THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

**The College of Family Physicians of Canada**

**Certification Examination in Family Medicine**

**Session**

**Simulated Office Oral**

**Marking Scheme**

NOTE: To cover a particular area, the candidate must address at least 50 per cent of the bullet points listed under each numbered point in the left-hand box on the marking scheme.

## 1. Identification: Osteoporosis

| Issue #1 | Illness Experience |
|---|---|
| **Areas to be covered include:**<br>1. wrist fracture:<br>• Minor fall caused the fracture.<br>• Treated in the emergency department.<br>• Specialist commented on "thin bones."<br>• Compliance with the treatment plan (modified duties at work).<br>2. pertinent factors for osteoporosis:<br>• History of fracture in first-degree relatives (mother and sister).<br>• Early menopause.<br>• Spinal compression fracture.<br>• History of a fractured rib from coughing.<br>3. lifestyle factors:<br>• Low dietary calcium intake.<br>• Not taking supplemental calcium/ vitamin D.<br>• Smoking.<br>• High caffeine intake.<br>• No regular exercise.<br>4. pertinent negative factors:<br>• No history of steroid use.<br>• No eating disorders.<br>• No history of thyroid problems. | **Description of the patient's illness experience**.<br>You are feeling frustrated and hope you will not have to change jobs to one you do not like.<br>You've been unable to do your regular forklift truck driving job. You hope that the FP will follow up on management of your thin bones as per the specialist's recommendation. |

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| | | Determining the patient's illness experience is **not** a checklist assessment where a candidate asks about the patient's feelings, ideas, functioning, and expectations and should two or three of these four be asked aloud, a pass is then awarded.<br>A certificate level illness experience performance is where the candidate gathers the patient's illness experience conversationally and integrates the knowledge gained in a way that communicates to the patient that this |

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| | | candidate is working to see the patient as a unique person with an illness, more than just a textbook disease process to be appropriately managed. |
| Superior Level | 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. |
| Certificate Level | Covers points 1, 2, and 3. | Learns about the illness experience arriving at a **satisfactory** understanding of it. This is achieved by asking appropriate questions and using non-verbal skills. |
| Non-Certificate Level | Does **not** cover points 1, 2, and 3. | Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains **little** understanding of the illness experience. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate often cuts the patient off. |

## 2. Identification: Anxiety

| Issue #2 | Illness Experience |
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| **Areas to be covered include:**<br>1. history of the problem:<br>• Symptoms for more than six months.<br>• Prior history of anxiety in her youth.<br>• No current medications.<br>• No depressed mood.<br>2. symptom identification:<br>• Excessive worry.<br>• Sleep disturbance.<br>• Palpitations.<br>• Sweating.<br>• Tremor.<br>3. current stressors:<br>• Pending case management meeting.<br>• Pending job change.<br>• Struggling with accommodated duties.<br>• Difficulty helping grandchildren with homework.<br>4. pertinent negative factors:<br>• Not suicidal/not homicidal.<br>• Recent negative cardiac work-up.<br>• No substance abuse. | **Description of the patient's illness experience.**<br>You have been experiencing anxiety and have been overwhelmed. It is the same feeling you experienced when you had exams during your time at school. The feeling has been causing you to become irritable with your husband.<br>You hope that the FP will help you to address your symptoms of anxiety to get through your upcoming case management meeting. |

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| | | Determining the patient's illness experience is **not** a checklist assessment where a candidate asks about the patient's feelings, ideas, functioning, and expectations and should two or three of these four be asked aloud, a pass is then awarded.<br>A certificate level illness experience performance is where the candidate gathers the patient's illness experience conversationally and integrates the knowledge gained in a way that communicates to the patient that this candidate is working to see the patient as a unique person with an |

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| | | illness, more than just a textbook disease process to be appropriately managed. |
| Superior Level | 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. |
| Certificate Level | Covers points 1, 2, and 3. | Learns about the illness experience arriving at a **satisfactory** understanding of it. This is achieved by asking appropriate questions and using non-verbal skills. |
| Non-Certificate Level | Does **not** cover points 1, 2, and 3. | Demonstrates minimal interest in the illness experience, focusing mainly on the disease process, and so gains **little** understanding of the illness experience. There is little acknowledgement of the patient's verbal or non-verbal cues, or the candidate often cuts the patient off. |

