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[1] 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

RATIONALE FOR SIMULATED OFFICE ORAL EXAMINATION #

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[1] 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.

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

1. symptoms of polycystic ovarian syndrome (PCOS) and fertility questions

2. acute recurrent sinusitis

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. **AURORA ENDERBY-SMITH**, age 32, who is new to your practice.

CASE DESCRIPTION

Introduction

You are Ms. **AURORA ENDERBY-SMITH**, a 32-year-old grade nine history teacher. You have come to the doctor today with a variety of concerns. Your main complaint is you appear to have developed acne and noticed some hair growth on your stomach and neck. Your periods have also become somewhat erratic. You are not quite sure what to make of all this but find the skin problems annoying and are concerned about your periods because you and your husband would like to have a child.

You are also getting another sinus infection and would like antibiotics to treat it. You have had several such infections in the past two years and have had to take antibiotics about eight times. You don't really like having to take antibiotics but feel you absolutely cannot take time off work. You are not worried about how often you get sick but would like to stop getting them.

For the past four or five years you have gone to walk-in clinics when you've been sick. Your family doctor moved away while you were travelling a few years ago.

History of the problems

POLYCYSTIC OVARIAN SYNDROME SYMPTOMS

Acne: Over the past five months you have developed acne. You had this when you were in your teens, but it got better when you were in your 20s. You did not see a doctor for it. You used cleansers from the drugstore and think you really just grew out of it. It is not bad today, but you keep getting painful "zits" around your hairline. They are deep, tender, raised sores. You have also noticed similar but smaller sores on your chest and shoulders. You have tried several different things from the drugstore - pretty much anything your friends suggested but nothing really seems to help. It's not that you can't tolerate the acne or that it is particularly painful, but you believe you are too old to have to deal with it. Your students are the ones who are supposed to have this problem, not you. You are concerned that the acne may undermine your authority in the classroom.

Hirsutism: Lately you have also noticed hair growth on your stomach and face. It is mostly concentrated on your chin, neck, and stomach below your belly button. The hair on your stomach and neck is quite coarse. This has never been a problem for you before. You asked your mother about it, and she said she doesn't remember it being common in the family, but because both her and your father were only children, there is not a lot of people to judge.

You have been having the hair waxed, but this is a painful nuisance, and you really wonder why the hair suddenly appeared. You have not tried electrolysis because you've heard it really hurts, and you've never considered laser therapy. It would probably be too expensive.

Period changes: You have also noticed changes in your periods. You stopped the pill seven months ago, shortly after marrying **MARK WILSON**, because you wanted to become pregnant. Your cycles have been "weird" ever since. Sometimes your period comes right when you expect it, and other times it is two or three weeks late. You get excited when your period is late because you hope you're pregnant. Unfortunately, the pregnancy tests are always negative, and your period comes eventually.

You have not noticed any pelvic pain during the middle of your cycle or any bleeding before the onset of your period. When you do get your period, you never know quite what to expect. Sometimes it is crampy for the first few days, with what you would consider normal flow, and lasts for five days. Other times it is heavy and lasts for six or seven days. It is usually heavier when it comes late.

You sometimes have premenstrual syndrome (PMS) symptoms (bloating, breast tenderness, slight moodiness). However, these don't occur consistently.

You are somewhat concerned about the effect your period problem is having on your ability to get pregnant. The concern is not overwhelming, but you do want to have more than one child and time is marching on. You wonder if there is anything to worry about and whether you need any tests. You recognize that this problem started about the time you stopped the pill but are not sure of the relationship between the two events. You didn't think the pill caused problems like this. You started taking it when you were 18 and went away to live in the mountains. You have kept taking it since, whether you were in a relationship or not.

You and your husband have not talked about assisted reproduction or fertility agents. You have seen those ovulation kits in the drugstore but have never bought one. You and your husband have sex about every three to four days.

You started having your periods when you were 11. They were irregular at first, but after the first two years or so they seemed to become more regular.

Absence of other symptoms: Your weight hasn't changed. You have no leaking from your breasts. Your voice, ring size, and shoe size haven't changed. You have no heat or cold intolerance. Your bowel function is normal. You don't have dry skin or changes in your hair. You have not been fatigued.

