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 9

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

INTRODUCTION

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

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

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

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

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

RATIONALE

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

1. **hypertension;**

2. **plantar fasciitis.**

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.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

CERTIFICATION EXAMINATION IN FAMILY MEDICINE

SIMULATED OFFICE ORAL EXAMINATION

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 Mr. **GARY MCNICHOLL**, age 50, 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. **GARY MCNICHOLL**, age 50, who is concerned about pain in your foot because it is limiting your activity and affecting a new relationship. In addition, you have been concerned about your blood pressure (BP). The last few times you went to your local after-hours clinic with other minor concerns, you were told that it was elevated and you needed to follow up on it. Today in the office it was 160/105 mm Hg. You hope that this new physician will be able to help you. You also hope that he or she will understand that you are hearing impaired and need to see his or her face to read lips.

HISTORY OF THE PROBLEM

Hypertension

Over the past three months, your BP has been elevated on three occasions at your local after-hours clinic. The readings were 160/100, 155/100, and 160/100 mm Hg. The doctors at the clinic suggested that you see a physician to follow your elevated values.

You have been using the walk-in clinic (WIC) because of a recent series of chest colds. You have not taken over-the-counter cold remedies; in particular, you have not taken pseudoephedrine.

You have been reluctant to make an appointment with a physician because you really hate being sick. The only family physician (FP) you have ever really trusted looked after your family when your ex-wife was pregnant. You are reluctant to return to see her as your ex-wife is still her patient. (Who would have thought that custody of the FP was something that the two of you should have worked out?) As far as you can recall, this is the first time that you have had high BP.

You have no symptoms that you would consider cardiac, although you have been paying attention because you know that high BP causes heart attacks. You father had a heart attack when he was three years older than you are now. Your older brother had a heart attack two years ago.

You have had no chest pain and no shortness of breath. You have been physically active at work but do not really exercise much outside of work. You are a non-smoker and have a relatively healthy diet, especially since you met **DONNA BENNING**, your new girlfriend. Donna enjoys outdoor activities like hiking and camping. She has been encouraging you to be more active. She has even suggested that the two of you should extend your stay in the country after her friend's upcoming wedding, as this would give you the chance to do some day hikes.

Donna has been putting some pressure on you to get your BP problem taken care of. You like the fact that she cares about you and feel that this gentle push is what you have needed to get to a doctor.

You may have had your "lipids and sugars done" in the past, but your last check-up was at least 10 years ago, and you are quite fuzzy about the details.

Plantar fasciitis

You have had a painful left foot for the past two months. The pain has come on gradually, but you are starting to find it more and more bothersome. You have wondered if a splinter or a pebble is embedded in your heel. You have checked your foot and know that nothing is there, but that's what it feels like. You are on your feet most of the day at work, which is not helpful. You have not yet modified your work to accommodate this; you are a bit of a stoic. In fact, you are somewhat disdainful of your colleagues who have taken "disability leave" for things like this—as if they know the meaning of the word "disability". Now that Donna has suggested a weekend away and hiking, as well, you worry that you will not be able to hide your discomfort. You really would prefer that Donna not see you as an "old man". You have never been hiking/camping in the past, and while you are not unwilling to try, with your foot…

The pain is worse when you start walking. It starts the moment you get up in the morning. You have tried some acetaminophen (Tylenol) without any real relief. You have not changed your shoes or added insoles. You have never injured this foot or leg.

The pain is localized to the heel. It is not only worse when you start walking, but is really bad when you move (dorsiflex) your foot. You have never been told that you have flat feet. You are not athletic and never have been, and so the pain is not related to excessive training. You have no other joint pains to suggest a rheumatologic disease. You have never had a foot X-ray examination. In fact, this is the first time you have discussed the problem with a physician.

The pain does not get worse at night. If the candidate asks, you say that you go barefoot around the house and first thing in the morning. You may preface your answer with "That's an odd question, but.…"

You are a dedicated WIC consumer, and really would like this doctor to fix the problem quickly. However, you respond well to a candidate who offers you a stepped approach to care.

