

Clinicians' Assessment and Professional Enhancement (CAPE)

INFORMATION FOR PHYSICIAN PARTICIPANTS

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ABOUT CAPE

Welcome to the Clinician Assessment and Professional Enhancement (CAPE) program.

MISSION STATEMENT

Our mission is to ensure that the quality of your patient care meets acceptable standards. We assess your knowledge, skills and attitudes, identify your educational needs, and where appropriate assist you in planning your educational enhancement.

CAPE is a member of the Coalition for Physicians' Enhancement (CPE), an organization of American and Canadian assessment programs. As such, CAPE follows CPE guidelines in regards to the conduct of our programs.

STATEMENT OF RELATIONSHIP BETWEEN CAPE AND THE LICENSING AUTHORITIES

CAPE is part of the Office of Continuing Medical Education at the University of Manitoba. We have an arms-length relationship with licensing authorities. CAPE strives to be of service to both the licensing authority and to the individual physician candidate in determining concrete educational needs in terms of core knowledge, attitudes, skills and competence. The control of the content and of the process of the assessment resides solely with CAPE.

CAPE wishes to acknowledge the financial assistance received from the College of Physicians and Surgeons of Manitoba for start-up and continuing development costs.

NAMES AND NUMBERS

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CAPE CLIENTS

Who We See:

Physicians are referred to CAPE for several reasons. These include, but are not limited to:

1. The physician whose competence is under question. These are physicians who have undergone a standards or investigative process by their licensing authority.
2. The registered/registerable physician whose attitudes/skills/knowledge need to be assessed for the proposed practice setting. This would include international medical graduates as well as Canadian-trained physicians who wish to change their practice focus or add components to it.
3. The physician who appears to have acceptable cognitive capability but whose clinical practice is “rusty”. These are physicians re-entering practice after a period of absence for illness, family responsibilities, administration, or other reasons.
4. The student or trainee who is having difficulties in the clinical portion of his/her training. CAPE occasionally sees students or trainees in their clinical years who are having difficulties which are not being resolved by the usual processes available to undergraduate or post-graduate medical education programs.
5. Physicians who wish to have their skills assessed in order to determine where to focus their continuing education efforts.

Application Process:

Application forms can be obtained through the licensing authorities of Manitoba, Saskatchewan, Alberta, Yukon, NWT, and Nova Scotia. Before a candidate will be accepted into the program, we require:

- A covering letter from the licensing authority
- A completed application form
- A copy of the undertaking, if applicable
- A completed and signed release form authorizing CAPE to release the assessment results to the referring licensing authority.
- The necessary fees (see page 4)

About Our Assessments:

Our assessments generally consist of at least four (4) components: 1) Multiple-Choice Questions (MCQ), 2) Structured Oral Interview (SOI), 3) Therapeutics Assessment, and 4) a Clinical Comprehensive Encounter (CCE) using standardized patients. Where competence is an issue, a psychological assessment is also included. Further information regarding each of these components is available under “Assessment tools utilized and why they are used” (see page 6).

All our assessments have been tested on practicing physicians in a community setting. The aim of the assessment is to determine if a physician is a “safe” physician and not to determine degrees of excellence. As such, there are no “tricks” and no cases on obscure or rare diseases. Rather, the clinical scenarios are all ones that an average practitioner out in the community could be expected to encounter and deal with.

Final CAPE Report:

It takes approximately four (4) weeks before the final report is ready. Participants should indicate to the director at the time of the intake interview whether they wish their report to be faxed or mailed to them. The copy to your provincial medical licensing authority is normally faxed. A copy of the final report is kept in your CAPE file for a period of 5 years. Please note that assessments such as the CAPE assessment are viewed to be valid for 3 years after completion. Licensing and regulatory authorities generally require a reassessment after a 3 year period has elapsed if a physician is not in practice.

