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 20

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 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 (SOO) examination is to test the candidate's ability to deal with a patient who

1. **has musculoskeletal pain;**

2. **is using methylphenidate (Ritalin) for undiagnosed adult attention deficit disorder.**

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. **MONA RAYMONDO**, age 43, 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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10 CFPC Preparation Pointers for SOO Examiners

1. The first rule for successful acting is to put yourself into the mindset of the person you are impersonating. You have been around patients long enough to have a fairly good idea of how patients speak, behave, and dress.

Think of the following:

- The defensiveness and reticence of a patient with alcoholism.
- The embarrassment of someone with a sexual problem.
- The anxiety of a person with a terminal illness.
- The shyness of a young teenager asking for birth-control pills.

Once you receive your SOO script, think about the following:

- How is this type of patient going to react to a new physician initially?
  Will he or she be open, shy, defensive, "snarky," supercilious, etc.?
- How articulate will a person of his or her education level and social class be?
  What jargon, expressions, and body language will he or she use?
- What will his or her reactions be to questions a new physician asks?
  Will the patient be angry when alcohol abuse is brought up?
  Will he or she display reticence when questions about family relationships are asked?

2. Do not give away too much information! This is a common error. Allow the candidate to conduct a patient-centred interview to obtain the information he or she needs to zero in on the problem. The SOO is set up for you to give two or three specific cues to focus the candidate on the real issue(s), whether it (they) be alcohol abuse, sexual fears, worry about AIDS, etc.

You have all sweated through this exam yourself. It is normal to feel sorry for the poor, nervous, sweating candidate sitting in front of you. This exam is the result of years of experience on the part of the College, and the cues you are given are enough for the average candidate to realize what the real issues are. If the candidate still has not caught on after the two or three cues you have given as instructed in the case script, that is his or her problem, not yours. Do not give away too much after that.

3. Many candidates are not native English-speaking and may have language difficulties. They may not comprehend subtle verbal cues and jargon (e.g., "I only have a couple of beers a day, Doc"). The College is proud that so many physicians, many of whom are older than traditional candidates and have come from foreign countries, apply for certification. Transcultural medicine is a field onto itself, and these physicians can perform a valuable service in providing care to Canada's large immigrant population. These physicians will have to attend to Canadian-born patients, as well, and in the interest of fairness, do not act or speak differently during the examinations of these candidates. However, do feel free to write "possibility of language difficulties" on the score sheet if you feel this is the case.

4. Occasionally a candidate will get off on a tangent, or onto a completely unproductive line of questioning. During this exam you must walk the fine line of not giving away too much, but also of not leading the candidate down a completely inappropriate path of inquiry. His or her time is limited. If a candidate begins a completely unproductive line of questioning, answer "No!" (or appropriately negatively) firmly and decisively, with proper body language. This will, in a subtle way, prevent him or her from wasting several valuable minutes on such questioning.

5. Do not overact. Bizarre, hysterical gestures, arm flapping, inappropriate clothes, (e.g., a retired carpenter probably will not show up in a $500 suit, etc.), have no place in this exam. Always try to think how this person would act with a physician he or she had never met.

6. As the examinations proceed, you will (we hope) truly begin to **be** the patient. You will notice there will be some "doctors" with whom you feel comfortable, some with whom you feel less comfortable, some who conduct the interview the way you would have, and some who conduct the interview in a different way. We ask you to mark each candidate as objectively as possible, using the criteria we supply.

7. Remember to give the prompts! We all slip up once in a while and forget to give a prompt. If you suddenly remember, give the prompt as soon as you can. Sometimes you might be unsure about whether you need to give a prompt: you may be uncertain if the candidate has already covered the material on which the prompt is supposed to help him or her focus. When in doubt, **err on the side of giving the cue!**

8. Please pay attention to the clothing and acting instructions we give you. We find that even a change that seems minor to you, such as wearing a long-sleeved shirt instead of the specified "short sleeves," has a way of changing the whole atmosphere of the encounter for candidates.

