

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

**SIMULATED OFFICE
ORAL EXAMINATION**

SAMPLE 7



THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

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 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.

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. body dysmorphic disorder.

2. hyperhidrosis.

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

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. **DANICA WILLIAMS**, age 27, 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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SIMULATED OFFICE ORAL EXAMINATION

CASE DESCRIPTION

INTRODUCTORY REMARKS

You are Ms. **DANICA WILLIAMS**, age 27. You have come to this new family physician (FP) seeking a referral to a plastic surgeon for extensive cosmetic surgeries. You also are suffering from excessive sweating.

HISTORY OF THE PROBLEM

Body Dysmorphic Disorder

You have decided that the answer to all your problems is to have cosmetic surgery to fix your vast number of imperfections. Then you will be perfect and all your difficulties will go away.

Currently, you've decided that you require the following:

- Rhinoplasty.
- Breast augmentation.
- Eyelid correction.
- Liposuction of your upper arms, belly, hips, and back.
- A tummy tuck.
- Collagen injection in your lips.
- The removal of moles on your chest and back.

For years you've kept a list of the imperfections that have to be changed. Although you would like to have a few more cosmetic procedures (ears pinned back, some cosmetic dentistry, etc.), for now you can live with just those on the list above.

You spend a great deal of money (most of your income in fact) on beauty treatments and products. You have yet to be satisfied and frequently change stylists and salons. Your nails are always done and you always wear makeup. You own literally bags of makeup, skin creams, moisturizers, and other equipment for making yourself beautiful. You have no idea of exactly how much money you've spent, but you suspect it is a lot.

You check your appearance in every mirror you come across and often pull a compact out of your purse to check your face. You must see yourself from many angles several times a day, just to be sure you don't look hideous in the clothes you picked that morning. You have been known to leave work to change outfits because an unflattering glance sends you into a tailspin.

Your nose is your worst feature. You can't believe that you got the "Williams nose" from your dad's side of the family. It is so unfair that both your sisters have your mother's delicate features. If only you could have your nose made smaller and more pert—and have some of the huge pockmarks on it removed with dermabrasion and the red veins lasered—and have the hump taken out.

Next on your list in terms of priority is breast augmentation (at least two more cup sizes) with a lift so your breasts aren't so droopy. Liposuction of your hips, belly, arms, and back follows breast augmentation in terms of importance.

Recently you've found yourself thinking constantly about how badly your nose is affecting your life. The past few weeks you have lain in bed after work, ruminating about your imperfections. You know that you'd be a friendlier person, more outgoing, and successful in your entire life if only you could have your surgeries.

You have always felt invisible next to your two sisters. Not only were they more accomplished, they were also prettier. About three years ago, you realized that you had to do something about this situation. The exercise and Pilates classes you had tried hadn't sculpted you into someone better, and they certainly didn't help with your facial features. You have tried a few diets, but they haven't worked, either.

Thank goodness your Internet friends support your desire to have your imperfections rectified, just as you support their plans for plastic surgery. The website WaitingtobePerfect.com has been a real benefit to you as you can connect with so many like-minded women. The discussion room has been a real haven, as your sisters and parents have not been totally supportive of your requests for surgery. In fact, your younger sister recently told you that she thinks there is nothing wrong with your nose and that your desire for surgery is ridiculous. You know that she is just saying these things because she doesn't understand the anguish of being deformed, as you are.

You mention your desire to have cosmetic surgery to your family, often several times a day, but they don't seem too interested. Your father says he thinks you are "nuts" for wanting to go "under the knife." Both your sisters just roll their eyes and tell you "enough already." They've never been interested in what you have to say. Your mother is a bit more supportive—or at least she used to be. Every day for the past year or so, at least whenever

she's been in town, you've shown her your scrapbook with photos of how you want to look. Recently she's expressed some concern that you are "going overboard," and she has said that "there's nothing wrong with you that exercise won't help." She even said once that she thought you were becoming obsessed with your looks. You don't agree: if your mother had been born with a nose like yours, she would have had it fixed years ago.

Recently, both your parents indicated that they will not pay for any surgical procedures and that they are not going to be handing over money for the beauty salon much longer. They want you to pay for your own cosmetics and treatments.

You spend a couple of hours a day, and more on the weekend, searching the web and magazines for pictures of celebrities. You use a red pen to circle the improvements you'd like. You outline your wishes and choices in your scrapbook. For example, you have your possible new nose narrowed down to the noses of three actresses and a musician. You are willing to bring the pictures to the surgeon to show him or her exactly what you want. Today you left the scrapbook at home because you came to this appointment directly from work and the book is too big to carry in your purse.