SINUSITIS

Over the past two years or so you have taken antibiotics eight times for sinus infections. They generally begin with a pressure feeling in your forehead and face, and then you get a runny nose.

The first time you felt like this you had just started your teaching internship and had no time to go to the doctor. This was in September two years ago. You were sick for five or six days with a runny nose and headache, started to feel a bit better, and then got worse. You were dizzy and your head hurt, especially when you bent over. You developed a fever and had green mucus coming out of your nose. You had to go to the doctor at this point. He did an X-ray of your sinuses, said you had a sinus infection, and prescribed an antibiotic for 14 days. You are certain it was some type of penicillin. You missed three days in the classroom, but your symptoms gradually improved, and you returned to your normal self. About a month later you got sick again; however, that time wasn't as bad, and you got better after five or six days without antibiotics. Shortly after returning to school following Remembrance Day, you got sick again. This time the sinusitis was more like the first episode, and you had to take time off again. Once again, your infection responded to 14 days of penicillin treatment.

Since this second bad infection you have been careful to get antibiotics shortly after you start to feel sick. You can't take time off as you did when you were a student.

Whenever you start to feel the pressure in your head and get a runny nose you go to the doctor, generally within two or three days of your symptoms appearing.

You usually just stop in at the most convenient walk-in clinic. Within four days of starting antibiotic treatment, you feel much better. Because the antibiotics work so well, you have not really needed to try anything from the drugstore. You do not take any herbal remedies when you are ill or before you become sick.

You have taken antibiotics eight times since January of 2001. You never get sick in the summer. You have no allergies and are not troubled by hay fever. You have never had any trauma to your nose. Between the sinus infections you feel fine. You do not have a cough or a runny nose between infections.

You have noticed that when you take antibiotics you get yeast infections. You have heard that this can happen. You buy something from the drugstore to treat these infections. You put up with the yeast infections because the antibiotics prevent you from getting sick.

You started having sinus pressure about two days ago and have been blowing your nose fairly regularly today. The discharge has been clear. You have no pain in your jaw or face. You want the doctor to give you a prescription for penicillin so you can get on top of this new infection.

Medical history

Other than your recent sinus infections you have been healthy.

When you were in kindergarten you fell down the stairs and broke your arm. You have never had surgery.

When you were single you always practiced safe sex (i.e., used condoms), and were regularly tested for sexually transmitted diseases (STDs). You had a human immunodeficiency virus (HIV) test about three years ago. The result was negative.

Surgical history: None.

Medications

Currently you are taking no medications. Specifically, you are not taking folic acid. You have been using acne cleansers from the drugstore without much success. When you need them, you purchase yeast infection treatments from the drugstore.

Pertinent laboratory results

Once when you were sick, you had an X-ray of your sinuses. The doctor told you it showed an infection in your sinuses.

Allergies

You are not aware of any allergies to medication or other substances. If asked, you say that you have never been troubled by hay fever. You have no problems around animals.

Immunizations

Up to date.

You have never received influenza vaccination.

Lifestyle issues

- Tobacco: You have never smoked.
- Alcohol: Occasionally, you and Mark share a bottle of wine with dinner, but otherwise you do not really drink.
- Caffeine: You drink two cups of coffee a day. You drink no cola.
- Cannabis: When you were very young and living in the mountains, you, like many others, smoked a bit of marijuana. Of course, you also used marijuana when you travelled to Amsterdam. However, you have not had any for years.
- Recreational and/or other substances: None
- Diet: You try to eat a balanced diet and prefer organic foods. Every summer you grow your own vegetables in a community garden.
- Exercise and recreation habits: Your exercise consists mainly of walking to work every day. This is about two miles in each direction.

Family history

Both your parents are healthy.

You are not aware of any specific health problems in your extended family. Three of your grandparents lived into their 80s and died of “natural causes”. Your mother’s mother is 89.

Personal history

- Family of Origin

You were born and raised in this community. Your father, **EDWARD SMITH**, is 60 and a sociology professor. Your mother, **JENNIFER ENDERBY**, is 59 and a social worker who works with inner-city street kids. You have no siblings. Your parents live in town, and you have a close relationship with them.