## 3. Social and developmental context

| Context Identification | Context Integration |
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| **Areas to be covered include**:<br>1. family:<br>• Parents close by.<br>• Daughter and son both live in different towns.<br>• Good relationship with siblings.<br>• Supportive spouse.<br>2. life-cycle issues:<br>• Not ready to consider retirement.<br>• Caring for grandchildren temporarily.<br>• Parents still live independently.<br>• Husband is a long-haul truck driver.<br>3. work issues:<br>• On a modified work schedule.<br>• Would prefer to return to the forklift driving job.<br>• In her current job for many years.<br>• Her husband is working increased hours to cover lost income. | Context integration measures the candidate's ability to:<br>• Integrate issues pertaining to the patient's family, social structure, and personal development with the illness experience.<br>• Reflect observations and insights back to the patient in a clear and empathic way<br>This step is crucial to the next phase of finding common ground with the patient to achieve an effective management plan.<br>The following is an example of a statement a superior level candidate may make:<br>"I can understand how you can feel so frustrated. Your broken wrist is likely changing what you can do at work. This and the other issues at home with your grandchildren's school needs are awakening that old anxiety, and so there is a lot in your life at present." |

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| Superior Level | Covers points 1, 2, and 3. | 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. |
| Certificate Level | Covers points 1 and 2 or 3. | Demonstrates recognition of the impact of the contextual factors on the illness experience. |
| Non-Certificate Level | Does **not** cover points 1 and 2 or 3. | Demonstrates minimal interest in the impact of the contextual factors on the illness experience or often cuts the patient off. |

## 4. Management: Osteoporosis

| Plan for Issue #1 | Finding Common Ground |
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| **Areas to be covered include**:<br>1) Suggest she has osteoporosis.<br>2) Discuss investigations for osteoporosis (e.g., thyroid-stimulating hormone, serum calcium, alkaline phosphatase, and magnesium testing; bone mineral densitometry (DEXA); plain radiography of the thoracic spine).<br>3) Discuss non-pharmacological strategies for treatment (e.g., calcium and vitamin D; increased weight-bearing exercise; smoking cessation; reduced caffeine intake).<br>4) Discuss pharmacological treatment (e.g., bisphosphonates, estrogen replacement).<br>5) Discuss strategies to reduce the risk of falls and fractures. | Behaviours indicating efforts to find common ground go beyond the candidate asking "Any questions?" after a management plan is presented.<br>Finding common ground is demonstrated by the candidate encouraging patient discussion, providing the patient with opportunities to ask questions at multiple points, encouraging the patient to express their thoughts, seeking clarification, checking for consensus, and recognizing then addressing patient hesitation or disagreement if it arises.<br>Examiners need to determine the candidate's ability to find common ground based on behaviours they demonstrate during the interview. |

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| Superior Level | Covers points 1, 2, 3, 4, and 5. | Actively asks about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks his or her feedback about it. Encourages the patient's full participation in decision-making. |
| Certificate Level | Covers points 1, 2, 3, and 4. | Involves the patient in the development of a plan. Demonstrates flexibility. |
| Non-Certificate Level | Does **not** cover points 1, 2, 3, and 4. | Does **not** involve the patient in the development of a plan. Only asks the patient "any questions" after a management plan is presented without doing more to involve the patient. |

## 5. Management: Anxiety

| Plan for Issue #2 | Finding Common Ground |
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| **Areas to be covered include**:<br>1) Acknowledge that current life circumstances are contributing to her anxious feelings/feeling overwhelmed.<br>2) Discuss non-pharmacological approaches to anxiety.<br>3) Discuss the role of medications in this case.<br>4) Offer to engage in the return- to-work process.<br>5) Discuss finding a tutor or other assistance to address the issue of helping with the grandchildren's homework. | Behaviours indicating efforts to find common ground go beyond the candidate asking "Any questions?" after a management plan is presented.<br>Finding common ground is demonstrated by the candidate encouraging patient discussion, providing the patient with opportunities to ask questions at multiple points, encouraging the patient to express their thoughts, seeking clarification, checking for consensus, and recognizing then addressing patient hesitation or disagreement if it arises.<br>Examiners need to determine the candidate's ability to find common ground based on behaviours they demonstrate during the interview. |

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| Superior Level | Covers points 1, 2, 3, 4, and 5. | Actively asks about the patient's ideas and wishes for management. Purposefully involves the patient in the development of a plan and seeks his or her feedback about it. Encourages the patient's full participation in decision making. |
| Certificate Level | Covers points 1, 2, 3, and 4. | Involves the patient in the development of a plan. Demonstrates flexibility. |
| Non-Certificate Level | Does **not** cover points 1, 2, 3, and 4. | Does **not** involve the patient in the development of a plan. |

## 6. Interview process and organization

The previous scoring components address specific components of the interview. However, assessing the candidate's interview technique as an integrated whole is also important. The entire encounter should resonate with a sense of structure and timing, and the candidate should always be employing a patient-centred approach.