You know that you need a physician's referral if medical care is to be covered by provincial health insurance. You do not realize that likely you will have to pay privately for most or all of these procedures.

You expect the doctor to sympathize with you and immediately offer a referral to a plastic surgeon. How could anyone look at you and not agree that you are in dire need of surgical repair?

Hyperhidrosis

When you were in high school you developed excessive sweating of your armpits, feet, and hands. You don't remember anything that triggered it: no rash, no infections—nothing. You weren't taking any medication at the time. It developed slowly, worsening month by month during your late teens. Your hands and feet always seemed to be warm and wet. You had to change your clothes several times a day because of the wet underarm stains.

High school gym class was torture, as your T-shirt became soaked under the arms before the class even started. People commented on your "greasy pits," and you were mortified. You changed clothes in the bathroom at lunchtime, but sometimes other girls noticed and made comments. You stashed the soiled clothes in your locker, but they "smelled up" the small space and people said the odour was noticeable in the hallway.

Your hands always seemed to be wet. You stopped going to church because you were reluctant to shake people's hands during the service; when you did, you noticed their unpleasant reactions. You were acutely embarrassed.

An odour is associated with the sweating. It is the usual sweat smell, nothing different or strange, but you are very conscious of it.

The sweating occurs daily. When you wake up in the morning, your hands and feet are dry. Usually the sweating starts by the time you eat breakfast and begins to resolve in the evening. Both sides of your body are equally affected. Your scalp is not affected.

You don't have night sweats. You don't perspire on your back or face, although perhaps your chest is sweatier than you think it should be.

You have had no change in weight, haven't had any injury, have no headaches or other neurological changes, and have no rash that could be associated with the sweating. You don't think the sweating is worse if you are embarrassed or worried; there doesn't seem to be an emotional component to this at all. You haven't noticed that anything else triggers it, either: no foods, temperature, situation, or exposure. There is no relation to your period or menstrual cycle. You aren't taking any medications or herbal supplements. There is no rash.

You think something is wrong with you, but you don't think it is life-threatening. (This has been going on for years: if the problem were serious, wouldn't you have known by now?) You haven't tried anything for it, other than different deodorants, a couple of over the counter antiperspirants and loose clothing.

You haven't spoken to anyone about this lately. You think your parents know; you remember your mother telling you frequently when you were still in high school to change your clothes or wash them. Neither parent has ever suggested that you see a doctor about this problem, or even that something might be available to help with it. You are aware that your father sweats a lot too. You don't know if this is the same problem as yours but you suspect it might be. Your father doesn't seem to be too bothered by his sweaty hands.

You haven't bothered to research this problem on the web, even though you work in a library and have your own computer. You are far too busy planning your total makeover to waste time on sweaty hands. You do hope, however, that because you are seeing this FP for a referral, anyway, he or she might know a pill or something to stop the sweating.

MEDICAL HISTORY

You have been generally healthy. You were prone to eczema as a child, mostly on your trunk and arms, but this has decreased significantly over the years. You can't remember having a rash as an adult.

You had your appendix out at 14 and your wisdom teeth out at 20. You had braces on your teeth from age 15 to 18.

You were in a car accident at 22. A drunk driver broadsided your parents' car at an intersection, and you were in the back seat. No one suffered any permanent or life-threatening injuries. You were admitted to the hospital for a concussion and whiplash. You have recurrent neck pain if you strain your neck or are overly tired. This is not an issue that concerns you.

MEDICATIONS

Occasionally you take acetaminophen for headaches or menstrual cramps. You have never taken the birth control pill.

LABORATORY RESULTS

There are no laboratory test results.

ALLERGIES

You suffer from runny eyes and a runny nose every spring. You are allergic to hamsters and rabbits.

IMMUNIZATIONS

These are up to date.

LIFESTYLE ISSUES

You spend a lot of time fantasizing about several movie stars but you have no real romantic relationship at this time. You aren't really interested in a lover at this time as you are quite convinced that no one would find you attractive with all your imperfections. This is not much of a problem for you.

You had a brief relationship in college but it never became serious and you never brought anyone home to meet your parents. That was the only time you dated.

You do not drink alcohol (too fattening) and are careful about your diet (eating lots of fruit and veg and limiting meat and dairy) as to maintain your current weight and not gain anything further. You do not smoke although you have thought about starting as it would keep your weight down.

You have a gym membership that your parents have paid for and go daily.

FAMILY HISTORY

As far as you know, your family is pretty healthy. Both your parents are fit and active, although your father, **HAROLD**, age 60, smokes about half a pack of cigarettes a day. Both he and your mother, **MAUDE**, also age 60, are “very into yoga.”