MEDICAL HISTORY

You had meningitis at age three years. You have long-term profound hearing loss. You lip-read perfectly and do not wear hearing aids as you have very little residual hearing.

SURGERY

None.

MEDICATIONS

None.

LABORATORY RESULTS

None.

ALLERGIES

None.

IMMUNIZATIONS

Up to date.

LIFESTYLE ISSUES

Tobacco: You are a non-smoker.

Alcohol: Occasionally you drink beer during the week; at most you have one to two drinks after work. On Fridays a group of you from work go out for drinks. Most Fridays you are sensible, but lately you have been a little less prudent with your drinking. You have drunk enough that you have had to take a taxi home and pick up your car in the morning. Still, even on these occasions you have rarely had more than three drinks in an evening.

Exercise and Recreation: You play baseball in the summer. Recently you took up curling as a winter sport.

FAMILY HISTORY

Your father, **George MCNICHOLL**, age 80, has had a heart attack. He has elevated lipids but no diabetes.

Your mother, **Mary MCNICHOLL**, age 80, is in excellent health.

Your brother, **STEVE MCNICHOLL**, age 53, had a heart attack two years ago. He had bypass surgery and is doing really well. You think that he has mild hypertension, but this is not the kind of thing that the two of you discuss.

All your grandparents are dead, but they lived well into their 80s.

PERSONAL HISTORY

Childhood and adolescence

You are the younger of two sons. When you were three years old, you nearly died of meningitis. Because of this, your parents were even more delighted to have you.

Your significant hearing loss became apparent soon after this illness. Your mother was a stay-at-home mom, and she devoted herself to making certain that you were "normal". You learned to lip-read early, and with some assistance managed to go to the local school. Your father accepted the challenges you faced head-on, and the fact that he was the local high school principal certainly helped ease your way educationally. Your brother was probably your best asset. His ability to treat you

normally compensated for the times that your mother coddled you. Steve figured that, as the big brother, his prerogative was "to rail on" you before anyone else did.

Marriage and son

You married **GENNY JONES**, now 40, when you were 38. You had had a number of previous relationships before you decided that she was the one. You met at the large firm where the two of you worked; she worked as a human resources agent and you as a software support technician.

Your son, **TYLER JONES-MCNICHOLL**, was born two years into your marriage. Your son is your pride and joy. He is 10 years old and a great student and a superb athlete. He lives with his mother, but you have shared custody and liberal access.

You and Genny separated as a couple when Tyler was five years old. The two of you had grown apart. She was promoted to director of human resources and was clearly being groomed for upper management. At the same time, you tired of the stress of the tech support job. You probably could have used your hearing loss as an excuse, but you recognize that you just prefer a slower pace. You had thought that Genny shared your lack of ambition, but eventually it became clear that she did not. The arguments started and then you left. Now that you live apart, there is a truce. The two of you are able to co-parent successfully.

New relationship

Six months ago you met Donna, age 45. She is your first serious girlfriend since your divorce five years ago. She is wonderful. She "gets" you. The "hearing impaired thing" is not an issue for her. You love the way that she is so relaxed about things. She has three adolescent children at home and so she has really been laid back about moving your relationship to a new level. However, her best friend is getting married four weeks from now in a small town that is a two-hour drive from here. Donna's children are not going to the wedding. Donna has asked you to go as her date. She has suggested that the two of you drive down on Friday night and spend the weekend at a local inn. That way you will have no need to drive back on Saturday after the ceremony. She has suggested that the two of you could do some day hiking in the area.

Tyler likes Donna, and even Genny has remarked that she seems nice. (This is high praise from Genny.)

EDUCATION AND WORK HISTORY

You were educated in both sign language and lip-reading. You quickly dispensed with sign language and exclusively lip-read.

You graduated from high school and completed a college degree in technical support. Following college, you worked at the company where you met Genny. You moved from tech support to your current job about the time you and Genny separated. You have been at your current job at a local factory for five years. You make enough to support yourself and keep your financial commitments to your son.

Your factory job involves basic assembly line work. You never take work home with you, and there is no pressure to be anything other than what you are.