9. Remember to give a clear three-minute prompt! When candidates ask that their performance be reviewed after a poor score, a common complaint is that this prompt was not given. To prevent any misunderstanding, give both verbal and visual cues: say something like **"You have three minutes left."** and flash a three-finger sign.

After you have given the three-minute warning, you should not volunteer any new information. Limit your responses to direct answers or clarification. If the candidate finishes before the alarm, simply sit in silence until it goes off. Do not offer any more information or inform him or her that he or she has time left.

10. Remember to follow the script and assist the College by clearly and adequately documenting important details of the interview on the reverse side of the score sheet, particularly with "problem" candidates.

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CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **MONA RAYMONDO**, age 43, who recently returned to university to continue your interrupted education. You are visiting this family physician (FP) to discuss the neck pain you've developed since starting your studies. You attribute the pain to spending hours in front of a computer screen and carrying a heavy backpack.

In addition, you have discovered that methylphenidate (Ritalin) is extremely helpful to your concentration. You would like a prescription for it.

Your former family physician retired one year ago.

HISTORY OF THE PROBLEM

Neck Pain

You have always been prone to neck discomfort. In the past, working as a grocery store cashier seemed to make it worse. When you decreased your work hours, the pain also decreased.

Now you have returned to university and spend a lot of time sitting in front of a computer screen. The dull pain is back. It starts in the middle of your neck (at the spine) and radiates down to your left shoulder. It averages a 5/10 in severity ranging over the course of the day from 4-6/10), which is slightly stronger than you have had in the past. You generally wake up with hardly any pain. It starts to build with every hour you sit in front of a computer. The pain is worst at the end of the day. You have no numbness or tingling. You have no weakness in your left arm or any loss of sensation. You are able to turn your head fully without worsening the pain. You have no changes in range of motion to your arm.

You have had no trauma or injury to your neck, and the only aggravating factors are carrying your heavy backpack to and from campus and sitting for long periods in front of the computer (which you have difficulty doing, anyway, because of trouble concentrating). Lying on the floor alleviates the pain but it never goes away completely. The pain is mild but present when you wake up in the morning. You've had to change to a much thicker pillow for support.

You haven't taken anything for the pain except a couple of acetaminophen tablets. They eased the sharp pain somewhat but did not remove the pain totally.

Adult Attention Deficit Disorder

You returned to university last year, taking up your degree course where you left off 23 years ago. You hope to earn a degree in computer science, which will fulfill your lifelong dream of having a university degree.

In your 20s, you didn't leave university because you didn't want to finish, but because you *couldn't* finish. You had failed two courses and were dangerously close to failing another two. Overwhelmed, unable to concentrate, and lacking structure, you impulsively elected to drop out.

Now, you have no choice. You must finish this degree and start your life over, as difficult as that is. Your husband left the family recently, and working as a waitress or a checkout clerk at the local grocery store is not going to pay the bills or put four kids through post-secondary education. You have to get the qualifications for a decent job, and hence you decided to go back to school. You were extremely lucky the university allowed you to restart and take up where you left off. You know that university entry is harder now than it was when you were young, and you're very grateful to the admissions department representatives, who listened to your request and helped you clear all the necessary hurdles.

However, becoming a student again has been extremely difficult. This semester started badly. Despite your efforts you can't concentrate long enough on the assignments. You find yourself flitting from one idea to another, rarely finishing what you start, and impulsively changing your mind about which projects you want to take on or which classes you'll attend. You have quickly fallen behind and feel overwhelmed.

The situation was steadily heading toward failure until you started taking methylphenidate. You got the first dose from your lab partner, **EYTAN**, two weeks ago. Eytan was well aware of your increasing difficulties, as he was doing most of the work on your lab assignments, and he told you he had an idea that might help. He suggested that you try methylphenidate (Ritalin). You were shocked he even suggested a drug, but the more he explained why, the more you agreed. Eytan had several reasons for thinking the drug would work. First, "everyone" on campus uses it to help with studying for exams and it is supposed to work like a charm. Second, his brother (whom he describes as very similar to you in behaviour) takes it regularly and it's helped him a lot in school and in general. Third, it has no lingering side effects, unlike alcohol, which you have used in the past.

