

Centre for the Evaluation of Health Professionals
Educated Abroad (CEHPEA)

Sample Station 1

Instructions to Candidate

Alex Martino is a 25-year-old who presents to your office with a history of headaches.

- You will have **seven (7) minutes** to take a **focused history and counsel this patient**.
- At the 7 minute mark, you will have **three (3) minutes to answer the examiner's questions** related to the scenario.
- You have **ten (10) minutes** for this station.

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Sample Station 1

Examiner Notes

Technical notes about this case for consideration by the Physician Examiner in the evaluation of candidate's performance include:

Case Name: Migraine

Principle Challenge: Take a history for headaches.

Focus: History/Counselling

Blueprint Category: Medicine

Last used: June 16, 2009

1. In the completion of the **History**, key elements that should be included are:

History of Present Problem

- Initial onset of headaches
- Frequency
- Location
- Quality
- Duration
- Intensity
- Associated symptoms (vision, motor, sensory, vomiting)
- Sensitivity to light/noise
- Changes in pattern
- Triggers
- Stress
- Medications
- Aggravating factors
- Easing/Alleviating factors

Past Medical History

- Allergies

Family History

Social/Personal History

2. In the completion of the **Counselling**, key elements that should be included are:

- Advises avoidance of triggers.
- Counsels regarding medications.

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Sample Station 1

Examiner Questions

At the 7 minute warning bell, the Physician Examiner says:

Please stop. I now have 3 questions to ask you.

1. What is your working diagnosis?

- Migraine (with aura)

2. What investigations would you consider for this patient at this time?

- None

3. What is your management plan for this patient today?

- Do a neurological exam.
- Offer treatment with Triptan medication (e.g. Maxalt, Relpax, Imitrex, etc.) with or without NSAID.
- Consider treatment with migraine prevention medications – TCAs, Beta-Blockers, Gamapentin, etc.
- Suggest patient keep a headache diary.
- Arrange a follow-up to check response.

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EXAMINER SCORING SCHEME CE1 – Sample Station 1

PATIENT ENCOUNTER	Notes
<ul style="list-style-type: none"> History Taking & Data Collection 	Facilitates patient's telling of story; uses questions/directions to obtain accurate, complete information gathered.
<ul style="list-style-type: none"> Verbal Communication Skills 	Demonstrates fluency in verbal communications (e.g., grammar, vocabulary, tone, volume).
<ul style="list-style-type: none"> Non-Verbal Communication Skills 	Demonstrates responsiveness. Demonstrates appropriate non verbal communications (e.g., eye contact, gesture, posture, use of silence).
<ul style="list-style-type: none"> Response to Patient's Feelings, Needs, and Values 	Shows respect, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information.
<ul style="list-style-type: none"> Organization 	Approach is coherent and succinct.
<ul style="list-style-type: none"> Management of SP and case (i.e.: during SP encounter) 	Explains rationale for test/treatment/approach, obtains patient consent, educates/counsels regarding management; Performs appropriate management; considers risks, benefit.
POST ENCOUNTER PROBE	Notes
<ul style="list-style-type: none"> Working Diagnosis (i.e. Presenting problem accuracy and justification) 	Obtains correct diagnosis.
<ul style="list-style-type: none"> Investigations 	Selects appropriate diagnostic studies/treatments; considers risks, benefits, costs.
<ul style="list-style-type: none"> Treatment/Management plan 	Selects appropriate treatments (monitoring, counselling, and medications); considers risks, benefits, costs.
OVERALL RATING	
<ul style="list-style-type: none"> Based on the OVERALL performance, the candidate's current competence: 	<p>UNSATISFACTORY – Below clerk (i.e. medical student or below)</p> <p>CLERKSHIP – Could function as a clerk. Complete & accurate history taking & physical examination. Able to provide diagnosis, differential diagnoses & select appropriate investigations in common & life threatening conditions.</p> <p>PGY1 – Could function as a resident. Demonstrates skill in judgment, synthesis, caring effectiveness. In addition to what a clerk can do, able to generate a treatment plan which will become increasingly comprehensive & detailed. Is efficient and organized in history taking and physical examination. Skilled and selective in treatment planning, understanding of limits and assuredness. Balanced demonstration of technical and humanistic skills. Able to deal with common conditions with typical presentation.</p> <p>PGY2 or higher – Able to individualize the treatment plan for the patient, taking into account contraindications, patient preferences, cost, etc. Increasingly confident of their plan and appear to be assuming responsibility for that patient's care. Increasingly acting like this is their patient (i.e. not just the staff doctor's patient). Increasingly able to deal with common and uncommon conditions with typical presentations.</p> <p>PRIMARY CARE READY – Professionally sophisticated. Able to integrate adequate knowledge, interpersonal skills, assumption of responsibility. Able to deal with complexity and indeterminacy. At an exemplary level would also imply the person is competent enough to act as a resource to other health care professionals.</p>
<p>Describe the Candidate's key weakness(es)</p> <ul style="list-style-type: none"> Inadequate knowledge Provided misinformation to patient Could not focus on patient's problem Poor verbal language skills Poor organization Other: 	<p>Describe the Candidate's Unprofessional Behaviour(s)</p> <ul style="list-style-type: none"> Inappropriate draping Inappropriate touching Abusive communication Other (please specify below)
Provide detailed Comments on all critical incidents of unprofessional behaviour and all unacceptable ratings	

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Sample Station 2

Instructions to Candidate

Valerie Beaton is a 20-year-old student who has come to the emergency room with abdominal pain for 24 hrs.