Candidates will receive:

- a full report concerning the MCQ, Therapeutics Assessment, CCE and SOI
- a copy of the CCE report provided by the communications expert with examples and detailed analysis of communication skills if these were a concern
- if a psychological assessment was performed, a summary of the assessment findings

The licensing authority will receive:

- a full report of MCQ, Therapeutics Assessment and SOI
- a summary of the CCE results (if identified areas of concern by the referring licensing authority include communication skills, then the licensing authority will receive the full CCE report)
- if a psychological assessment was performed, the full psychological report

Please note: CAPE does not release reports to anyone other than the candidate or the licensing authority with the candidate's signed authorization. Each client receives the original report and is then free to distribute it to whomever he or she sees fit.

Educational Interventions:

Manitoba candidates:

If the results of the assessment indicate that an educational intervention is both appropriate and feasible in terms of time and resources, CAPE may, depending on the circumstances:

- act as a consultant regarding such interventions
- facilitate and monitor the educational intervention
- reassess candidates at the end of the intervention

While the program can suggest educational interventions, CAPE is under no obligation to provide or arrange such interventions.

Out-of-province candidates:

Upon request, CAPE will suggest an appropriate educational program to be implemented by the home province.

Records:

CAPE will maintain full client records for a period of five (5) years.

Confidentiality: The questions and cases in this assessment are deemed to be confidential. Do not disclose or discuss the specific content with anyone. Should it come to light that a candidate has discussed cases or questions with other candidates, the licensing authorities will be notified.

You may be interested in knowing that where we suspect that candidates knew the case in advance, they actually scored lower. Knowing the diagnosis often meant that they missed steps in the history or investigation and so lost points. You should also know that we may use cases where the initial presentation is similar, for example chest pain, but where the final diagnosis is different. Thus, you may mislead candidates by telling them about the cases.

Disclaimer: Registration and granting of a license to practice medicine is vested in the individual provincial and territorial licensing authorities. We are not responsible for the decision of a licensing authority to grant or to refuse a license. The CAPE assessment is a snapshot of the candidate's skills and knowledge base and does not necessarily reflect how a physician actually performs in practice. CAPE is not intended as a substitute for required clinical experience.

Fees: CAPE is self-supporting. Fees are set by CAPE. As of September 1, 2008, the fee is \$4,000.00 for a four-part assessment and \$4500.00 for a five-part assessment.

Payments are as follows:

A deposit of \$2000.00 is required with the registration form. Candidates will not be scheduled until the deposit is received.

The balance of the fee must be paid prior to or at the date of the assessment orientation. Please note that the assessment report will not be issued unless full payment has been received.

Note: Candidates may cancel or ask for a change of date up to 2 months prior to the assessment date with no penalty. Less than 2 months notice will result in forfeit of the \$2000.00 deposit.

Assessment Tools Utilized and Why They are Used

The following is an outline of CAPE assessment vehicles. Each is described in more detail on the following pages.

a) **Multiple Choice Questions:** This is a single – best - answer multiple choice question assessment. The multiple choice questions originate from the Medical Council of Canada database. The assessment consists of 150 questions which you have three hours to complete. The MCQ assesses core knowledge.

b) **Therapeutics Assessment:** This written assessment consists of 17 short, common, primary-care clinical scenarios. Each scenario is followed by a series of pharmacotherapeutic-based questions. This assessment evaluates skills and knowledge relating to core therapeutics and pharmacotherapeutics including appropriate drug selection, application, mechanism of action and monitoring. The assessment is of 3 hours duration.

c) **Structured Oral Interview (SOI):** During the structured oral, you will “work through” two to three common primary care clinical scenarios discussing history, physical examination, differential diagnosis and management plans (including investigation, treatment, monitoring and follow-up) with two physician assessors.

In the SOI, we are attempting to measure skills in terms of: hypothesis generation, data gathering, data interpretation, problem statement, reasoning through and solving a problem, decision-making, and management. This assessment covers a 1- 1 1/2 hour period.

d) **Clinical Comprehensive Encounter (CCE):** In this assessment you will see nine standardized patients for fifteen minutes each, going through pertinent history, physical examination and management negotiation with a patient. You have five minutes between each patient to document the encounter using a SOAP format. The encounters are videotaped and later reviewed by a communications expert. The standardized patients fill in checklists regarding your performance on history and physical exam and also make observations on your communication skills. This assessment takes approximately four hours.