The following are certificate-level techniques applicable to your experience of the entire interview:

- Good direction with a sense of order and structure
- A conversational rather than interrogative tone or presenting many questions to the patient in checklist-style.
- Flexibility and good integration of all components and stages of the interview; the interview should not be piecemeal or choppy.
- Appropriate prioritization, with an efficient and effective allotment of time for the various interview components.

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| Superior Level | 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. |
| Certificate Level | Demonstrates average ability in conducting an integrated interview. Has a good sense of order, conversation, and flexibility. Uses time efficiently. |
| Non-Certificate Level | 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. |

## Appendix 1 Standardized Instructions to Candidates

1. **Format**
   Although the patient/examiner encounter occurs virtually, the SOO is designed to be a **simulated office situation** in which an examiner will play the part of the patient seeing you, the doctor, in your office. There will be an opening statement and you are expected to manage the interview from then on. You do **not** perform a physical examination as part of the encounter.

2. **Scoring**
   You will be scored by the examiner according to specific criteria established for each case. Do not ask the examiner for information about your marks or performance, and do not speak to them out of their role.

3. **Timing**
   Each SOO station lasts 28 minutes broken down to 1 minute of reading time, 15 minutes for your visit with the patient, and 12 minutes of waiting time which the examiner will use for marking. During the SOO examination, timing is shown by two countdown clocks. The station countdown clock in the blue bar at the top of the screen starts at 28 minutes and counts down time remaining for all the components of the station combined. The time in the segment countdown clock in the yellow bar changes depending on which of the three sections of the station you are in.

   Before the examination starts, you will be placed in a setting where the examination will occur, but the clocks will not be active. During this pre-examination waiting time, your identification will be checked, and the proctor will ensure your microphone and camera works.

   The first SOO station starts when the segment countdown clock in the yellow bar appears saying **READING TIME**. You have **one minute** to review the provided patient information. At the second and subsequent stations, the READING TIME in the yellow bar starts automatically when you are transferred to the next SOO station.

   Following READING TIME, **ASSESSMENT TIME** starts in the segment countdown clock in yellow bar, and you will have 15 minutes to manage the interview. No verbal or visual warnings of time remaining are given (e.g., at the three-minute mark). It is a misconception that discussion with the patient to find common ground on a management approach must only occur in the last three minutes of the encounter. The encounter stops at the 15-minute mark, even if you are in mid-sentence.

   The yellow bar then changes to **MARKING TIME** but there isn't a countdown clock for this segment. Marking time is a rest period for you. If, for example, you start a SOO station five minutes late, the station clock in the blue bar will show that seven minutes are left once you get to the marking time segment.

## Appendix 2 CFPC Preparation Pointers for Examiners

1. The first rule for successful acting is to put yourself into the mindset of the person you are role-playing. You have been around patients long enough to have a fairly good idea of how they speak, behave, and dress.

Think of the following:

- The defensiveness and reticence of a patient living with alcohol use disorder
- The potential embarrassment of someone living with a very difficult partner
- The anxiety of a person living with a terminal illness
- The shyness of a young teenager with a sexual-related concern

Once you receive your SOO script, think about the following:

- Initially, how is this type of patient going to react to a new physician?
  - Will the patient be open, shy, defensive, etc.?
- How articulate will a person of their education level and background be?
  - What jargon, expressions, and body language will the patient use?
- What will the patient's reactions be to questions a new physician asks?
  - Will the patient be angry when alcohol use is brought up?
  - Will the patient display reticence when questions about family relationships are asked?

2. Allow the candidate to conduct an interview to determine what's going on. The SOO is set up for you to share one or more specific cues to help focus the candidate. Find the right balance between initially oversharing information and being too restrictive. You can predict the first few questions you will be asked so you plan your responses.

   You have all been through this exam yourselves. It is normal to feel for the nervous candidate sitting in front of you. But this exam is the result of years of experience on the part of the College, and the cues you are given are enough for the average candidate to realize what the issues in the case are. If the candidate still has not caught on after the cues you have given as instructed in the case script, that is the candidate's issue, not yours. Do not give away too much after that.

3. If you feel a candidate is having language difficulties during the SOO, do not act or speak differently than you would with any other candidate. Be aware that this candidate may miss subtle verbal cues laid out in your SOO script. However, this candidate would be at high risk of missing these verbal cues in their own offices. All candidates need to be exposed a standardized which is portrayed similarly to all. Feel free to note any communication-related or language-difficulties you observe in the comments section of the score sheet.

4. Occasionally a candidate will get off on a tangent or onto a completely unproductive line of questioning. During this exam you must walk the fine line of not giving away too much, but also of not leading the candidate down a completely inappropriate path of inquiry. Time is limited. If a candidate begins a completely unproductive line of questioning, answer "No"

(or find another appropriate way). This should help prevent the candidate from wasting several valuable minutes on tangents not in the script.

