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 3

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
CERTIFICATION EXAMINATION IN FAMILY MEDICINE – SPRING 2010

INTRODUCTION TO SIMULATED OFFICE ORAL EXAMINATIONS

The Certification Examination of The College of Family Physicians of Canada is designed to evaluate the diverse knowledge, attitudes, and skills required by practising family physicians (FPs). The evaluation is guided by the four principles of family medicine. The short-answer management problems (SAMPs), the written component, are designed to test medical knowledge and problem-solving skills. The simulated office orals (SOOs), the oral component, evaluate candidates' abilities to establish effective relationships with their patients by using active communication skills. The emphasis is not on testing the ability to make a medical diagnosis and then treat it. Together, the two instruments evaluate a balanced sample of the clinical content of family medicine.

The College believes that FPs who use a patient-centred approach meet patients' needs more effectively. The SOOs marking scheme reflects this belief. The marking scheme is based on the patient-centred clinical method, developed by the Centre for Studies in Family Medicine at The University of Western Ontario. The essential principle of the patient-centred clinical method is the integration of the traditional disease-oriented approach (whereby an understanding of the patient's condition is gained through pathophysiology, clinical presentation, history-taking, diagnosis, and treatment) with an appreciation of the illness, or what the disease means to patients in terms of emotional response, their understanding of the disease, and how it affects their lives. Integrating an understanding of the disease and the illness in interviewing, problem-solving, and management is fundamental to the patient-centred approach. This approach is most effective when both the physician and the patient understand and acknowledge the disease and the illness.

In the SOOs, candidates are expected to explore patients' feelings, ideas, and expectations about their situation, and to identify the effect of these on function. Further, candidates are scored on their willingness and ability to involve the patient in the development of a management plan.

The five SOOs are selected to represent a variety of clinical situations in which communication skills are particularly important in understanding patients and assisting them with their problems.

RATIONALE FOR SIMULATED OFFICE ORAL EXAMINATION

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

1. a need for post-myocardial infarction medical management.

2. depression following a cardiac event.

The patient's feelings, ideas, and expectations, as well as an acceptable approach to management, are detailed in the case description and the marking scheme.

CERTIFICATION EXAMINATION IN FAMILY MEDICINE
SIMULATED OFFICE ORAL EXAMINATIONS

INSTRUCTIONS TO THE CANDIDATE – CASE # 1

1. FORMAT

This is a simulated office situation, in which a physician will play the part of the patient. There will be one or more presenting problems, and you are expected to progress from there. You should not do a physical examination at this visit.

2. SCORING

You will be scored by the patient/examiner, according to specific criteria established for this case. We advise you not to try to elicit from the examiner information about your marks or performance, and not to speak to him or her "out of role."

3. TIMING

A total of 15 minutes is allowed for the examination. The role-playing physician is responsible for timing the examination. At 12 minutes, the examiner will inform you that you have three minutes remaining. During the final three minutes, you are expected to conclude your discussion with the patient/examiner.

At 15 minutes, the examiner will signal the end of the examination. You are expected to stop immediately, and to leave any notes with the examiner.

4. THE PATIENT

You are about to meet Mr. **BILL EVANS**, age 56, 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.

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

SIMULATED OFFICE ORAL EXAMINATION

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Mr. **BILL EVANS**, age 56, who took early retirement last year and experienced a myocardial infarction (MI) three months ago. Since the MI you have become increasingly depressed, and one month ago you stopped taking all medication.

Your wife, **RUBY**, encouraged you to visit a family physician (FP) for post-MI monitoring. She made today's appointment with the candidate because her own FP is not accepting new patients.

HISTORY OF THE PROBLEM

Need for Post-Myocardial Infarction Management

Your heart attack began with some squeezing pain in your chest in the mid-afternoon. You were walking home from the supermarket and carrying some bags of groceries that were not especially heavy. The aching decreased if you stopped walking, but it continued for a good hour, off and on, and it was increasing when you got home. The pain moved up to your jaw and down your left arm. You were sweaty and you felt as if something was very wrong. The symptoms seemed to be those of a heart attack, and so you took a taxi to the emergency department (ED). In retrospect, you know you should have called an ambulance, but you were not sure about the symptoms and did not want to over-dramatize the situation.

Once you were in the ED, a nurse quickly put you on a stretcher and started attaching tubes to you. You were given medicine that made the chest pain go away, although it was replaced by a splitting headache. At one point the doctor told you that you were having a heart attack, and that you would be moved to the operating room to have a balloon put in your heart. Ruby had been called by this time, and she was with you when the doctor explained things to you. You were grateful that she was there because you were having trouble understanding everything that was happening.