You never thought you'd take illicit drugs—you've warned your kids about them enough over the years—but you were desperate. You just can't fail these classes. You had to scrape together the money for the courses (money you really don't have to spare), and you can't let all your money go down the drain.

You agreed to try one of Eytan's brother's pills and noticed an immediate change in your ability to concentrate and function. You were able to finish an examination and a long and complicated lab assignment. You had no side effects. You agreed to take another couple of tablets over the next week. You felt a bit guilty because Eytan paid his brother for them and you haven't had the money to pay him back. You also know that what you are doing is illegal, but the pills have made such a huge, positive difference to your life that you really don't want to stop using them. You need a safe and regular supply.

You have noticed no recent change in your memory, coordination, or cognition to suggest that your problems are the result of a new condition. You do not have any constitutional symptoms (sweating, weight loss, fatigue, etc.) suggestive of an endocrinological condition. You have no headaches or other neurological symptoms.

Looking back, you realize you've always preferred being very active: running after the kids, volunteering at the rink, being a waitress at your sister's café, etc. The possibility that you may have attention deficit disorder (ADD) has crossed your mind. You've looked ADD up on line and you think you fit most of the criteria listed. However, don't only kids get it?

You've heard that a campus special needs office deals with students who have learning problems and things like that. You haven't seen anyone there and don't really know what they do. You would not be averse to a recommendation to see someone there.

MEDICAL HISTORY

You've been pretty healthy all your life. You were quite overweight as a child but that problem seemed to correct itself in your later teens. In the last year of high school, you used alcohol to help you calm down, but it never really helped. In fact, it may have made your concentration worse.

You have never had surgery. You do not have an eating disorder and are not hypertensive.

You have been pregnant four times and have had four vaginal deliveries, without complications. You breastfed all your babies until they were six months old. You have no signs of menopause (e.g., your periods are regular and you have no sweats).

You have regular Pap tests, and results have always been normal.

MEDICATIONS

- Ritalin, 10 mg, when you can get it.
- Calcium and vitamin D daily.

LABORATORY RESULTS

All lab results were normal at your last visit to your FP two years ago.

ALLERGIES

None.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco:	You do not smoke.
Alcohol:	When you were younger, you self-medicated with alcohol. You gained a lot of weight (about 10 kg) with alcohol use, and so you decreased your intake a lot. Currently you don't drink alcohol.
Caffeine:	You drink one cup of coffee per day but do not take energy drinks or colas.
Illicit Drugs:	When you were younger, you tried marijuana, which didn't make you mellower; in fact, it worsened your agitation.
Exercise and Recreation:	You do not exercise regularly. You eat an average diet.

FAMILY HISTORY

No significant medical issues are present in your family. Looking back you think that one brother, **TOMÁS**, had an attention deficit problem similar to yours.

PERSONAL HISTORY

Family of Origin

You were the fourth of five children and the second girl. Your parents emigrated from Eastern Europe after their first child, **EMILIA**, was born. You and your three brothers were born in Canada.

Your parents opened a grocery store, which provided a living for the family. They were very busy when you were growing up. Running the store meant long hours, constant issues with which they had to deal (the dairy's failure to make a delivery, fruit spoiling before it was placed on the shelves, etc.), and minimal income. Your father was rarely home, and your mother was frequently working at his side. As a consequence, Emilia, who was nine years older than you, provided a great deal of your care.

You are relatively close to all your siblings except Tomás, who is 11 months younger than you. You remember him as a disruptive, unruly child with a quick temper. He has been in and out of trouble with the law since his teen years. He found school more problematic than you did and often disrupted home life with his impulsive behaviour. Looking back, you think he probably had ADD. He didn't go on to post-secondary education. Currently he is in jail for assault in the United States. You and the rest of the family have little involvement with him.