In the CCE, we are looking at your skills in history-taking, physical examination, and interpersonal communication. The scores are reported as total scores and also as sub-scores including sympathy/empathy, patient education, and information sharing and negotiation with the patient.

e) **Psychological Assessment:** The psychological assessment is not carried out in each candidate, but generally in those situations where competence is an issue. It includes several hours of standard psychometric testing as well as a one and a half hour interview with the clinical psychologist.

The psychological assessment is carried out to investigate IQ and memory, diagnose cognitive dysfunction, and diagnose any barriers to learning as well as your most efficient learning styles.

General Orientation

You will be asked to come to the CME office the day prior to the assessment. In addition to a review of the assessment components, you will be given a tour of the facility and the opportunity to ask any questions you may have.

Multiple-Choice Questions Orientation

The multiple-choice assessment is designed to determine your level of core knowledge. There are 150 single best answer questions, covering the areas of internal medicine, surgery, obstetrics and gynecology, pediatrics, psychiatry, and community medicine. Each question also covers a specific age-group (neonate/infant, child, adult, and older adult) and a specific task (history, investigation, diagnosis, management, and prevention). You will receive scores for each of these areas.

Therapeutics Orientation

The Therapeutics Assessment is designed to explore your knowledge in the use of various common pharmaco-therapeutic agents. There are seventeen (17) short clinical scenarios. You will be asked questions regarding therapeutics such as what medication you would use, would you change the current regime and how, possible side effects, and how you would follow-up the patient.

Each scenario is scored on four (4) areas:

- a) choice of treatment
- b) application (knowledge of correct dose and frequency)
- c) mechanisms/pathophysiology (knowledge of the rationale for using the drug, and of how the drug works)
- d) monitoring (follow-up)

Your results will be averaged across all 17 cases in each of the 4 areas.

N.B. You may use either generic or trade names although generic would be preferable as trade names sometimes vary from country to country.

If asked for a drug dosage that you do not know, you can say that you would look it up in the CPS and you will receive a partial mark for that question.

Structured Oral Interview (SOI) Orientation

The **SOI** component of CAPE is designed to assess how a physician “works through” a clinical problem. You will be spending approximately 1 to 1 ½ hours with two physician assessors. These are practicing family physicians in the community. Together, you will go through at least two, and up to four, common primary care clinical scenarios discussing history, physical exam, differential diagnosis, and management plans.

In the room: The assessors will present you with a brief clinical scenario. They will then ask you for a broad differential diagnosis. Following this, you will ask the assessors questions regarding the elements in the history and physical exam that you would like to know in order to help you diagnose and manage this patient. You may then order any investigations you deem appropriate. The assessors will give you the results of the investigations. You should at this point be able to determine the diagnosis. You will then formulate a complete management plan (that includes investigations, treatment, monitoring and follow-up) and present it to the assessors.

Paper and pens will be available. You are encouraged to take notes for your personal use i.e. to write down pertinent history, physical and laboratory findings that you want to be sure to remember. (For obvious reason, these notes must be left in the room at the end of the assessment.)

N.B.

The goal of the SOI is to see how you work through a clinical problem. It is NOT to arrive at the correct diagnosis as quickly as possible. If you jump to the diagnosis immediately, without doing the appropriate work-up or ruling out potential serious conditions, you will score poorly even if the diagnosis is correct. Take your time!

CCE Orientation

1. **The CCE Component** of CAPE is a clinical performance assessment that uses standardized patients(SP's). A standardized patient is someone who has been trained to portray a medical problem, including elements of history, physical findings, affect, etc. much as would happen with a real patient. The assessment primarily tests your performance in data gathering, history and physical examination, information sharing skills, and interpersonal skills and to a lesser extent your ability to compile written notes about the patient. It is suggested that you consider the CCE as your roster of patients for the afternoon and interact with the patients in terms of this. Think in terms of your own home environment, e.g. what resources you use there, and do the same here. The standardized patients will just adapt to what you describe. For instance, if you generally use a certain lab for testing, refer to a specific consultant, etc. do that for this assessment.
2. **Schedules, ID's** –You will be given a CCE schedule and should know your ID # for the assessment in order to follow the schedule. You will also be given a folder with the SOAP note forms for each simulated patient.
3. **Timing** – You will have 15 minutes with each patient plus about 5 minutes writing a SOAP note.
 - **S or Subjective** is the information the patient provides, (like a history)
 - **O or Objective** is what is observed and findings of the physical examination
 - **A or Assessment** is your best level of understanding of what is going on- it can be a diagnosis with the differential but can also be more than that depending on the problem;
 - **P or Plan** is what you are planning in terms of treatment, investigations, education and follow-up.

