friends in your hometown have children, and child care didn't seem all that hard. You planned to continue your private web-design business. You also registered to start two classes in two months, when Elise is six months old. You need these classes for your master of business administration (MBA) degree.

You haven't really done anything since Elise was born; you have barely left the house with her, other than to take her for her doctor's appointments. Her last checkup with the pediatrician was two weeks ago. At that time he said she was developing normally and was growing appropriately.

Your fatigue has been even worse since your husband left. You are breastfeeding exclusively. You have a difficult time pumping and have not wanted to miss feedings because you are worried about your milk production. You were on your own for a week before your mother arrived. As tired as you were, you couldn't sleep well when your daughter was sleeping—what if you didn't hear her?

You are also very worried about your mother-in-law and your husband. He is an only child, and his father died five years ago. His mother had been very healthy, and so this stroke has come as a shock. She seems to be doing better now, but Tim is not sure when he will be able to return home.

You have lived in this community for just under two years. None of the people you have met here have children. You have two girlfriends from your former city who have had babies since you left. You keep in contact with them but haven't talked to them much about what it was like to become a mother.

You don't have much appetite. You eat because it is necessary. In the past, you took great pleasure in cooking and food. You and Tim have always enjoyed dining and exploring new foods.

You are not suicidal. You could never leave your child. You have no thoughts or plans to harm your child or anyone else. You have no psychotic symptoms.

The thing that scares you the most is that a lot of the time you just feel numb. You don't find any great pleasure in anything around you, including your daughter. You are supposed to love this child and be happy. What is wrong with you?

You have never felt like this before. In the past 10 years you have had difficulty sleeping on many occasions, but your insomnia was always short-lived and you could generally relate it to a particularly busy time at work. You have never had episodes during which you were particularly "up", or any other features to suggest bipolar disorder. There is no history of mental illness in your family.

## **Breast mass**

You have not told anyone, but the night before your husband left to look after his mother you found a lump in your left breast. It is in the outer upper part of the breast and is about 1 cm by 1 cm. It is quite hard and doesn't seem to move around freely. You are not sure how long it has been there, but you had not noticed it before. It is not painful. There is no redness or tenderness associated with it. You can't remember injuring yourself in the area. You haven't noticed any blood coming from the nipple. There has been no change in the appearance or quantity of your milk.

You have never had a lump in your breast before. You have a history of breast cancer in your family. Both of your grandmothers had breast cancer. In fact, your mother's mother died of metastatic breast cancer two years ago. She was 86. This was a recurrence after her second breast cancer, which appeared when she was in her early 70s. She got cancer the first time when she was in her mid-60s. Your father's mother had breast cancer in her 50s, but died after breaking her hip when she was 89. As far as you know, your mother is well. Your father and mother have no sisters. There are no other cancers in the family.

You wonder if the lump is from a plugged milk duct. You have read about that on several breastfeeding websites. You didn't want to say anything to your husband. He has enough to worry about right now. You decided to keep nursing and see if the lump would go away. Because you are at the doctor's office today, you thought you should ask about it. The thought that this might be breast cancer has entered your mind, but you think you are too young for it to be something like that.

## **MEDICAL HISTORY**

Other than having an occasional cold, you have been completely healthy. Your only time in hospital was for the birth of your child.

## **MEDICATIONS**

You continue to take the prenatal vitamins you took throughout your pregnancy.

## **LABORATORY RESULTS**

Your last Pap test was six weeks after Elise's birth. The result was normal.

## **ALLERGIES**

None.



## **IMMUNIZATIONS**

Up to date.

## **LIFESTYLE ISSUES**

### **Tobacco:**

You are a non-smoker.

### **Caffeine:**

You drink one cup of coffee in the morning.

### **Alcohol:**

You have not had any alcohol since you decided to become pregnant.

### **Illicit drugs:**

You do not use recreational drugs.

### **Diet:**

You have always been a healthy eater. Cooking and dining were as much a hobby as part of your daily activities. You would identify yourself as a "foodie". Lately, however, you haven't really been interested in eating. You have made yourself eat because you believe eating is important for breastfeeding, but it's not something in which you find any pleasure.

### **Exercise and Recreation:**

You used to go to the gym for at least an hour, five times a week. Since your daughter's birth, you have gone perhaps seven times.