Your parents are now retired and your second-eldest brother, **TAO**, and his wife own and run the store.

Relationship and Marriage

You met **LIAM**, the father of your eldest child, in your first year of university. He was a couple of years older and studying philosophy. He was a teaching assistant for your humanities elective course. You dated during your time at university and for nearly a year after you dropped out.

You thought the relationship was pretty serious, and when you became pregnant, you fully intended to marry Liam. He didn't share this sentiment, and so at 21 you gave birth to your son, **RIO**, remaining unmarried and living with your parents. Despite their old world values, they permitted you to live at home, rent free, and your mother helped with Rio in exchange for your unpaid work at the store.

At 25 you met **ESTEBAN**, the newly hired butcher in the family store, and you married four months later. Marrying him seemed a good idea at the time. Because you had a small child, you weren't attracting too many eligible men, and the long hours as a cashier left you little opportunity to date.

Esteban is from a large Mexican family and grew up in circumstances similar to yours. Your daughter, **JULIETTA**, was born when you were 28, **JULIO** when you were 35, and **GABRIEL** when you were 37. Esteban formally adopted Rio. He was a decent husband until the birth of your last child. He became increasingly distant as the years passed, and, six months ago, he announced out of the blue that he was

afraid he was growing old prematurely and wanted to “start over and find himself.” He moved out, has settled on the far coast, and seems to have disappeared from your life.

Your four children seem to have escaped any semblance of ADD. None have difficult behaviours (outside of normal) and none have had trouble with school.

EDUCATION AND WORK HISTORY

You gave your sister, Emilia, a hard time when you were growing up. You hated to sit for any length of time and argued constantly about doing household chores or homework (or even going to school). You know your parents were aware of the difficulties you caused, but they had so many other issues (the bills, the store, your brother Tomás) that they hardly acknowledged your disruptive behaviour. You do remember one occasion when your father became very angry about your skipping classes. He lost his temper and threatened to take the belt to you. You don’t remember actually being strapped.

You’ve always had difficulty concentrating on long tasks or multitasking, and you’ve also always been an impulsive, fidgety person. When you were a kid, reading books or sitting down to watch an entire movie was always a chore and one in which you had little interest. Although you enjoyed learning new things, school was a significant challenge because it involved too much sitting at a desk and having to be quiet. You managed to earn pretty good grades despite the concentration problems, but mostly because you had a lot of help from your older sister and the academic standards at your school weren’t too high.

You passed all your high school courses and graduated, which your parents said you were required to do. Any post-secondary education was optional. If you didn’t want to study, you would be expected to work in the store. As you finished high school you thought a career in computer science might be really interesting. You like computers because they generally do what they’re programmed to do and manage to do so very quickly. Besides, you didn’t want a future in groceries because you’d had enough of being an unpaid helper and a job working with computers would pay better. You had always wanted to earn a degree, and so you applied to university and were accepted.

However, when you went to university the first time, you couldn’t manage. It all seemed so confusing. You had assignments due, classes to attend, reading to complete, and no way to keep it all organized. If you had had to take just computer classes, you might have managed—barely, but all first-year students had to take an English course and an elective in humanities. The English class reading list alone was nearly too much for you. You started missing classes and failed to hand in several assignments. (You’d forget to save them on the computer or would lose the papers, etc.) You remember two of your professors trying to talk

to you about it. Both thought you were really bright, but fidgety and scattered. They suggested that you drop out and rethink your decision.

After you left university and had your son, you worked for your parents as a cashier in the grocery store. You cut back the hours you worked significantly after Julietta was born. When the kids were a bit older, you helped one of your friends at the hockey rink canteen. Your sister has a café in town and you sometimes help there as a waitress, if one of her regular employees is ill.