FINANCES

While you are not wealthy, you are able to maintain your car and your apartment, as well as to provide support payments for Tyler.

SOCIAL SUPPORTS

You have a good relationship with your parents and your brother, all of whom live in the same city.

You go out for Friday night beers with the guys from work. Occasionally, you get together to watch sports with the gang on some day other than Friday.

You play on a baseball team in the summer. Recently, at Donna's urging, you took up curling as a winter sport.

RELIGION

None.

EXPECTATIONS

You expect the doctor to deal well with your hearing impairment. You would like a quick fix for both problems. The foot problem really should be fixed before your hike - although you will accept a slower approach if this is well explained. You expect the candidate to help figure out the whole BP issue - in part so Donna and the WIC doctor stop making an issue of this.

ACTING INSTRUCTIONS

You are well, but casually, dressed. You tend to speak a little louder than normal as a result of your hearing loss. If a candidate wants to use sign language, you indicate that you prefer to lip-read.

You are forthright with a candidate who is non-judgemental. You will advise the candidate that you need her or him to face you when speaking so you can "hear". If the candidate turns away, you remind her or him that you need to see her or his face. You are less forthcoming if you must repeatedly ask the candidate to face you. You are not surprised if the candidate deals well with your hypertension.

You keep your shoes on during the SOO, but can use your foot as a prompt to show where the pain is occurring. You clearly indicate that the pain is coming from the heel area.

If the candidate mentions past blood tests, you are a bit fuzzy about the details as you had these tests 10 years ago.

CAST OF CHARACTERS

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

GARY MCNICHOLL:	The patient, age 50, who has hypertension and plantar fasciitis.
DONNA BENNING:	Gary's new girlfriend, age 45.
GENNY JONES:	Gary's former wife, age 40.
TYLER MCNICHOLL-JONES:	Gary and Genny's 10-year-old son.
GEORGE MCNICHOLL:	Gary's father, age 80
MARY MCNICHOLL	Gary's mother, age 80
STEVE MCNICHOLL:	Gary's brother, age 53.

TIMELINE

Today:	Appointment with the candidate.
2 months ago:	Pain began in left foot.
3 months ago:	First of three elevated BP readings at the after-hours clinic.
6 months ago:	Met Donna.
2 years ago, age 48:	Older brother had a heart attack.
5 years ago, age 45:	Divorce from Genny; began working at the factory.
10 years ago, age 40:	Son born; lipids and blood glucose testing.
12 years ago, age 38:	Married Genny.
47 years ago, age 3:	Meningitis and subsequent hearing loss.
50 years ago:	Born.

INTERVIEW FLOW SHEET

INITIAL STATEMENT:	**"The other doctors thought I should see someone about my blood pressure."**
10 MINUTES REMAINING:*	If the candidate has not brought up the issue of the plantar fasciitis, the following prompt must be said: **"I am a little worried about what's going to happen over the weekend, especially if I go hiking."**
7 MINUTES REMAINING:*	If the candidate has not brought up the issue of the hypertension, the following prompt must be said: **"Now, what about my blood pressure?**" *(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 it is critical that a certificant gather information about the illness experience to gain a better understanding of the patient and his or her problem, superior performance is not simply a matter of whether a candidate has obtained all of the information. A superior candidate **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) and is intended to act as a further guide to assist evaluators in determining whether a candidate's communication skills reflect superior, certificant, or non-certificant performance .

Listening Skills

- Uses both general and active listening skills to facilitate communication

Sample Behaviours

- Allows the 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 used by the patient

Language Skills

Verbal

- Adequate to be understood by the patient
- Able to converse at an appropriate level for the patient's age and educational level
- Appropriate tone for the situation - to ensure good communication and patient comfort

Sample Behaviours

- Asks open- and closed-ended questions appropriately
- Checks back with the patient to ensure understanding (e.g., "Am I understanding you correctly?")
- Facilitates the patients' 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

Non-verbal Skills

Expressive

- Conscious of the impact of body language on communication and adjusts appropriately

Sample Behaviours

- Eye contact is appropriate for the culture and comfort of the patient
- Is focused on the conversation
- Adjusts demeanour to be appropriate to the patient's context
- Physical contact is appropriate to the patient's comfort

Receptive

- 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.")