5. Do not overact.

6. You will notice there will be some candidates with whom you feel comfortable, some with whom you feel less comfortable, some who conduct the interview the way you would have, and others who conduct the interview in a different way. We ask that you mark each candidate as objectively as possible, using the marking sheet anchor statements to guide your assessments.

7. The suggested prompts after the opening statement are optional. Give a prompt if you feel it is warranted (i.e., the information hasn't come up in discussion already). If you think of it later than suggested, but still feel it's needed, give the prompt then.

8. Pay attention to the clothing and acting instructions in the SOO script. A change that seems minor to you, such as wearing a long-sleeved shirt instead of the specified short sleeves, has a way of changing the whole atmosphere of the encounter for candidates.

9. In the last three minutes of the examination, you should not volunteer any new information. You can certainly provide it if asked directly but limit your responses to direct answers or clarifications.

10. If the candidate clearly finishes before the 15 minutes are up, do not offer any more information or inform the candidate there is time left, but answer if any additional questions are asked before the end of the Assessment time. Once the Marking time starts, cover up your camera and mute your microphone.

11. Remember to follow the script and assist the College by clearly and adequately documenting important details and comments in marking sheet.

## Appendix 3 Distinguishing a Certificant-level from a Superior-level Performance: Exploration of the Illness Experience

A **certificate-level performance** must include gathering information about the illness experience to gain an acceptable understanding of the patient and their issues (acceptable to the patient/examiner).

A **superior-level performance** is not simply a matter of a candidate obtaining more or almost all the information. A superior candidate must actively explore the illness experience and demonstrate an in-depth understanding of it. A superior performance is achieved through the skillful use of communication skills notably the demonstration of: (1) excellent verbal and non-verbal techniques (2) use of effective questioning, and (3) impressive active listening that encourages patient-physician trust and the patient telling their full story.

The material below is adapted from the CFPC's Assessment Objectives for Certification in Family Medicine. The table below is intended to be a guide to assist evaluators in determining whether a candidate's communication skills reflect a certificate, superior, or non-certificate level performance. A certificate level candidate displays enough to gain an acceptable understanding, a superior candidate demonstrates all these aspects, while a non-certificate level demonstrates few or none of these aspects and fails to achieve an acceptable understanding of the patient and their issues.

| **Listening Skills** | **Cultural and Age Appropriateness** |
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| Uses both general and active listening skills to facilitate communication.<br><br>Sample behaviours<br>• Allows time for appropriate silences<br>• Feeds back to the patient what the candidate thinks has been understood from the patient<br>• Responds to cues (doesn't carry on questioning on unrelated topics without acknowledging the patient if a major life or situation change is revealed)<br>• Clarifies jargon the patient uses | Adapts communication to the individual patient for reasons such as culture, age, and disability.<br><br>Sample behaviours<br>• Adapts their communication style to the patient's disability (e.g., writes for patients with hearing challenges)<br>• Speaks at a volume appropriate for the patient's hearing<br>• Identifies and adapts their manner to the patient according to the patient's culture<br>• Chooses appropriate medical terminology for each patient (e.g., "pee" rather than "void" for children) |
| **Non-Verbal Skills** | **Language Skills** |
| Expressive<br>• Is conscious of the impact of body language on communication and adjusts it appropriately<br><br>Sample behaviours<br>• Ensures eye contact is appropriate for the patient's culture and comfort | Verbal<br>• Has skills that are adequate for the patient to understand what is being said<br>• Converses at a level appropriate for the patient's age and educational level |

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| • Is focused on the conversation<br>• Adjusts demeanour to ensure it is appropriate to the patient's context<br>• Ensures physical contact is appropriate for the patient's comfort<br><br>Receptive<br>• Is aware of and responsive to body language, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt)<br><br>Sample behaviours<br>• Responds appropriately to the patient's discomfort (e.g., shows appropriate empathy for the patient)<br>• Verbally checks the significance of body language/actions/behaviour (e.g., "You seem nervous/upset/uncertain/in pain") | • Uses an appropriate tone for the situation, to ensure good communication and patient comfort<br><br>Sample behaviours<br>• Asks open- and closed-ended question appropriately<br>• Checks with the patient to ensure understanding (e.g., "Am I understanding you correctly?")<br>• Facilitates the patient's story (e.g., "Can you clarify that for me?")<br>• Provides clear and organized information in a way the patient understands (e.g., test results, pathophysiology, side effects)<br>• Clarifies how the patient would like to be addressed |

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