THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA

LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Certification Examination in Family Medicine

Overview of Simulated Office Oral (SOO) Structure and Marking

Updated June 2023

The College of Family Physicians of Canada
Certification Examination in Family Medicine

Introduction

The two components of the Certification Examination in Family Medicine are, together, designed to evaluate a representative sampling of the diverse knowledge, attitudes, and skills required by practising family physicians as set out in the Assessment Objectives for Certification in Family Medicine.

The short-answer management problem (SAMP) component assesses candidates' medical knowledge, problem-solving skills, and clinical reasoning. The simulated office oral (SOO) component assesses how a candidate establishes and uses the patient-centred method to care for patients in an office setting.

The College believes a patient centred approach using the patient centred clinical method[*] to providing clinical care helps patients more effectively. The SOOs marking scheme is based on the patient-centred clinical method (PCCM)developed by the Centre for Studies in Family Medicine at the Western University. The essential principle of the PCCM is integrating a traditional condition-oriented approach (e.g., understanding a patient's condition through effective history-taking, understanding pathophysiology, recognizing clinical presentation patterns, making a diagnosis, and knowing how to manage the identified condition) with an appreciation of the illness the health-issue creates (e.g., what does the disease's clinical aspects mean to the patient, what is the patient's emotional response to their illness, what is the patient's understanding of the health issue they are concerned about, and how is the health issue is affecting their life). Integrating the disease/condition with an understanding of the person living with the illness—through the act of interviewing, communicating, problem solving, and negotiating disease management-—is fundamental to the patient-centred approach.

While important, the emphasis of the SOO is **not** just on a candidate's ability to appropriately diagnose and manage a clinical scenario, but to explore patients' feelings, ideas, and expectations about the situation the health-issue is causing or contributing to and to determine the effect on their functional abilities. Candidates are scored on how they conduct the interview to both forge a connection with the patient and actively involve the patient in deciding a mutually acceptable management plan. The SOO cases reflect a variety of clinical situations, but all require PCCM communication skills to understand patients as individuals with unique illness experiences and to work with them to find the best next steps to effectively deal with the health issues presented.

The following Appendices will be of interest to all examiners:

Appendix 1: Standardized Instructions to Candidates

Appendix :2 Ten CFPC Preparation Pointers for Examiners

Appendix 3: Distinguishing a certificate-level from a superior-level performance: Exploration of the illness experience

[*] Stewart M, Brown JB, Weston W, McWhinney I, McWilliam C, Freeman T, eds. *Patient-Centered Medicine: Transforming the Clinical Method*. 3rd ed. London: Radcliffe Publishing; 2014.

RATIONALE FOR SIMULATED OFFICE ORAL EXAMINATION #

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

1. postpartum depression

2. a breast mass

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 candidate will view the following statement:

THE PATIENT

You are about to meet **Ms. MARIA FOURNIER**, age 40, who is new to your practice.

CASE DESCRIPTION

Introduction

You are Ms. **MARIA FOURNIER**, age 40, who had a baby just over four months ago. You are here today because your mother, **VIVIAN FOURNIER**, made you come in. She arrived in town three days ago to help you with the baby. Your husband, **TIMOTHY (TIM) BOUDREAU**, had to leave suddenly 10 days ago because his mother had a stroke. She took one look at you and your house and knew something was wrong.

You haven't found a family physician (FP) since moving to this community two years ago. You saw an obstetrician during your pregnancy and were referred to a pediatrician for your daughter's care. Your mother started phoning to find you a doctor shortly after she arrived. Today was the soonest she could arrange an appointment.

While you are here you thought you would also talk to the doctor about a breast lump, which you noticed about a week ago. You haven't said anything to anyone about it. You found it just before your husband left.

History of the problems

POSTPARTUM DEPRESSION

Your mother is very concerned about you. You have been feeling quite down since your baby's birth. Your mother came to visit for three weeks after the baby was born, but when she arrived a few days ago, she hadn't seen you for about three months. She was shocked when she arrived. Your house was a mess and so were you. You were obviously exhausted and were still in your pajamas from a few days earlier.

She realized immediately that something was wrong and started phoning around to find a doctor. You had been discharged from the obstetrician's care after your six-week postpartum visit. You hadn't had any energy or time to clean the house or even yourself. You had neither changed your clothes nor had a shower for two days. This behaviour is totally out of character for you. You felt completely overwhelmed. You couldn't bring yourself to do anything or care what you or your house looked like.