FINANCES

You haven't received any support payments or money from Esteban, and you have engaged a lawyer to start divorce proceedings. Money is really tight right now. You haven't paid off the mortgage on the house you and Esteban purchased 10 years ago, and you have car payments. Rio, who is in college, lives with you. Julietta takes several dancing classes and the cost of the costumes alone is horrific.

Currently you are enrolled full time in a four-year computer programming course of study at the local university. You are not taking a co-op program, and so you have no opportunity to earn money while you study. You did receive a small government bursary to help you return to university.

Your parents provide after-school babysitting for your youngest children. They have been very helpful in sending over meals and assist a bit financially. However, you really need some cash soon.

You don't believe you have any private medical insurance, unless your university fees provide some coverage you haven't heard about.

SOCIAL SUPPORTS

Your parents and elder sister are supportive. You have several good friends in town. Currently you are not dating anyone. In fact, the idea of dating hasn't really crossed your mind.

RELIGION

You are a non-practising Roman Catholic.

EXPECTATIONS

You expect the FP to know why you are having neck pain and to give you medications for it. You also expect her or him to give you a prescription for methylphenidate.

ACTING INSTRUCTIONS

You are casually dressed and wearing little jewellery.

You are quite nervous at being in the FP's office and worried that he or she will be angry about your illegal drug use. You are hesitant to bring this up and keenly watch for signs of a negative reaction. If the candidate is non-judgmental, you are very forthcoming and relieved.

You fidget in your seat, bouncing your leg or tapping your fingers on the arm of the chair, etc. You are not excessively restless and are able to pay attention to the discussion easily.

You rub your neck to indicate pain but have a normal range of motion in the arm and neck.

You are quite open about your family situation (your kids, the failed marriage, your parents, etc.) and speak matter-of-factly about Esteban. You do not get upset about the fact he has left, and you aren't overly stressed about your financial situation. (You are sure that, if you can get through this degree program, your future will be set.)

If the candidate explores possible contraindications to methylphenidate use, state that you don't have an eating disorder or hypertension.

You **FEEL** the neck pain is muscular spasm and would like the FP to confirm that it is not something serious. You **EXPECT** the FP will prescribe a pain medication that can help, but you do not want any opioid medication. You would not be averse to having massage or physiotherapy, but you cannot afford this if you have to pay out of pocket. You don't know if any health benefits are associated with your university fees (such as payment for medications, physiotherapy, etc.), but if they are, you would be pleased to receive a referral for treatment.

You **FEEL** you may have something similar to adult ADD. You **EXPECT** the doctor will agree and prescribe the methylphenidate for you. You are not averse to having any sort of testing done. You are willing to wait for the medication to be prescribed but need the medication soon in order to finish your school year. This is very important to you. You **WORRY** that the doctor will not prescribe this for you.

CAST OF CHARACTERS

MONA RAYMONDO:	The patient, age 43, a university student with neck pain and adult ADD.
ESTEBAN RAYMONDO:	Mona's estranged husband.
RIO RAYMONDO:	Mona's son, age 22.
JULIETTA RAYMONDO:	Mona's daughter, age 15.
JULIO RAYMONDO:	Mona's son, age eight.
GABRIEL RAYMONDO:	Mona's son, age six.
LIAM:	Rio's biological father.
TOMÁS:	Mona's younger brother, who likely has ADD.
EMILIA:	Mona's older sister.
TAO:	Mona's second-eldest brother.
EYTAN:	Mona's university lab partner.

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

TIMELINE

Today:	Appointment with the candidate.
2 weeks ago:	Tried methylphenidate.
Several months ago:	Went back to school.
6 months ago:	Esteban left.
6 years ago:	Gabriel born.
8 years ago:	Julio born.
15 years ago:	Julietta born.
18 years ago:	Married Esteban.
22 years ago:	Rio born.
23 years ago:	Quit university.
43 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"My neck is really bothering me."**
10 MINUTES REMAINING: *	If the candidate has not brought up the issue of Ritalin use, the following prompt must be said: **"I'd like a prescription."**
7 MINUTES REMAINING: *	If the candidate has not brought up the issue of neck pain, the following prompt must be said: **"What about my neck?"** *(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

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 patient's 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.