Within minutes you were in the operating theatre, where the surgeon inserted a "stent." (If the candidate asks, you do not know what kind of stent. Nor do you know what vessel or vessels were involved.)

Later you were told that you had a blocked artery in your heart, and that you had arrived at the hospital "just in time." While you were in the coronary care unit, the doctor explained that your heart muscle had been damaged during the attack. He said that it seemed to be recovering well and that you had no "heart failure."

You stayed in the hospital about five days. You experienced no more chest pain during your stay, but you were sometimes a bit light-headed when you stood up. Before you left you had to walk on a treadmill while you were attached to wires; you were told the result was good. You were sent home with some medicine, and told to follow up in one month with the cardiologist at the hospital. At that appointment, the cardiologist assured you that you were healing fine and that everything was okay.

You have experienced no chest pain since your discharge from hospital. You are not short of breath on exertion, but you have not really been exercising. You have no swelling of your feet. You do not need extra pillows at night. You do not wake up with shortness of breath. You have not had any form of cardiac rehabilitation. The hospital staff might have suggested it, but you never made an appointment to go. You stopped taking all your medication one month ago, without telling Ruby.

The cardiologist said that he wanted to see you again in six months, and that an FP should also monitor your condition. You had not seen an FP in at least five years. You discovered that your former FP had retired, and so you let making an appointment slide until Ruby made one for today.

Depression

Before your MI you were always an "upbeat" guy who was optimistic and full of life. You enjoyed your family life and your hobbies, and you were looking forward to your early retirement from the insurance company where you had worked your entire adult life. You had been careful with your investments, and had put enough savings aside to experience "freedom 55" retirement. You intended to spend summers golfing and working around the yard, and winters curling and visiting Florida for a few weeks. You liked your job, but you had no regrets about retirement. The time had come to relax and enjoy life.

Unfortunately, things did not work out as planned. First, soon after you retired your private investments did very badly in the economic downturn. You estimate that you lost about half of your personal investments for retirement. You still had a generous company pension, but your Registered Retirement Savings Plan funds had decreased considerably. You wondered if you should ask to be rehired at your former company, but it was downsizing because of the dismal economy. You would just have to make ends meet, relying much more on your wife's income than you had expected. The trips to Florida look less likely.

The next setback was the heart attack. You had always been in good health and had taken it for granted. The hospital stay and subsequent recovery shook you up badly. You had never taken medication in the past, and now you were faced with

daily pills. You were told not to exercise excessively during the recovery period, and so you stopped curling. You assumed that golf would be out of the question. Your wife and children began to treat you like an invalid. The past three months have been hellish.

Nothing seems to be going right. Since you got home you have not felt like doing anything. Showering and shaving are a chore, and some days you don't bother to get out of your pyjamas. You eat if Ruby gives you food, but you often skip lunch when you are home alone. You also don't want to bother with the medications you received in the hospital, and you aren't sure they would do anything for you, anyway. You stopped taking them all a month ago, because you just felt you couldn't be bothered. Your wife does not know that you aren't taking the pills. In fact, in the back of your mind you wonder if there is any point in prolonging your life. Your future looks bleak. On a few occasions you have wished that you had died from the heart attack. If a candidate asks directly about your mood, you admit to being "down." If he or she asks whether you feel depressed, you reply, "Maybe. I am certainly not myself."

Your sleep has been poor since the heart attack. You have trouble falling asleep, and you often wake up early for no particular reason and then can't get to sleep again. You are probably sleeping an average of about five hours a night. The days seem so long. Friends have called to see how you are doing, but you have put them off. Conversation is difficult because you really don't feel like talking.

You and Ruby have not had sexual relations since before your heart attack. At first you were too sick and too frightened; now you have no interest. She has noticed that your mood is down. She has little patience with your moodiness and your lack of energy, and she has told you to "stop feeling sorry for yourself." You feel that your inability to do anything or get involved in anything is frustrating her, and her impatience plays into your sense of worthlessness. She is right, of course: you *are* worthless. You feel yourself shutting down. Perhaps she would be better off without you, now that you are an invalid.

Your daughter, **MAGGIE**, has been calling you more often—almost daily in the past few weeks. She seems worried about you and how you are coping. You haven't been able to speak much about the way you feel. When she asks how you are, you say, "I guess I am feeling my age. I'm really tired." Maggie is planning to visit in a couple of weeks. This is one reason that you agreed to see an FP. You don't want Ruby telling your daughter that you have "given up."