Your daughter was born 16 weeks ago. After being in this new community for several months, you and your husband decided you wanted to have a child. You had talked about this a lot over the years. The two of you had decided to delay having children while you were furthering your careers. You both felt the time was right and that neither of you was getting any younger. You had no difficulty getting pregnant. Your families were thrilled with the news.

Looking after the baby since your husband left has consumed all your energy. Before he left, you had been able to keep up with things around the house generally, although a lot of this was because your husband was doing most of the cooking and cleaning. The two of you have always shared these responsibilities.

Tim absolutely loves his daughter. From the minute he gets home until she goes to sleep, ELISE is the focus of his attention. You have not had sex since the baby was born. You have not had any interest in sex, and Tim has not suggested it.

You have been feeling down since shortly after your daughter was born. You had no problems during your pregnancy, and the delivery was uncomplicated. Initially you assumed you had “postpartum blues” and were overtired, but things have gradually worsened. You are very teary at times; you try not to let how sad you feel show. When your husband has tried to talk to you about how you are feeling, you just say you are tired because of the sleep deprivation from nursing. You know he is concerned, but he has accepted your explanation. You think you are more than “just tired”, but you don’t want to say anything to anyone else. This is supposed to be the best time of your life, and you can’t bring yourself to tell people it isn’t.

You truly are very tired and are not getting a lot of sleep. You are breastfeeding and Elise never goes more than three hours without nursing. She takes about 10 to 15 minutes to eat, she feeds on both sides, and at night she goes back to sleep right after eating. You have never been a particularly good sleeper; now, after you nurse during the night, you have a very difficult time falling asleep. You lie awake worrying about whether you are a good mother. You also lie awake listening for the baby monitor—what if something is wrong and you don’t hear Elise? Her crib was in another room, although since your husband left you have moved it into your bedroom.

You have many of the same worries during the day. What if you aren’t stimulating her enough? Is she getting enough to eat? What if you drop her? What about? Before she was born, you did a lot of reading about raising a child. Much of the advice seemed contradictory, but not particularly hard to follow. Now you have all kinds of doubts about yourself and your ability to be a mother. At times you become very anxious about this, although you have never had a panic attack.

You had lots of plans for the things you would do while you were away from work for a year. Friends in your hometown have children, and childcare didn’t seem all that hard. You planned to continue your private web-design business. You also registered to start two classes in two months, when Elise is six months old. You need these classes for your Master of Business Administration (MBA) degree.

You haven’t really done anything since Elise was born; you have barely left the house with her, other than to take her for her doctor’s appointments. Her last checkup with the pediatrician was two weeks ago. At that time, he said she was developing normally and was growing appropriately.

Your fatigue has been even worse since your husband left. You are breastfeeding exclusively. You have a difficult time pumping and have not wanted to miss feedings because you are worried about your milk production. You were on your own for a week before your mother arrived. As tired as you were, you couldn’t sleep well when your daughter was sleeping—what if you didn’t hear her?

You are also very worried about your mother-in-law and your husband. He is an only child, and his father died five years ago. His mother had been very healthy, and so this stroke has come as a shock. She seems to be doing better now, but Tim is not sure when he will be able to return home.

You have lived in this community for just under two years. None of the people you have met here have children. You have two girlfriends from your former city who have had babies since you left. You keep in contact with them but haven’t talked to them much about what it was like to become a mother.

You don’t have much appetite. You eat because it is necessary. In the past, you took great pleasure in cooking and food. You and Tim have always enjoyed dining and exploring new foods.

You are not suicidal. You could never leave your child. You have no thoughts or plans to harm your child or anyone else. You have no psychotic symptoms.

The thing that scares you the most is that a lot of the time you just feel numb. You don't find any great pleasure in anything around you, including your daughter. You are supposed to love this child and be happy. What is wrong with you?

You have never felt like this before. In the past 10 years you have had difficulty sleeping on many occasions, but your insomnia was always short-lived, and you could generally relate it to a particularly busy time at work. You have never had episodes during which you were particularly "up", or any other features to suggest bipolar disorder. There is no history of mental illness in your family.

BREAST MASS

You have not told anyone, but the night before your husband left to look after his mother you found a lump in your left breast. It is in the outer upper part of the breast and is about 1 cm by 1 cm. It is quite hard and doesn't seem to move around freely. You are not sure how long it has been there, but you had not noticed it before. It is not painful. There is no redness or tenderness associated with it. You can't remember injuring yourself in the area. You haven't noticed any blood coming from the nipple. There has been no change in the appearance or quantity of your milk.