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 his or her culture
- Uses appropriate words for children and teens (e.g., "pee" versus " void")

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1. IDENTIFICATION: HYPERTENSION

Hypertension	Illness Experience
Areas to be covered include: **1. history of the current problem:** • Four readings of elevated BP. • Over a period of three months. • No previous history of elevated BP. • Asymptomatic. • Readings done in physicians' offices. **2. personal and family history:** • Family history of myocardial infarction before age 60. • No family history of cerebrovascular accident. • No personal history of renal disease. **3. lifestyle:** • Non-smoker. • Alcohol intake moderate/social (a maximum of three beers). • Healthy diet. **4. the fact that the patient had not used pseudoephedrine-containing medication/cold medication when he had his BP checked at the WIC.**	**Feelings** • Ambivalence. • Does not want to be further labelled. **Ideas** • He has no idea what is causing his high BP. • He feels fine. **Effect/Impact on Function** • None. **Expectations for this visit** • The physician will figure this out. **A satisfactory understanding of all components (Feelings, Ideas, and Expectations) is 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: PLANTAR FASCIITIS

Plantar fasciitis	Illness Experience
Areas to be covered include: **1. current symptoms:** • Painful left foot. • Pain present for the past two months. • Gradual onset. • Pain is worse when he starts walking. • Pain is worse when the foot is dorsiflexed. **2. past history:** • No evidence of rheumatologic disease. • Has never had a foot X-ray examination/has not consulted a physician about this. • No history of trauma. **3. pertinent negative factors:** • Pain does not get worse at night. • Pain is not training related/the patient is not athletic. • The patient does not have flat feet. **4. treatment to date:** • Acetaminophen is not helping. • No change of shoes/insoles. • No change of work environment.	**Feelings** • This make him feel old. **Ideas** • He has no idea what is causing this. **Effect/Impact on Function** • None yet, but he is anticipating that it will be a problem during the weekend away. **Expectations for this visit** • The physician will fix this quickly so that he can go on the hike. **A satisfactory understanding of all components (Feelings, Ideas, Effect/Impact on Function, and Expectations) is 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. new relationship:** • Met Donna six months ago. • First serious relationship since his divorce. • She has three adolescent children. • She is younger than he is. **2. Life cycle issues:** • One son, Tyler. • Shares custody of his son. • Reasonable relationship with Tyler's mother. **3. employment:** • Works in a factory. • Was in tech support. • Content with his work. **4. social factors:** • Does not see himself as disabled.	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: **'This is a very challenging time for you as you embark on a new relationship and try to cope with the pain in your foot and your elevated blood pressure. But at the same time you want to continue to view yourself as well and able-bodied.**

Superior Certificant	Covers points 1, 2, 3, and 4.	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathically reflects observations and insights back to the patient.
Certificant	Covers points 1, 2, and 3.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-certificant	Does not cover points 1, 2, and 3.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience, or cuts the patient off.

4. MANAGEMENT: HYPERTENSION

Plan	Finding Common Ground
1. Acknowledge that the elevated BP needs to be addressed. **2. Arrange ongoing follow-up care for assessment of elevated BP.** **3. Discuss non-pharmacologic options.** **4. Order lab work (e.g., electrocardiography, electrolytes measurement, glucose testing, lipids testing).** **5. Explain lab work as it relates to both secondary causes of hypertension and end-organ damage.**	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 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 <u>not</u> cover points 1, 2, and 3.	Does <u>not</u> involve the patient in the development of a plan.

5. MANAGEMENT: PLANTAR FASCIITIS

Plan	Finding Common Ground
1. **Identify that this is probably plantar fasciitis, or give an appropriate explanation (e.g., soft-tissue inflammation).** 2. **Identify that the condition is usually self-limiting.** 3. **Discuss conservative treatment (e.g., rest, ice, stretching exercises, avoiding walking barefoot).** 4. **Offer a referral to others for more advanced management (e.g., podiatry, physiotherapy, steroid injection).**	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, 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.