You have no active suicidal plans or intentions. If the candidate asks, you reply that you might be better off dead, but that you have no intention of killing yourself. You have no firearms in the house.

MEDICAL HISTORY

You would describe yourself as very healthy before your heart attack. You had experienced no symptoms of heart disease.

Your last physical examination was “at least” five years ago. You believe you had blood tests; the doctor never called about them, and so you assume the results were fine.

You have had no operations other than the recent angiography.

MEDICATIONS

You were taking no medications before your MI, and you are taking none currently (see “Acting Instructions”).

LABORATORY RESULTS

None.

ALLERGIES

None.

IMMUNIZATIONS

You used to get free flu shots at work. You have had no other immunizations since childhood.

LIFESTYLE ISSUES

Tobacco: You smoke half a pack of cigarettes a day. You stopped smoking after the heart attack, but restarted a month ago. You are not really interested in stopping again at this time. If candidates suggest it, you listen politely. If they explore your intentions to stop, they will find that you are in the precontemplative stage.

Alcohol: You have never been a heavy drinker. You have about one to three drinks a week. You drink wine on social occasions, or a beer after a golf game.

Illicit drugs: You take no illicit drugs.

Exercise and recreation: You used to enjoy golfing in the summer and curling in the winter. You have done nothing since the heart attack.

FAMILY HISTORY

Your mother is 80 and lives in a retirement home in your community. She is in good health.

Your father died suddenly at age 50 while he was at work. He was a middle manager for a local utility company. You were 21 at the time, and you don't remember the details. The doctor said that he had suffered a sudden heart attack. He was a heavy smoker, but you do not know the details of his medical history. He did not visit doctors.

You have a paternal aunt who is in good health. Your father had no other siblings.

You have a younger sister and a younger brother. Both left the province after they married. You speak to them by phone occasionally. As far as you know, they are healthy.

You are aware of no family history of depression, suicide, or mental illness.

PERSONAL HISTORY

General

You grew up in this town. You have had a fairly average life with few surprises.

Marriage

You met Ruby, age 54, at the local community college when you were in your early 20s. You have been happily married for 31 years.

Ruby continues to work in a middle-management position at a local manufacturing company. She likes work and fears that she would go crazy if she were stuck at home "with nothing to do." Your joint retirement plans included winter vacations, but she has no desire to hang around the house with you. This is not a source of conflict. You have known for years that you have different views of retirement, and you have planned accordingly.

Children

Your son, **ROBERT**, is 30 and married to **SUE**. They have one child, **LUKE**, who is eight months old. You and Ruby were thrilled when this first grandchild was born. They live in this town, and used to visit frequently. In the past couple of months

they seem to come by less often—perhaps because you are no fun to be around. Ruby cannot comprehend why you don't seem enthusiastic about seeing your grandson.

Your daughter, Maggie, is 28 and lives in another province. She is not dating anyone, and seems to be happy with her job and her life.

EDUCATION AND WORK HISTORY

You attended a local high school and community college, where you studied basic accounting. After graduation, you found a job in the payroll department at a branch of a large insurance company. Later you transferred to the investment department, where you were working when you retired.

FINANCES

You and Ruby have enough to live on with her salary and your retirement income.

SOCIAL SUPPORTS

You have isolated yourself. You have supports, but you do not recognize them.

Your wife is your main support, but you can tell that she is frustrated with the way you are acting. She has little patience with your moodiness and your lack of energy. Her apparent impatience plays into your sense of worthlessness. In the back of your mind you are thinking that she would be better off without you, now that you are an invalid.

Your children are worried about you. Your daughter, in particular, is concerned that you are not recovering as expected from your heart attack.

You have avoided friends. You put them off if they call.

RELIGION

You and Ruby are "Christmas and Easter" Anglicans. You have no strong religious convictions and are not part of a faith community.

ACTING INSTRUCTIONS

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

You begin by saying that Ruby sent you here. Act the part of a depressed patient—not very animated, and co-operative but a bit disinterested. You do not have a lot of hope that you will get better. However, at the beginning of the interview you should not overact the part of a depressed person. Stick to your cardiac history as much as possible, so that you do not derail the candidate. The fact that you are depressed should become evident as the interview progresses.

Your **FEELING** is "depression," but if the candidate asks how you are feeling, you say that you are not having any pain right now. Only if asked specifically about your mood do you say that you are a bit "down" or "sad." If the candidate asks why you feel this way, respond with something like "I didn't think my retirement would be like this." In terms of your MI, you say that you are worried you will have another heart attack without warning.