You have never had a lump in your breast before. You have a history of breast cancer in your family. Both of your grandmothers had breast cancer. In fact, your mother's mother died of metastatic breast cancer two years ago. She was 86. This was a recurrence after her second breast cancer, which appeared when she was in her early 70s. She got cancer the first time when she was in her mid-60s. Your father's mother had breast cancer in her 50s, but died after breaking her hip when she was 89. As far as you know, your mother is well. Your father and mother have no sisters. There are no other cancers in the family.

You wonder if the lump is from a plugged milk duct. You have read about that on several breastfeeding websites. You didn't want to say anything to your husband. He has enough to worry about right now. You decided to keep nursing and see if the lump would go away. Because you are at the doctor's office today, you thought you should ask about it. The thought that this might be breast cancer has entered your mind, but you think you are too young for it to be something like that.

Medical history

Other than having an occasional cold, you have been completely healthy. Your only time in hospital was for the birth of your child.

Medications

You continue to take the prenatal vitamins you took throughout your pregnancy.

Pertinent laboratory results

Your last Pap test was six weeks after Elise's birth. The result was normal.

Allergies

None.

Immunizations

Up to date.

Lifestyle issues

- Tobacco: You are a non-smoker.
- Alcohol: You have not had any alcohol since you decided to become pregnant.
- Caffeine: You drink one cup of coffee in the morning.
- Cannabis: None
- Recreational and/or other substances: You do not use recreational drugs.
- Diet: You have always been a healthy eater. Cooking and dining were as much a hobby as part of your daily activities. You would identify yourself as a "foodie". Lately, however, you haven't really been interested in eating. You have made yourself eat because you believe eating is important for breastfeeding, but it's not something in which you find any pleasure.
- Exercise and recreation habits: You used to go to the gym for at least an hour, five times a week. Since your daughter's birth, you have gone perhaps seven times.

Family history

Your mother is 62 and healthy. She retired approximately one year ago. She is looking forward to being able to visit regularly.

Your father, **GEORGE FOURNIER**, is 64. He had an angioplasty two years ago but has been well since then. He continues to work full time as an accountant. He has his own business.

Both of your grandfathers died of heart disease in their 80s. As previously mentioned, your paternal grandmother died at age 89, after falling and breaking her hip; your maternal grandmother died of metastatic breast cancer two years ago, when she was 86.

Personal history

- **Family of Origin**

You were born and grew up in a city in the adjacent province. You have always had a good relationship with your parents and are very close to them. They are also very fond of your husband.

You and Tim met when you were working as lifeguards while attending university. You dated for several years and moved in together after graduating from university and starting your careers. You married 10 years ago.

You have a close relationship with your husband's family members, especially his mother. Moving away from both families to pursue your careers was a difficult decision.

- **Marriage/Partnerships**

You are married to **TIMOTHY (TIM) BOUDREAU**, who you married 10 years ago.

- **Children**

You have one child, **ELISE BOUDREAU** who is four months old.

Education and work history

You earned a degree in commerce with a minor in computer science. You graduated with high honours and participated in a combined work/degree program. After completing university, you were hired as a business analyst in the information technology department of a bank. Since starting there you have earned your project management certificate, which involved a series of classes and a certification examination. You also had your own web-design business, which was very successful.

Your husband studied environmental engineering and graduated with high honours at the same time as you did. He was hired to work for a firm in town that did clean-up of contaminated land. While working, he obtained a master's degree in biology. In addition to this, he had a private environmental consulting business.

Approximately two years ago, your employer offered you the opportunity to transfer to this city to take on a more senior position. You took some time to make up your mind. You and your husband are very close to your families, but this was a great opportunity. You were looking for something more challenging. In the end, with the support of your families, you decided to move. You have been able to fly home several times a year for visits.

Your husband was easily able to expand his consulting business into a full-time career. He started working on a PhD in environmental science last year.

As part of the transfer to this new position, the bank agreed to pay for you to obtain your MBA. You started the program shortly after moving to this city. You have completed a portion of the courses and had planned to complete two more classes during the second six months of your maternity leave.