## **FAMILY HISTORY**

Your mother is 62 and healthy. She retired approximately one year ago. She is looking forward to being able to visit regularly.

Your father, **GEORGE FOURNIER**, is 64. He had an angioplasty two years ago but has been well since then. He continues to work full time as an accountant. He has his own business.

Both of your grandfathers died of heart disease in their 80s. As previously mentioned, your paternal grandmother died at age 89, after falling and breaking her hip; your maternal grandmother died of metastatic breast cancer two years ago, when she was 86.

## **PERSONAL HISTORY**

You were born and grew up in a city in the adjacent province. You have always had a good relationship with your parents and are very close to them. They are also very fond of your husband.

You and Tim met when you were working as lifeguards while attending university. You dated for several years and moved in together after graduating from university and starting your careers. You married 10 years ago.

You have a close relationship with your husband's family members, especially his mother. Moving away from both families to pursue your careers was a difficult decision.

## **EDUCATION AND WORK HISTORY**

You earned a degree in commerce with a minor in computer science. You graduated with high honours and participated in a combined work/degree program. After completing university, you were hired as a business analyst in the information technology department of a bank. Since starting there you have earned your project management certificate, which involved a series of classes and a certification examination. You also had your own web-design business, which was very successful.

Your husband studied environmental engineering and graduated with high honours at the same time as you did. He was hired to work for a firm in town that did clean-up of contaminated land. While working, he obtained a master's degree in biology. In addition to this, he had a private environmental consulting business.

Approximately two years ago, your employer offered you the opportunity to transfer to this city to take on a more senior position. You took some time to make up your mind. You and your husband are very close to your families, but this was a great opportunity. You were looking for something more challenging. In the end, with the support of your families, you decided to move. You have been able to fly home several times a year for visits.

Your husband was easily able to expand his consulting business into a full-time career. He started working on a PhD in environmental science last year.

As part of the transfer to this new position, the bank agreed to pay for you to obtain your MBA. You started the program shortly after moving to this city. You have completed a portion of the courses and had planned to complete two more classes during the second six months of your maternity leave.

You have maintained your web-design business since moving. You still have a large client list that you have built by referrals. You didn't intend to stop working at your web-design job while you were on maternity leave; however, you have not taken on any new projects since the baby was born.

## **FINANCES**

You and your husband have no financial concerns. You would be able to live very comfortably on the combined incomes from your jobs. However, you have continued with your web-design business because you enjoy the work.

You have an excellent benefits package through the bank, which includes disability and life insurance. You also would be able to pay privately for any additional health care you required.

## **SOCIAL SUPPORTS**

In your previous community, you and your husband had an active social life with a group of good friends whom you saw regularly. You have generally been a self-sufficient person. You have always looked to your parents and Tim as your main source of support.

You have made several new friends in this community through work and other activities. You and Tim have always been very social and outgoing people. In addition to working, you both play volleyball once a week. You also joined a food-and-wine club and have made many new friends through it. You wouldn't necessarily say that the new friends are people you would turn to for support at the present time, but on the other hand, you have never had to ask for support. None of your new friends have young children.

## **ACTING INSTRUCTIONS**

You are wearing sweatpants and an old T-shirt. You have not combed your hair today. You are worn out and tired. You have a generally flat affect. You are not particularly teary; it is not like you to be overly emotional in public. An empathic candidate will bring out more of your sadness and anxiety.

If the candidate tells you that you are depressed, you are surprised by the diagnosis. You had thought that you just needed to get a few nights of decent sleep.

You are very reluctant to take medication. You do not want to take anything while you are breastfeeding if it would harm Elise. If the candidate reassures you, you are willing to take antidepressants. You are open to counselling or attending some type of group program. If the candidate brings the topic up, you recognize that it is not realistic to continue planning to take the MBA classes for which you registered. You believe that you can withdraw from the classes without penalty if you have a physician's note.

If the candidate suggests that you could try a pacifier/soother, you are willing to try it if it will not affect milk production. If a candidate suggests that you stop breastfeeding, you are absolutely opposed to the idea. If a candidate suggests co-sleeping, you are not interested. Elise sleeps well in her crib, and she flips and flops around a lot at night.