Your **IDEA** is that you are an invalid because of your heart attack. You see no point in taking medication because you will never be healthy again. You do not have any idea about your mood. If the candidate asks what you think is going on, you could respond with "I guess this is normal after a heart attack." If he or she tries to get you to commit to an "idea" about your depression, you respond with something vague like "I guess the heart attack has taken away my energy."

Your **FUNCTION** has been affected by both the heart attack and the mood shift. Initially you were afraid to restart physical activity and sexual relations. Now your depression has made you uninterested in anything. You avoid friends and even family members: "My daughter is planning to visit and I am not really sure that I even want to see her." You might also say, "It is all I can do to get dressed these days." If the candidate resorts to direct questioning about your functioning, you answer with a comment like "I really am not good for much anymore." This can be followed by a discussion about the abandoned physical activities. Do not mention sexual activity unless the candidate asks.

Introducing the fact that you are not taking your medication occurs at the 10 minute prompt, but it may well come up earlier. If the candidate asks if you are taking any medication, say, "Not at the moment." This might elicit an inquiry about why you are not taking medication. If the candidate asks what medications you were given when you left the hospital, reply with a fairly vague answer, such as the following: "They gave me a lot of pills. There was something for my cholesterol, something for my blood pressure, some Aspirin, and something called Plavix." You should then say, "I took them for a while." So the fact that you are not taking the medication may come up at the 10 minute prompt or before. When the candidate asks you why you stopped, you answer, "There didn't seem to be any point. I didn't feel any different." You would sound a bit "flat" when you say this.

Your **EXPECTATIONS** are limited. Your wife sent you to see this FP and you really don't expect that things will improve as a result. You do expect that the FP will try to get you to take some pills again. You **agree** to do so if he or she tells you to—but you will **actually intend** to start taking them again only if the candidate explains why they will help. A good candidate will understand why you stopped taking your medications, and will address the issue. In short, you need some hope. A good candidate will offer you this, even though you are not expecting it.

You do not really want to take medication for depression, if it is offered. This would indicate that you have yet another illness. If an antidepressant is offered, say that you would rather not take medication, and ask if there is any alternative. (You may do this even in the last three minutes, if the issue comes up at that time, as negotiation for treatment is included in the marking scheme.)

CAST OF CHARACTERS

BILL EVANS:	The patient, age 56, who took early retirement one year ago and had an MI three months ago.
RUBY EVANS:	Bill's wife, age 54, who works in middle management.
ROBERT EVANS:	Bill and Ruby's son, age 30, who lives in the same town.
MAGGIE EVANS:	Bill and Ruby's daughter, age 28, who is unmarried and lives in another province.
SUE EVANS:	Robert's wife.
LUKE EVANS:	Robert and Sue's son, age eight months.

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

TIMELINE

Today:	Appointment with the candidate.
1 month ago:	Stopped taking the medications you received in the hospital.
2 months ago:	Follow-up visit to the cardiologist.
3 months ago:	Suffered an MI.
8 months ago:	Grandson, Luke, born.
1 year ago, age 55:	Took early retirement.
5 years ago, age 51:	Last visit to your former FP.
28 years ago, age 28:	Daughter, Maggie, born.
30 years ago, age 26:	Son, Robert, born.
31 years ago, age 25:	Married Ruby.
56 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"My wife made this appointment for me to see you. She thought I should check my heart."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of depression, say, **"To be perfectly honest, they gave me some medication in the hospital, but I stopped taking it."**
7 MINUTES REMAINING:*	Only if the candidate seems to have forgotten about looking after your heart, say, **"Do you think I will have another heart attack soon?"**
3 MINUTES REMAINING:	**"You have THREE minutes left."** *(This verbal prompt **AND** a visual prompt **MUST** be given to the candidate.)*
0 MINUTES REMAINING:	**"Your time is up."**

*To avoid interfering with the flow of the interview, remember that the ten- and seven-minute prompts are optional. They should be offered only if necessary to provide clues to the second problem or to help the candidate with management. In addition, to avoid interrupting the candidate in mid-sentence or disrupting his or her reasoning process, delaying the delivery of these prompts momentarily is perfectly acceptable.

Note: If you have followed the prompts indicated on the interview flow sheet, there should be no need to prompt the candidate further during the last three minutes of the interview. During this portion of the interview, you may only clarify points by answering direct questions, and you should not volunteer new information. You should allow the candidate to conclude the interview during this time.