You have maintained your web-design business since moving. You still have a large client list that you have built by referrals. You didn't intend to stop working at your web-design job while you were on maternity leave; however, you have not taken on any new projects since the baby was born.

Finances

You and your husband have no financial concerns. You would be able to live very comfortably on the combined incomes from your jobs. However, you have continued with your web-design business because you enjoy the work.

You have an excellent benefits package through the bank, which includes disability and life insurance. You also would be able to pay privately for any additional health care you required.

Social supports

In your previous community, you and your husband had an active social life with a group of good friends whom you saw regularly. You have generally been a self-sufficient person. You have always looked to your parents and Tim as your main source of support.

You have made several new friends in this community through work and other activities. You and Tim have always been very social and outgoing people. In addition to working, you both play volleyball once a week. You also joined a food-and-wine club and have made many new friends through it. You wouldn't necessarily say that the new friends are people you would turn to for support at the present time, but on the other hand, you have never had to ask for support. None of your new friends have young children.

Religion: None

ACTING INSTRUCTIONS

You are wearing sweatpants and an old T-shirt. You have not combed your hair today. You are worn out and tired. You have a generally flat affect. You are not particularly teary; it is not like you to be overly emotional in public. An empathic candidate will bring out more of your sadness and anxiety.

If the candidate tells you that you are depressed, you are surprised by the diagnosis. You had thought that you just needed to get a few nights of decent sleep.

You are very reluctant to take medication. You do not want to take anything while you are breastfeeding if it would harm Elise. If the candidate reassures you, you are willing to take antidepressants. You are open to counselling or attending some type of group program. If the candidate brings the topic up, you recognize that it is not realistic to continue planning to take the MBA classes for which you registered. You believe that you can withdraw from the classes without penalty if you have a physician's note.

If the candidate suggests that you could try a pacifier/soother, you are willing to try it if it will not affect milk production. If a candidate suggests that you stop breastfeeding, you are absolutely opposed to the idea. If a candidate suggests co-sleeping, you are not interested. Elise sleeps well in her crib, and she flips and flops around a lot at night.

If the candidate suggests you get household help for cleaning or other duties, you are willing to try it. You could easily afford it; you just hadn't thought of hiring someone. You and your husband have never needed help to keep up with the house.

With respect to the breast mass, you weren't quite sure what to make of it. Although both of your grandmothers had breast cancer, they were considerably older than you. Your mother has been fine. You tried to find out what might be causing the lump and wondered about a plugged milk duct. You have not wanted to say anything to your mother or husband about this. Your husband has enough to worry about with his mother's poor health, and your mother is already worried about you. You really hope the candidate will reassure you that this is just a plugged duct. If he or she suggests you could have cancer, you feel completely overwhelmed. Your grandmother's death still seems very recent.

You are willing to go to any appointments to sort out what is going on with your breast. You will also agree to discuss what is happening with your mother. You don't want to say anything to your husband until you know more about what is going on.

Cast of Characters

The candidate is unlikely to ask for other characters' names. You may make them up if needed.

MARIA FOURNIER: The patient, age 40, a business analyst with postpartum depression and a breast lump.

TIMOTHY (TIM) BOUDREAU: Maria's husband, age 40, an environmental consultant.

ELISE BOUDREAU: Maria and Tim's daughter, age four months.

VIVIAN FOURNIER: Maria's mother, age 62, who is retired.

GEORGE FOURNIER: Maria's father, age 64, an accountant.

Timeline

Today:	Appointment with the candidate.
10 days ago:	Mother arrived at your home.
11 days ago:	Discovered a lump in your left breast.
Four months ago:	Daughter born.
Two years ago:	Moved to this city because of a promotion at work.
10 years ago:	Married Tim.
40 years ago:	Born.

Examiner Interview Flow Sheet - Prompts

Initial statement	“**My mother insisted I come to see you today.”**
10 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not brought up the issue of the breast mass, the following prompt must be said: **“I found something when I was breastfeeding the other day.”**
7 minutes remaining* Optional, use only if you feel it’s needed	If the candidate seems to have forgotten about the postpartum depression, the following prompt must be said: **“Is it normal to feel this way?”** (It is unlikely that this prompt will be necessary.)
0 minutes remaining	“Your time is up.”

* To avoid interfering with the flow of the interview, remember that the seven- and 10-minutes remaining prompts are optional. To avoid interrupting the candidate in mid-sentence or disrupting their reasoning process, delaying the delivery of these prompts is acceptable.