Your sisters, **MELODY**, age 30, and **BRIDGET**, age 25, are well. Bridget gave birth to healthy identical twin boys four months ago. She had no problems during her pregnancy and lost the “baby weight” within two weeks.

There is no heart disease, high cholesterol, or diabetes in the family.

PERSONAL HISTORY

Childhood

You grew up in this city. You describe your childhood as “uninspired and lonely.” Although you were a healthy child, like your sisters, you couldn’t begin to compete with their successes. Melody was a brilliant student who played competitive tennis and soccer at the provincial level and excelled at music and theatre. She had multiple scholarships to university and won several awards. Bridget was a good student, too, with many domestic accomplishments. By age 12 she could sew her own clothes and cook a meal everyone would enjoy. She was also very computer savvy and helped your parents get their business on-line. You don’t feel close to either of your sisters and feel that you never had anything in common with them.

You don’t remember excelling at anything. School was a bit of a struggle, and you didn’t receive any marks higher than an occasional “B.” You had no interest in music, sports, arts or crafts, or anything else. You weren’t much of a reader, either. You felt a bit overwhelmed by your family. In fact, you felt like a wallflower in comparison to everyone else.

The situation was even worse with strangers. Your parents entertained a lot for business, and the house seemed always filled with strangers, who were sipping cocktails and snacking on canapés. Your sisters were comfortable with adults and often praised for their excellent social skills. You, on the other hand, could never think of anything interesting to say to people and preferred to stay in the background.

You daydreamed and watched television a lot. Neither parent pushed you to try new things or live up to your sisters' accomplishments, something for which you are quite grateful although, at the same time, resentful. It was as if they knew you weren't capable of greatness and saw you as a lost cause. You do remember some tension as you were growing up, when you couldn't verbalize any set plan for your future. Your father was always concerned about how you would manage in the big, wide world.

Young Adulthood

You had a brief relationship in college, but it never became serious. That was the only time you dated. You never brought anyone home to meet your parents.

Current Life

Meanwhile, Melody just passed her bar exam. She has accepted a lucrative position with a top law firm in this city. Your other sister, Bridget, has been married to **PEDRO** for three years and recently became a mother. She has a good job as a systems analyst in a high-tech company in this city.

Your parents sell real estate and are very successful. They spend four months of the year living in their luxurious Florida condominium, which overlooks the ocean.

You moved back into your parents' home two years ago, but this wasn't a great idea. Sure, they're frequently traveling back and forth between their luxurious condo in Florida and home, but when they're home the house is super busy with clients, business associates, and your sisters. It drives you up the wall.

EDUCATION AND WORK HISTORY

You finished high school and entered community college because you couldn't think of anything else to do and you didn't want to go to university as your sisters did. You took a general course: some English, philosophy, psychology,

and history. You passed your courses, but barely. Some required working in small groups, and that was really difficult. You were sure that everyone was talking about you behind your back and laughing about your sweat stains and stinky feet.

After graduation, you found a job in a university library, working in the stacks, filing books, and keeping the place tidy. It paid just above minimum wage, but at least you didn't have to deal with the public and the books didn't complain about the way you looked or smelled. Unfortunately, your sweaty hands ruined several manuscripts and this placed your job in jeopardy.

A lack of money meant you weren't able to maintain your own apartment. (You tried for nearly a year, but had to give up.) Although the job didn't pay well, you did spend a fair bit—both your own money and money borrowed from your parents—on beauty treatments and cosmetics.

Two months ago your father told you about a possible job. You knew by then that your days at the library were numbered, and you hoped for an excuse to quit so you wouldn't be fired. Your dad said a colleague of his needed a receptionist for the front office of his huge real estate firm. You would basically greet clients, get coffee, and answer the phone. The pay would be terrific, and you could get your own apartment.

After much deliberation, you decided to take a huge chance. You accepted the job. You start next week.

Now that you've had a chance to realize what this new job entails—lots of public interaction—you've decided that your excessive sweating must be treated.

FINANCES

Finances are tight. Your library job hasn't paid well, but it has included health and dental benefits. However, although your parents have been financially supportive (they can well afford to be), you're aware that the well is running dry and that they aren't going to be willing to hand over money forever. You have spent a lot of money on cosmetics and beauty treatments, and although your parents have helped you pay for these, they have said that enough is enough. Nevertheless, you are sure your mom will help you buy the clothes you'll need for your new job.

You agreed to take this new job because you knew it would improve your financial situation greatly in the long run.