If the candidate suggests you get household help for cleaning or other duties, you are willing to try it. You could easily afford it; you just hadn't thought of hiring someone. You and your husband have never needed help to keep up with the house.

With respect to the breast mass, you weren't quite sure what to make of it. Although both of your grandmothers had breast cancer, they were considerably older than you. Your mother has been fine. You tried to find out what might be causing the lump and wondered about a plugged milk duct. You have not wanted to say anything to your mother or husband about this. Your husband has enough to worry about with his mother's poor health, and your mother is already worried about you. You really hope the candidate will reassure you that this is just a plugged duct. If he or she suggests you could have cancer, you feel completely overwhelmed. Your grandmother's death still seems very recent.

You are willing to go to any appointments to sort out what is going on with your breast. You will also agree to discuss what is happening with your mother. You don't want to say anything to your husband until you know more about what is going on.

## **CAST OF CHARACTERS**

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

<b>MARIA FOURNIER:</b>	The patient, age 40, a business analyst with postpartum depression and a breast lump.
<b>TIMOTHY (TIM) BOUDREAU:</b>	Maria's husband, age 40, an environmental consultant.
<b>ELISE BOUDREAU:</b>	Maria and Tim's daughter, age four months.
<b>VIVIAN FOURNIER:</b>	Maria's mother, age 62, who is retired.
<b>GEORGE FOURNIER:</b>	Maria's father, age 64, an accountant.

## **TIMELINE**

<b>Today:</b>	Appointment with the candidate.
<b>3 days ago:</b>	Mother arrived at your home.
<b>10 days ago:</b>	Husband left to care for his mother.
<b>11 days ago:</b>	Discovered a lump in your left breast.
<b>4 months ago:</b>	Daughter born.
<b>2 years ago:</b>	Moved to this city because of a promotion at work.
<b>10 years ago:</b>	Married Tim.
<b>40 years ago:</b>	Born.

## INTERVIEW FLOW SHEET

**INITIAL STATEMENT:**

**“My mother insisted I come to see you today.”**

**10 MINUTES REMAINING:\***

If the candidate has not brought up the issue of the breast mass, the following prompt must be said: **“I found something when I was breastfeeding the other day.”**

**7 MINUTES REMAINING:\***

If the candidate has not brought up the issue of the postpartum depression, the following prompt must be said:  
**“Is it normal to feel this way?”**  
*(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 <b>actively explores</b> 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><b>Listening Skills</b></p> <ul style="list-style-type: none"> <li>• Uses both general and active listening skills to facilitate communication</li> </ul> <p><b>Sample Behaviours</b></p> <ul style="list-style-type: none"> <li>• Allows the time for appropriate silences</li> <li>• Feeds back to the patient what he or she thinks he or she has understood from the patient</li> <li>• Responds to cues (doesn’t carry on questioning without acknowledging when the patient reveals major life or situation changes, such as “I just lost my mother”)</li> <li>• Clarifies jargon used by the patient</li> </ul>	<p><b>Language Skills</b></p> <p><b>Verbal</b></p> <ul style="list-style-type: none"> <li>• Adequate to be understood by the patient</li> <li>• Able to converse at an appropriate level for the patient’s age and educational level</li> <li>• Appropriate tone for the situation - to ensure good communication and patient comfort</li> </ul> <p><b>Sample Behaviours</b></p> <ul style="list-style-type: none"> <li>• Asks open- and closed-ended questions appropriately</li> <li>• Checks back with the patient to ensure understanding (e.g., “Am I understanding you correctly?”)</li> <li>• Facilitates the patients’ story (e.g., “Can you clarify that for me?”)</li> <li>• Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects)</li> <li>• Clarifies how the patient would like to be addressed</li> </ul>
<p><b>Non-Verbal Skills</b></p> <p><b>Expressive</b></p> <ul style="list-style-type: none"> <li>• Conscious of the impact of body language on communication and adjusts appropriately</li> </ul> <p><b>Sample Behaviours</b></p> <ul style="list-style-type: none"> <li>• Eye contact is appropriate for the culture and comfort of the patient</li> <li>• Is focused on the conversation</li> <li>• Adjusts demeanour to be appropriate to the patient’s context</li> <li>• Physical contact is appropriate to the patient’s comfort</li> </ul> <p><b>Receptive</b></p> <ul style="list-style-type: none"> <li>• Aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt)</li> </ul> <p><b>Sample Behaviours</b></p> <ul style="list-style-type: none"> <li>• Responds appropriately to the patient’s discomfort (shows appropriate empathy for the patient)</li> <li>• Verbally checks the significance of body language/actions/behaviour. (e.g., “You seem nervous/upset/uncertain/in pain.”)</li> </ul>	<p><b>Cultural and Age Appropriateness</b></p> <ul style="list-style-type: none"> <li>• Adapts communication to the individual patient for reasons such as culture, age, and disability</li> </ul> <p><b>Sample Behaviours</b></p> <ul style="list-style-type: none"> <li>• Adapts the communication style to the patient’s disability (e.g., writes for deaf patients)</li> <li>• Speaks at a volume appropriate for the patient’s hearing</li> <li>• Identifies and adapts his or her manner to the patient according to his or her culture</li> <li>• Uses appropriate words for children and teens (e.g., “pee” versus “void”)</li> </ul>
	<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: POSTPARTUM DEPRESSION**