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SIMULATED OFFICE ORAL EXAMINATION

MARKING SCHEME

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

1. IDENTIFICATION: Need for Post-MI Management

Post-MI Management	Illness Experience
Areas to be covered include **1. history:** • Three months ago. • Had rapid angiography with stent placement. • Five days in hospital • Was told there was some damage. • Was told there was no heart failure. **2. risk factors:** • Father's sudden death at age 50. • He restarted smoking. • No history of diabetes. • Asymptomatic before his MI. **3. post-hospital course:** • Was prescribed medications for cholesterol and blood pressure, acetylsalicylic acid, and clopidogrel (Plavix). • Saw the cardiologist two months ago. • Negative stress test before discharge. • No recurrence of chest pain. **4. no cardiac rehabilitation.**	**Feelings** Worried he will have another heart attack. **Ideas** He is an invalid. He has moved from being healthy to being sick. **Effect / Impact on Function** • He has stopped exercising. • He has stopped sexual activity. **Expectations for This Visit** He has no expectations. ("My wife just made me come.") **A satisfactory understanding of the Feelings, Ideas, and Effect / Impact on Function are important in assessing the illness experience of this patient .**

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

2. IDENTIFICATION: Depression

Depression	Illness Experience
Areas to be covered include **1. diagnostic features:** • No previous depression. • Sleep disturbance. • Loss of interest in activities. • Loss of appetite. • Loss of libido. **2. suicidal risks:** ▪ No psychotic features. • Has wished he had died. • No suicidal plan. • No firearms in the house. **3. other relevant factors:** • Quantity of alcohol—one to three drinks a week. • No substance abuse. • No family history of psychiatric illness. **4. trying to rule out medical causes of depression** (e.g., thyroid disease, malignancy).	**Feelings** • Depressed. • Hopeless. **Ideas** It is normal to feel this way after a heart attack. He will never feel normal again. **Effect / Impact on Function** Self-neglect (established, for example, by recognizing that the patient can't be bothered to get dressed in the morning). **Expectations for This Visit** None. **A satisfactory understanding of the Feelings, Ideas, and Effect / Impact on Function are important in assessing the illness experience of this patient .**

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. retirement issues:** • Planned early retirement. • Does not miss working. • Hoped to continue to be active after retirement. • Unable to be rehired. **2. financial concerns:** • Lost part of his retirement investment income. • Wife is still working. • Wife does not want to retire. • Unable to travel. **3. social supports:** • Wife is becoming impatient with him. • Has isolated himself from friends. • Son comes by less often. • Daughter will be visiting soon.	Context integration measures the candidate's ability to • integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience. • reflect observations and insights back to the patient in a clear and empathetic way. This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan. The following is the type of statement that a superior certificant may make: **"Mr. Evans, I can see how everything is turned upside down for you. You were hoping for a happy and healthy retirement, and now you have unexpected financial worries and health concerns. Many people would feel a bit depressed in this situation, but I want you to understand that we can work together to help you to feel normal again."**

Superior Certificant	Covers points 1, 2, and 3.	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathetically reflects observations and insights back to the patient.
Certificant	Covers points 1 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: Need for Post-MI Management

Plan	Finding Common Ground
1. Explain the need to restart medication. **2. Explore the patient's willingness to stop smoking.** (He is in the precontemplative stage.) **3. Obtain hospital records or the cardiology report.** **4. Suggest cardiac rehabilitation.**	Behaviours that indicate efforts to involve the patient include 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.

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

5. MANAGEMENT: Depression

Plan	Finding Common Ground
1. Identify the problem as depression. **2. Explain that this is a common occurrence after a cardiac event / major illness.** **3. Suggest that medication may be helpful with the depression and / or suggest psychotherapy or counselling.** **4. Outline a plan in case the patient becomes suicidal.**	Behaviours that indicate efforts to involve the patient include 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.

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

6. INTERVIEW PROCESS AND ORGANIZATION

The other scoring components address particular aspects of the interview. However, evaluating the interview as a whole is also important. The entire encounter should have a sense of structure and timing, and the candidate should always take a patient-centred approach.

The following are important techniques or qualities applicable to the entire interview:

1. Good direction, with a sense of order and structure.
2. A conversational rather than interrogative tone.
3. Flexibility and good integration of all interview components; the interview should not be piecemeal or choppy.
4. Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.

Superior Certificant	Demonstrates advanced ability in conducting an integrated interview with clear evidence of a beginning, a middle, and an end. Promotes conversation and discussion by remaining flexible and by keeping the interview flowing and balanced. Very efficient use of time, with effective prioritization.
Certificant	Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently.
Non-certificant	Demonstrates limited or insufficient ability to conduct an integrated interview. Interview frequently lacks direction or structure. May be inflexible and/or overly rigid, with an overly interrogative tone. Uses time ineffectively.