SOCIAL SUPPORTS

You have limited supports. Your parents are probably the most supportive people in your life, but you have little to do with them. You have no interests in common. You aren't close to either of your sisters.

You have a few acquaintances at the library. You don't really socialize with them.

You have some acquaintances from college, but no one with whom you really keep in touch. You have several "friends" on Facebook and have joined several websites that discuss your favourite actors and shows; you do participate actively in the chat rooms. However, you don't really know these people and have not met any of them. You spend a lot of time on the website WaitingtobePerfect.com, and you think of the people with whom you chat on-line as friends and supports.

RELIGION

Currently, you have no religious affiliation.

EXPECTATIONS

You expect the FP to refer you to a plastic surgeon. You also expect him or her to treat your excessive sweating.

ACTING INSTRUCTIONS

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

You are quiet and slightly withdrawn, and prone to checking yourself a lot in mirrors or any shiny surface. You have a compact or a small hand mirror, and you are looking at your face in it when the candidate enters the room. You wear baggy, loose-fitting clothes to hide your physical imperfections. You are well groomed and wear lots of makeup. You frequently touch your nose or hold your hand over it to hide it.

You wipe your hands several times on your pants if the candidate wants to shake your hand.

During the interview, you make several remarks that indicate your unhappiness with your physical appearance (e.g., "I know I'd be more popular if I could just get my nose done" or "Everything in my life would be better if I had my surgeries done").

You **FEEL** that everyone notices how wet and sweaty your hands are. You **FEEL** that your nose is horribly prominent and that everyone notices it. You also feel invisible next to the other members of your family and think they are unsympathetic toward your plight. You deny feeling depressed or suicidal.

Your **IDEAS** are that your nose is quite deformed and that it requires surgical attention as soon as possible. As soon as you have your surgeries you will be much happier. You don't realize that this is an abnormal obsession. You have lots of Internet friends who feel the same way about themselves.

Your **FUNCTION** is affected because you spend a lot of time worrying about your appearance. You have had to leave your library job because the sweat from your hands damaged some manuscripts.

You **EXPECT** the doctor to sympathize with you and immediately offer a referral to a plastic surgeon.

If reassured that you look fine, you say things such as "I know it is your job to say that" or "My parents try to reassure me too, I but I can look in the mirror."

If told early no surgery: you react angrily, "people get surgery all the time" But if raised at the end of the interview in a sensitive way, you are open to hearing to what the alternatives are

If the candidate agrees that you do need surgery, answer by listing an excessive number of other procedures you want done at the same time (to indicate how abnormal the your desire for surgery is) IE tooth enamel bleaching, ears pinned back,

Emphasize that you are not depressed.

If the candidate asks for further exploration of the family (the parents or sisters) you give responses indicating their accomplishments and attractiveness. (Ie I have a sister who's a high powered lawyer and my other sister just had twins and has a fabulous husband).

CAST OF CHARACTERS

Danica Williams:	The patient, age 27, who has body dysmorphic disorder and hyperhidrosis.
Harold Williams:	Danica's father, age 60.
Maude Williams:	Danica's mother, age 60.
Melody Williams:	Danica's sister, age 30.
Bridget Williams:	Danica's sister, age 25.
Pedro:	Bridget's husband.

TIMELINE

Today:	Appointment with the candidate.
2008, 3 years ago, age 24:	Decided something must be done about your appearance.
2006, 5 years ago, age 22:	Graduated from community college and began working at the library.
2000, age 16:	Developed hyperhidrosis.
1984, 27 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:

"I need a referral to a plastic surgeon."

10 MINUTES REMAINING:*

"Can you do something about my hands?"

7 MINUTES REMAINING:*

"What about the referral?"

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, 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.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

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: Body Dysmorphic Disorder

Body Dysmorphic Disorder	Illness Experience
<p><u>Areas to be covered include</u></p> <p>1. body dysmorphic disorder:</p> <ul style="list-style-type: none"> • Specifically bothered by her facial appearance • Using excessive makeup to draw attention away from imperfections. • no previous surgeries • Wants multiple procedures done • Family doesn't agree that nose needs to be fixed <p>2. Pertinent negative factors:</p> <ul style="list-style-type: none"> - No signs of depression - No social phobia - No OCD/ritualized behaviours - No history of abuse - No history of teasing about appearance <p>3. No signs of an Eating disorder:</p> <p>4. No Self Mutilation:</p>	<p><u>Feelings</u> Feels everyone is disgusted by her nose Anxious about her appearance.</p> <p><u>Ideas</u> If she could just change her imperfections, life would be great.</p> <p><u>Effect/Impact on Function</u></p> <ul style="list-style-type: none"> - checking herself in mirrors several times per day - leaving work if she doesn't like how she looks - time wasted on grooming - cost of grooming <p><u>Expectations for This Visit</u> The doctor will give her a referral to a cosmetic surgeon.</p> <p>A satisfactory understanding of all components[e.g.: Feelings, Ideas, Effect/Impact on Function and Expectations] are important in assessing the illness experience of this patient.</p>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an <u>in-depth</u> understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, 3 or 4.	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.
Non-certificant	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: Hyperhidrosis