Her temperature is now 38.2 C, RR 18 Hr 86/min

- You will have **seven (7) minutes** to **obtain a focused history and conduct a focused exam**
- During the physical examination, explain what you are doing and describe your findings.
- At the 7 minute mark, you will have **three (3) minutes** to **answer the examiner's questions** related to the scenario.
- You have **ten (10) minutes** for this station.

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Sample Station 2

Examiner Notes

Technical notes about this case for consideration by the Physician Examiner in the evaluation of candidate's performance include:

Case name: Appendicitis

Principle challenge: Make a clinical diagnosis of appendicitis

Focus: History / Physical

Blueprint Category: Surgery

Last Used: May 26, 2008

1. In the completion of the: **History**, key elements that should be included are:

- Time of onset
- Location
- Migration
- Steady vs. intermittent
 - Increasing or decreasing in severity
- Previous similar pain
 - Pain worse with movement
 - Nausea
 - Vomiting
 - Diarrhoea
 - Fever or chills
 - Menstrual history sexual history
 - Vaginal discharge
 - Urinary symptoms, dysuria or frequency
 - Upper respiratory symptoms

2. In the completion of the **Physical Examination** key elements that should be included are:

- Abdominal inspection (scaphoid or distended)
- Abdominal palpation, superficial and deep.
- Auscultation for bowel sounds
- Mentions rectal and vaginal exam as indicated (Note: Do not allow invasive examination)
- Looks for obturator sign or psoas sign

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Sample Station 2

Special Examiner Notes

If/When the candidate indicates he/she would perform rectal exam, state:

- Rectal exam normal

If/When the candidate indicates he/she would perform a vaginal exam, state:

- Vaginal exam normal

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Sample Station 2

Examiner Questions

At the 7 minute warning bell, the Physician Examiner says:

Please stop. I now have 4 questions to ask you.

1. What investigations would you order?

- Laboratory:
 - i. Hgb
 - ii. WCB
 - iii. Urinalysis
 - iv. HCG
- Ultrasound abdomen and pelvis
- Abdominal X-rays
- CT abdomen, risk vs. benefit

2. Lab test results are:

- Hgb 13.1
- WBC 11,500
- Urinalysis 3-5 WBC/ HPF 80RBC/HPF
- HCG normal

What is your working diagnosis?

- Acute Appendicitis

3. What is your differential diagnosis?

- Right ovarian cyst, follicular or luteal
- Endometrioma
- Salpingitis
- Inflammatory bowel disease
- Urinary tract infection

4. What would be your immediate management plan?

- Surgical consult

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EXAMINER SCORING SCHEME CE1 – Sample Station 2