Postpartum depression	Illness Experience
<p><b><u>Areas to be covered include:</u></b></p> <p><b>1. current symptoms:</b></p> <ul style="list-style-type: none"> <li>• No energy/feels tired.</li> <li>• Sleep disturbance.</li> <li>• No appetite.</li> <li>• Teary at times.</li> <li>• No motivation/interest in usual activities.</li> </ul> <p><b>2. history of current symptoms:</b></p> <ul style="list-style-type: none"> <li>• Present since shortly after her child was born.</li> <li>• No previous history of depressive symptoms.</li> <li>• No previous history of manic symptoms.</li> </ul> <p><b>3. risk:</b></p> <ul style="list-style-type: none"> <li>• No thoughts of self-harm.</li> <li>• No plans to harm her child.</li> <li>• Ruminating about being a good enough mother. (Is her daughter getting enough stimulation? What if she drops the baby? Is the baby getting enough to eat?).</li> </ul> <p><b>4. no psychotic features.</b></p>	<p><b><u>Feelings</u></b></p> <ul style="list-style-type: none"> <li>• Sadness.</li> <li>• Shame.</li> </ul> <p><b><u>Ideas</u></b></p> <ul style="list-style-type: none"> <li>• She would be okay if she could get some sleep.</li> </ul> <p><b><u>Effect/Impact on Function</u></b></p> <ul style="list-style-type: none"> <li>• The house is a mess.</li> <li>• Her personal care is limited.</li> </ul> <p><b><u>Expectations for this visit</u></b></p> <ul style="list-style-type: none"> <li>• The FP will help her feel better.</li> </ul> <p><b>A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is important in assessing the illness experience of this patient.</b></p>

<b>Superior Certificant</b>	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.
<b>Certificant</b>	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.
<b>Non- certificant</b>	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: BREAST MASS**

Breast mass	Illness Experience
<p><b><u>Areas to be covered include:</u></b></p> <p><b>1. breast mass:</b></p> <ul style="list-style-type: none"> <li>• Identified 11 days ago.</li> <li>• 1 cm by 1 cm.</li> <li>• Characteristics – hard, immobile.</li> <li>• Breastfeeding exclusively.</li> <li>• No other lump found.</li> </ul> <p><b>2. associated symptoms/factors:</b></p> <ul style="list-style-type: none"> <li>• No tenderness/not painful.</li> <li>• No fever or chills.</li> <li>• No redness.</li> <li>• No history of trauma.</li> </ul> <p><b>3. family history:</b></p> <ul style="list-style-type: none"> <li>• Maternal grandmother died of metastatic breast cancer two years ago.</li> <li>• Paternal grandmother had breast cancer.</li> <li>• Both grandmothers had breast cancer.</li> </ul> <p><b>4. the fact that she has not told anyone about this lump.</b></p>	<p><b><u>Feelings</u></b></p> <ul style="list-style-type: none"> <li>• Concerned.</li> </ul> <p><b><u>Ideas</u></b></p> <ul style="list-style-type: none"> <li>• This is most likely a blocked milk duct.</li> <li>• She is too young for this to be cancer.</li> </ul> <p><b><u>Effect/Impact on Function</u></b></p> <ul style="list-style-type: none"> <li>• None.</li> </ul> <p><b><u>Expectations for this visit</u></b></p> <ul style="list-style-type: none"> <li>• The doctor will reassure her that this is just a blocked milk duct and that she doesn't have to worry about it.</li> </ul> <p><b>A satisfactory understanding of all components (Feelings, Ideas, and Expectations) is important in assessing the illness experience of this patient.</b></p>