Hyperhidrosis	Illness Experience
<p><u>Areas to be covered include</u></p> <p>1. history:</p> <ul style="list-style-type: none"> • Hands, feet, and underarms sweat. • Started in high school. • Not helped by over the counter treatments. • No abnormal odour <p>2. symptoms:</p> <ul style="list-style-type: none"> • Only during the day. • No change with nerves. • Not affected by temperature or activities. • No skin problems <p>3. pertinent negative factors:</p> <ul style="list-style-type: none"> - No weight loss - No lymphadenopathy - No fatigue - No tremour No palpitations <p>4. Father has similar condition.</p> <ul style="list-style-type: none"> • 	<p><u>Feelings</u> Embarrassed about the sweating.</p> <p><u>Ideas</u> There is something wrong with her.</p> <p><u>Effect/Impact on Function</u></p> <ul style="list-style-type: none"> • Doesn't want to shake anyone's hand. In danger of losing her library job because of damaged manuscripts. <p><u>Expectations for This Visit</u> The doctor can help with this problem.</p> <p>A satisfactory understanding of all components [e.g.: Feelings, Ideas, Effect/Impact on Function and Expectations] are important in assessing the illness experience of this patient.</p>

Superior Certificant	Covers points 1, 2, 3, and 4.	Actively explores the illness experience to arrive at an <u>in-depth</u> understanding of it. This is achieved through the purposeful use of verbal and non-verbal techniques, including both effective questioning and active listening.
Certificant	Covers points 1, 2, and 3.	Inquires about the illness experience to arrive at a <u>satisfactory</u> understanding of it. This is achieved by asking appropriate questions and using non-verbal skills.
Non-certificant	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><u>Areas to be covered include</u></p> <ol style="list-style-type: none"> 1. family <ul style="list-style-type: none"> -lives at home -has two sisters both very accomplished -both parents are very successful 2. life cycle <ul style="list-style-type: none"> -no partner -social life is on the internet -unable to live on her own due to finances -new job requires social interaction 3. spends all her free time developing multiple scrap books with examples of body features she aspires to have. 4. feels eclipsed by her families accomplishments 	<p>Context integration measures the candidate's ability to</p> <ul style="list-style-type: none"> • integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience. • reflect observations and insights back to the patient in a clear and empathic way. <p>This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.</p> <p><i>You grew up in an environment that where success and appearance are highly regarded and you feel. You are very self conscious for these reasons your excessive sweating which has lead to difficulty holding a job, making friends and having relationships. I wonder if you have come to the conclusion that surgery might be the answer to all your problems. It must be tough to deal with all of this with no support from your family. You must be feeling pretty alone.</i></p>

Superior Certificant	1,2,3,4	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathically reflects observations and insights back to the patient.
Certificant	1,2,3	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	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: Body Dysmorphic Disorder

Plan	Finding Common Ground
<ol style="list-style-type: none"> 1. Acknowledges patients distress over perceived physical flaws 2. Suggest supportive psychological evaluation before any surgical intervention. (presurgical counseling) 3. Discuss realistic expectations of plastic surgery 	<p>Behaviours that indicate efforts to involve patient include</p> <ol style="list-style-type: none"> 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. <p>This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.</p>

Superior Certificant	1,2,3	Actively inquires about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks her feedback about it. Encourages the patient's full participation in decision-making.
Certificant	1,2	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: Hyperhidrosis

Plan	Finding Common Ground
<ol style="list-style-type: none"> 1. Reassure that excessive sweating is common and treatable condition 2. Consider other conditions that cause sweating (thyroid disease, medications, cancer) 3. Suggest strong topical antiperspirant 4. Discuss use of other therapeutic options EG botulinum toxin, iontophoresis, anticholinergics 	<p>Behaviours that indicate efforts to involve patient include</p> <ol style="list-style-type: none"> 1. encouraging discussion. 2. providing the patient with opportunities to ask questions. 3. encouraging feedback. 4. seeking clarification and consensus. 5. addressing disagreements. <p>This list is meant to provide guidelines, not a checklist. The points listed should provide a sense of the kind of behaviours for which the examiner should look.</p>

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