PATIENT ENCOUNTER	Notes
<ul style="list-style-type: none"> • History Taking & Data Collection 	Facilitates patient's telling of story; uses questions/directions to obtain accurate, complete information gathered.
<ul style="list-style-type: none"> • Physical Examination 	Conducts appropriate examination(s), demonstrates appropriate techniques.
<ul style="list-style-type: none"> • Verbal Communication Skills 	Demonstrates fluency in verbal communications (e.g., grammar, vocabulary, tone, volume).
<ul style="list-style-type: none"> • Non-Verbal Communication Skills 	Demonstrates responsiveness. Demonstrates appropriate non verbal communications (e.g., eye contact, gesture, posture, use of silence).
<ul style="list-style-type: none"> • Response to Patient's Feelings, Needs, and Values 	Shows respect, establishes trust; attends to patient's needs of comfort, modesty, confidentiality, information.
<ul style="list-style-type: none"> • Organization 	Approach is coherent and succinct.
POST ENCOUNTER PROBE	Notes
<ul style="list-style-type: none"> • Working Diagnosis (i.e. Presenting problem accuracy and justification) 	Obtains correct diagnosis.
<ul style="list-style-type: none"> • Differential Diagnoses and/or Focuses Appropriately 	Provides most likely alternative diagnoses.
<ul style="list-style-type: none"> • Investigations 	Selects appropriate diagnostic studies/treatments; considers risks, benefits, costs.
<ul style="list-style-type: none"> • Treatment/Management plan 	Selects appropriate treatments (monitoring, counselling, medications); considers risks, benefits, costs.
OVERALL RATING	
<ul style="list-style-type: none"> • Based on the OVERALL performance, the candidate's current competence: 	<p>UNSATISFACTORY – Below clerk (i.e. medical student or below)</p> <p>CLERKSHIP – Could function as a clerk. Complete & accurate history taking & physical examination. Able to provide diagnosis, differential diagnoses & select appropriate investigations in common & life threatening conditions.</p> <p>PGY1 – Could function as a resident. Demonstrates skill in judgment, synthesis, caring effectiveness. In addition to what a clerk can do, able to generate a treatment plan which will become increasingly comprehensive & detailed. Is efficient and organized in history taking and physical examination. Skilled and selective in treatment planning, understanding of limits and assuredness. Balanced demonstration of technical and humanistic skills. Able to deal with common conditions with typical presentation.</p> <p>PGY2 or higher – Able to individualize the treatment plan for the patient, taking into account contraindications, patient preferences, cost, etc. Increasingly confident of their plan and appear to be assuming responsibility for that patient's care. Increasingly acting like this is their patient (i.e. not just the staff doctor's patient). Increasingly able to deal with common and uncommon conditions with typical presentations.</p> <p>PRIMARY CARE READY – Professionally sophisticated. Able to integrate adequate knowledge, interpersonal skills, assumption of responsibility. Able to deal with complexity and indeterminacy. At an exemplary level would also imply the person is competent enough to act as a resource to other health care professionals.</p>
<p>Describe the Candidate's key weakness(es)</p> <ul style="list-style-type: none"> ○ Inadequate knowledge ○ Provided misinformation to patient ○ Could not focus on patient's problem ○ Poor verbal language skills ○ Poor organization ○ Other: 	<p>Describe the Candidate's Unprofessional Behaviour(s)</p> <ul style="list-style-type: none"> ○ Inappropriate draping ○ Inappropriate touching ○ Abusive communication ○ Other (please specify below)
Provide detailed Comments on all unprofessional behaviour and all unacceptable ratings	

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Sample Station 3

Instructions to Candidate

Tracy McLean is a 22-year-old girl brought to your office by her sister.

- You will have **seven (7) minutes** to take a **focused history**.
- At the 7 minute mark, you will have **three (3) minutes** to answer the examiner's questions related to the scenario.
- You have **ten (10) minutes** for this station.

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Sample Station 3

Examiner Notes

Technical notes about this case for consideration by the Physician Examiner in the evaluation of candidate's performance include:

Case name: Depression

Principle challenge: Assessment and diagnosis of depression.

Focus: History/Management

Blueprint category: Psychiatry

Last Used: August 23, 2007

3. In the completion of the **History** key elements that should be included are:

- Asks patient's opinion as to whether a problem exists
- Determines patient's perception of the problem
- Onset and precipitating factors
- Presence/absence of: Vegetative signs of depression – Energy level
- Sleep disturbance
- Change in interest in sex
- Suicidal ideation
- Substance abuse (alcohol, drugs)
- Inquires about mood
- Inquires about anxiety level
- Inquires about hallucinations/delusions
- Inquires about obsessions/compulsions
- Inquires about peer relationships
- Inquires about school
- Inquires about family relationships
- Inquires about presence of violence in the home
- Inquires about self-induced vomiting, exercise
- Functional inquiry

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Sample Station 3

Examiner Questions

At the 7 minute warning bell, the Physician Examiner says:

Please stop. I now have 3 questions to ask you.

1. With respect to this scenario, what is your working diagnosis?

- Major depressive episode

2. What are other differential diagnoses that you are considering?

- Adjustment Disorder with depressed mood
- Bipolar Affective Disorder
- Personality Disorder
- Eating Disorder
- Psychotic Disorder NOS
- Organic Brain Disease
- Endocrine Disease: Hypo or Hyperthyroidism
- Diabetes
- Liver or Renal Failure
- Chronic Fatigue Syndrome
- Vitamin Deficiency (pernicious anemia)
- Medication side effects
- Medication overdose
- Medication abuse
- Medication or drug or alcohol withdrawal
- Alcohol or substance abuse (cocaine, marijuana)

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3. What is your immediate management plan for this patient today?

- First decision is inpatient vs. outpatient care: Patient is not suicidal and has supportive parents so outpatient care is reasonable.
- Psychotherapeutic and pharmacologic therapies are often synergistic and both are potentially indicated in this case: e.g. an SSRI such as venlafaxine XR titrating up from 37.5 mg per day, etc.).
- Patient education is an important part of treatment: Including careful teaching about the medications and potential side effects; the need for close and long-term treatment and follow up to ensure symptom remission and prevent relapse/recurrence.
- Consider support group referral through Canadian Mental Health Association.
- Consider suicide contract: Patient will contact you or go to the Emergency Room if feeling overwhelmed before she considers any other potentially drastic actions.

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EXAMINER SCORING SCHEME CE1 – Sample Station 3

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POST ENCOUNTER PROBE	Notes
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