<b>Superior Certificant</b>	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.
<b>Certificant</b>	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.
<b>Non- certificant</b>	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><b>Areas to be covered include:</b></p> <p><b>1. family:</b></p> <ul style="list-style-type: none"> <li>• Married for 10 years.</li> <li>• Parents live in another community.</li> <li>• Only child/no siblings.</li> </ul> <p><b>2. Elise:</b></p> <ul style="list-style-type: none"> <li>• Planned pregnancy.</li> <li>• No complications.</li> <li>• Baby is just over four months old.</li> </ul> <p><b>3. supports:</b></p> <ul style="list-style-type: none"> <li>• Her husband has left to look after his sick mother.</li> <li>• The patient’s mother can stay as long as necessary.</li> <li>• None of the patient’s friends in this community have children.</li> </ul> <p><b>4. career:</b></p> <ul style="list-style-type: none"> <li>• Moved to this community because of a promotion.</li> <li>• Working for a bank.</li> <li>• On maternity leave.</li> <li>• Working on her MBA.</li> <li>• No financial concerns.</li> </ul>	<p>Context integration measures the candidate’s ability to:</p> <ul style="list-style-type: none"> <li>• integrate issues pertaining to the patient’s family, social structure, and personal development with the illness experience;</li> <li>• reflect observations and insights back to the patient in a clear and empathetic way.</li> </ul> <p><b>This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.</b></p> <p>The following is the type of statement that a Superior Certificant may make:</p> <p><b>“Having a child is a tremendous change in anyone’s life. You have always been successful, and anticipated you would adapt to being a mother with the same ease. Now you have your worries about your mother-in-law and your husband’s absence to contend with, as well.”</b></p>

<b>Superior Certificant</b>	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.
<b>Certificant</b>	Covers points 1, 2, and 3.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
<b>Non-certificant</b>	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.

#### 4. MANAGEMENT: POSTPARTUM DEPRESSION

Plan	Finding Common Ground
<p><b>1. Diagnose postpartum depression/suggest a mood disturbance is present.</b></p> <p><b>2. Discuss therapeutic options (e.g., pharmacotherapy, counselling, support groups).</b></p> <p><b>3. Establish follow-up arrangements.</b></p> <p><b>4. Normalize the problem for the patient (e.g., this is a common problem, she is not alone).</b></p> <p><b>5. Look for biomedical causes (thyroid disease/anaemia).</b></p>	<p>Behaviours that indicate efforts to involve the patient include:</p> <ol style="list-style-type: none"> <li>1. encouraging discussion.</li> <li>2. providing the patient with opportunities to ask questions.</li> <li>3. encouraging feedback.</li> <li>4. seeking clarification and consensus.</li> <li>5. addressing disagreements.</li> </ol> <p><b>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.</b></p>

<b>Superior Certificant</b>	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 her feedback about it. Encourages the patient's full participation in decision-making.
<b>Certificant</b>	Covers points 1, 2, 3, and 4,	Involves the patient in the development of a plan. Demonstrates flexibility.
<b>Non-certificant</b>	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: BREAST MASS

Plan	Finding Common Ground
<p><b>1. Arrange to examine the breast.</b></p> <p><b>2. Discuss the need for breast investigations.</b></p> <p><b>3. Reassure the patient that there is no reason to discontinue breastfeeding while the lump is being investigated.</b></p> <p><b>4. Encourage her to tell her mother or husband about the breast mass.</b></p>	<p>Behaviours that indicate efforts to involve the patient include:</p> <ol style="list-style-type: none"> <li>1. encouraging discussion.</li> <li>2. providing the patient with opportunities to ask questions.</li> <li>3. encouraging feedback.</li> <li>4. seeking clarification and consensus.</li> <li>5. addressing disagreements.</li> </ol> <p><b>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.</b></p>

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

<b>Superior Certificant</b>	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.
<b>Certificant</b>	Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently.
<b>Non- certificant</b>	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.