Note:

During the last three minutes of the interview, you may only provide information by answering direct questions, and you should not **volunteer** new information. You should allow the candidate to conclude the interview during this time.

The College of Family Physicians of Canada

Certification Examination in Family Medicine

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: Postpartum Depression

Issue #1	Illness Experience
Areas to be covered include: 1. current symptoms: • No energy/feels tired. • Sleep disturbance. • No appetite. • Teary at times. • No motivation/interest in usual activities. 2. history of current symptoms: • Present since shortly after her child was born. • No previous history of depressive symptoms. • No previous history of manic symptoms. 3. risk: • No thoughts of self-harm. • No plans to harm her child. • Ruminating about being a good enough mother. (Is her daughter getting enough stimulation? What if she drops the baby? Is the baby getting enough to eat?) 4. no psychotic features.	**Description of the patient's illness experience**. You are feeling sadness and shame because of how you are feeling after the birth of your daughter. You ruminate on being a good mother and you think you would be okay if you could get some sleep. You also feel guilty about the house being a mess and your personal care being limited due to your tiredness and lack of motivation.

		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. 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 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: Breast Mass

Issue #2	Illness Experience
Areas to be covered include: 1. breast mass: • Identified 11 day ago. • 1 cm by 1 cm. • Characteristics – hard, immobile. • Breastfeeding exclusively. • No other lump found. 2. associated symptoms/factors: • No tenderness/not painful. • No fever or chills. • No redness. • No history of trauma. 3. family history: • Maternal grandmother died of metastatic breast cancer two years ago. • Paternal grandmother had breast cancer. • Both grandmothers had breast cancer. 4. the fact that she has not told anyone about this lump.	**Description of the patient's illness experience.** You are concerned about the breast lump. While you think you are too young for it to be something cancerous, there is a family history of breast cancer and you still have worries about what the mass might be.

		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. 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 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
Areas to be covered include: 1. family: • Married for 10 years. • Parents live in another community. • Only child/no siblings 2. Elise: • Planned pregnancy. • No complications. • Baby is just over four months old. 3. supports: • Her husband has left to look after his sick mother. • The patient's mother can stay as long as necessary. • None of the patient's friends in this community have children. 4. career: • Moved to this community because of a promotion. • Working for a bank. • On maternity leave. • Working on her MBA. • No financial concerns.	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 empathic 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 an example of a statement a superior level candidate may make: "Having a child is a tremendous change in anyone's life. You have always been successful and anticipated you would adapt to being a mother with the same ease. Now you have your worries about your mother-in-law and your husband's absence to contend with, as well."

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

4. Management: Postpartum Depression

Plan for issue #1	Finding Common Ground
Areas to be covered include: 1) Diagnose postpartum depression/suggest a mood disturbance is present. 2) Discuss therapeutic options (e.g., pharmacotherapy, counselling, support groups). 3) Establish follow-up arrangements. 4) Normalize the problem for the patient (e.g., this is a common problem, she is not alone). 5) Look for biomedical causes (thyroid disease/anaemia).	Behaviours indicating efforts to find common ground go beyond the candidate asking "Any questions?" after a management plan is presented. 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. Examiners need to determine the candidate's ability to find common ground based on behaviours they demonstrate during the interview.

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: Breast Mass

Plan for issue #2	Finding Common Ground
Areas to be covered include: 1) Arrange to examine the breast. 2) Discuss the need for breast investigations. 3) Reassure the patient that there is no reason to discontinue breastfeeding while the lump is being investigated. 4) Encourage her to tell her mother or husband about the breast mass.	Behaviours indicating efforts to find common ground go beyond the candidate asking "Any questions?" after a management plan is presented. 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. Examiners need to determine the candidate's ability to find common ground based on behaviours they demonstrate during the interview.

Superior Level	Covers points 1, 2, 3, and 4.	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, and 3.	Involves the patient in the development of a plan. Demonstrates flexibility.
Non-Certificate Level	Does **not** cover points 1, 2, and 3.	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.

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

• Ensures physical contact is appropriate for the patient's comfort Receptive • Is 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 (e.g., shows appropriate empathy for the patient) • Verbally checks the significance of body language/actions/behaviour (e.g., "You seem nervous/upset/uncertain/in pain")	• Asks open- and closed-ended question appropriately • Checks with the patient to ensure understanding (e.g., "Am I understanding you correctly?") • Facilitates the patient's 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

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