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(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: MUSCULOSKELETAL PAIN

MUSCULOSKELETAL PAIN	ILLNESS EXPERIENCE
Areas to be covered include: **1. pain:** • Located over spinal bones. • Radiation to shoulder. • Better when she is lying down. **2. history of pain:** • Episodic manifestations since childhood. • Worse with carrying backpack, sitting in front of computer. • Acetaminophen (Tylenol) ineffective. • Hasn't tried heat/ice. **3. pertinent negative factors:** • No numbness or tingling. • No change in range of motion. • No trauma. • Not intensified by stress.	**Feelings** • Annoyed. **Ideas** • This is the pain I've had in the past. **Effect / Impact on Function** • She needed a new pillow. • She has to take more frequent breaks from work because of the pain. **Expectations for This Visit** • The FP will give medication to help. **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, and 3.	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 and 2.	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 and 2.	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: ADULT ATTENTION DEFICIT DISORDER

ADULT ATTENTION DEFICIT DISORDER	ILLNESS EXPERIENCE
Areas to be covered include: **1. previous history:** • Always felt restless. • Failed first attempt at university. • Tried alcohol/marijuana to relieve symptoms. • Impulsive decisions. **2. current troubles:** • Trouble completing classes and assignments. • Difficulty concentrating. • In danger of failing. **3. Ritalin:** • Lab partner gave his brother's methylphenidate (Ritalin) for her to try. • She may have to get methylphenidate (Ritalin) from an unreliable source in the future. • Calming. • Able to study. **4. family history:** • Brother had many behaviours suggestive of ADD.	**Feelings** • Nervous. • Desperate. **Ideas** • She may have adult ADD and thinks this medication is helping her. **Effect / Impact on Function** • No impact on jobs or family life. **Expectations for This Visit** • She hopes the FP will give her a prescription for this medication. **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.

3. SOCIAL AND DEVELOPMENTAL CONTEXT

CONTEXT IDENTIFICATION	CONTEXT INTEGRATION
Areas to be covered include: **1. family of origin:** • Immigrant family. • Parents owned a grocery store. • Family supportive of her situation. **2. current situation:** • Has four children. • Esteban has left. • Good relationship with her kids. • Money is very tight. **3. goals for the future:** • Wants to finish university. • Goal is to work as a computer programmer. • Goal is to be financially stable.	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: **"You are at a point in your life where you really need to take control and create a career for yourself, for both your self-esteem and to take care of your kids.** **But your longstanding issues of poor concentration and impulsive behaviour are jeopardizing this goal.** **To make matters worse, your neck pain limits the time you can devote to studying."**

Superior Certificant	Covers points 1, 2, and 3.	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 and 2.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	Does not cover points 1 and 2.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience, or cuts the patient off.

4. MANAGEMENT: MUSCULOSKELETAL PAIN

PLAN	FINDING COMMON GROUND
1. Arrange for an examination. **2. Reassure her that this is likely benign muscular strain.** **3. Advise rest, heat, ice, physiotherapy, massages.** **4. Recommend nonsteroidal anti-inflammatory drugs /analgesics.** **5. Advise her to return if neurological symptoms or signs begin.**	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 or her 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 not cover points 1, 2, 3, and 4.	Does not involve the patient in the development of a plan.

5. MANAGEMENT: ADULT ATTENTION DEFICIT DISORDER

PLAN	FINDING COMMON GROUND
1. Suggest she may have adult attention deficit disorder. **2. Discuss objective evaluation to confirm the diagnosis (e.g., rating scales, referral to a formal testing centre, etc.).** **3. Discuss the role of methylphenidate and other medications.** **4. Discourage use of an illegal/online source of medications.**	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.