It is important to stay on schedule. You should not enter the clinical room before being told to. You may leave the SP room before the allotted time is up but may not return. You will receive a warning knock on the door at the 13 minute mark and a final knock at 15 minutes, when you MUST leave.

4. **Presenting Situation** - There is a presenting situation for each station advising you about the patient you will be seeing. Read it carefully. If you are provided with vital signs, you do not need to repeat these on the patient and can assume they are correct.

CCE Orientation (continued)

6. **In the Room** - You should interact with the standardized patient as you would an actual patient. EXCEPTION to this: No genital, pelvic, rectal, or breast exams are permitted. If you wish to do such examinations, during the physical exam component, indicate this to the standardized patient by saying something like: “Now I’d like to do a pelvic exam”; “Normally I’d do a rectal exam, etc.” and the SP will provide you with results. If there are no results available, you can assume they would be normal. Other than this exception, you must do physical exams on the patients to get credit.

The standardized patient will be completing a rating scale which assesses your interpersonal skills and will be collecting information about elements of history and physical examination that you perform.

6. **Video taping-** Every encounter is video taped. This serves two purposes: (1) it allows us to do a quality assurance check on SP performance and (2) it allows the communication skills specialist to review your performance and complete that element of the CAPE assessment.

Once candidates’ contact with the CAPE program is ended, the tapes are erased.

7. **Equipment** that might be required for the physical examination is in the room. You are welcome to bring and use your own stethoscope, otoscope, reflex hammer, etc. if you prefer. A white lab coat is optional but not supplied.
8. Part way through the afternoon, there is a **10 minute break** after which you will return to complete the assessment.

N.B. Remember to interact with the standardized patients as you would with a real patient. For example, do the physical exam as you would on a real patient, do not just go through the motions.

READING LIST

Many participants have asked us for suggestions on what to read in order to prepare for the assessment. As the assessment potentially covers all areas of medicine, it is impossible to review everything, or to give a reading list that covers all possible topics. However, since “what to read” is such a common request, we offer the following suggestions.

Please note:

1. The following suggestions are not intended to cover every possible topic on the assessment.
2. The assessment was not developed using these particular materials. Knowing everything on the reading list (even if that were possible) does not guarantee that you will “pass” the assessment.

- A. **Canadian Medical Association Guidelines** published regularly in the Journal of the Canadian Medical Association (CMAJ) on a variety of topics such as hypertension, diabetes, asthma, etc. These guidelines are also available on their website at www.cma.ca
- B. Some **provincial Colleges** publish guidelines on a variety of topics.
- C. **Therapeutic Choices. (5th Edition) 2007.**
 Editor: Jean Gray
 Publisher: The Canadian Pharmacists Association
 ISBN: 978-1-894402-32-3
 Or
Drugs of Choice (2001)
 Editor: M. Levine
 Publisher: the Canadian Medical Association
 ISBN: 0-920169-73-2
- D. **The Medical Interview: The Three-Function Approach (Second Edition) 2000**
 Author: S.A. Cohen-Cole
 Publisher: Mosby Year Book
 ISBN: 0-8016-0345-5
- E. **Writing Soap Notes (Second Edition) 1995**
 Author: G. Kettenbach
 Publisher: F.A. Davis Company, Philadelphia
 ISBN: 0- 8036-0037-2
- F. **OSCE and clinical skills handbook**
 K. Hurley.
 Elsevier Saunders
 ISBN-13:978-0-7796-9902-5
 ISBN-10:0-7796-9902-5