Your parents have always considered themselves “free spirits”. You were named Aurora because you were conceived under the Northern Lights. Your parents felt it was important for you to explore the world on your own, but they were always there to provide advice, information, and support when you needed them.

- Marriage/Partnerships

You had perhaps 10 partners before you met Mark. None of these relationships were serious. You had your last relationship when you were working at the provincial archives office; you never saw it amounting to much.

You met Mark, age 32, in an after-degree teaching program. Unlike you, he had always known what he wanted to do. After secondary school, he got a certificate and worked as a teacher's aide for four years before moving to this community to get a math degree. He then went on to the after-degree program to get his teaching qualification. For two years he has been teaching math at a different secondary school from the one where you work.

You dated Mark for almost four years and lived with him for three before you married last year. You and Mark decided to get married because you wanted to start a family and felt that the commitment of marriage was important for that.

Mark has no children. The two of you have a wonderful relationship. You are able to talk about anything. He provides a grounding and stabilizing influence for you, while you help him find his lighter, less serious side. You see yourselves as friends as much as lovers.

As far as you are aware, Mark is completely healthy. He does not have an FP and has not seen a doctor for several years. You are sure that he has no STDs. Specifically, you are aware that he is HIV negative.

You do not see much of your in-laws. They live in another province and Mark has little interest in spending much time with them. He has a good relationship with your parents.

- Children: None.

Education and work history

You took a somewhat non-traditional route to a teaching career. After finishing secondary school you worked at a mountain resort for two years. Your parents supported you in your decision to do this. They felt you should "find yourself" and see what the world was all about. You had a wonderful time. You did a variety of service jobs (waitress, tour guide, and groundskeeper). You met people from all over the world and had many love affairs with bitter endings. (You have a flair for the dramatic.) All in all, you felt that this was a wonderful experience.

You also have worked as a tour guide at a local museum. There you developed your fascination with history. You already had a strong interest in social issues, which you no doubt received from your parents, but found you really enjoyed learning about people who had lived in the community before you.

You decided to study history. You had no particular plans for when you finished your degree but felt that the knowledge and the experience were important. You moved back with your parents, and after some adjustment on both sides you all came to a comfortable arrangement. You attended classes part time and worked in the university library and a coffee shop to support your studies. They weren't great jobs, but they helped pay the bills. You also had several scholarships. Although the history degree took a bit longer to complete than you would have liked, you finished with honors and got a job with the provincial archives. You researched public requests for information.

You found the research interesting but soon realized this was not the career for you. You weren't sure what you really wanted to do. You quit after one year and chose to travel the next year. You went by yourself and had an amazing experience. You spent a lot of time thinking about what you wanted from the future and decided that teaching would be right for you. You really admired the teachers who enriched your education and wanted to do the same for future generations. You also saw teaching as a way to use the education you had gained.

You returned home and entered an after-degree teaching program. Currently you are a grade nine history teacher at a local school. You have been working for two years. You like your job and find your colleagues very supportive. Eventually you would like to teach more senior students, but you realize you need more experience. You find the grade nine students enough of a challenge right now, and you are busy with the social activism club, which you organized. You are at a public school with a good administrator. You feel there is support for decisions you make about students. You do not feel any significant stress related to your job. You feel committed to your students and think that any time off will have a negative effect on them.

Finances: No concerns

Social supports: You and Mark have many friends, both at work and in other settings. You have an active social life.

Religion: You are not religious

ACTING INSTRUCTIONS

You are comfortably dressed in loose-fitting clothes. Generally, you prefer natural- fibre clothes made by local artisans. You believe in supporting local trade and avoid wearing anything with an identifiable brand name. You have a simple wedding band. You may be wearing a string or hemp necklace or bracelet, perhaps a toe ring.

You are a straightforward person who is frank about your concerns. You openly answer questions and ask for clarification. You feel you are in charge of your health and believe physicians should help you remain in charge.

You are embarrassed and annoyed by the acne. You are not concerned about your appearance but feel that the acne may undermine your role in the classroom. You are concerned about your ability to get pregnant. You hadn't really considered that this would be a problem for you when you decided the time was right. You haven't been trying that long, but you do feel that time is marching on and want to have more than one child.

You are worried about developing a sinus infection. You can't miss work and have difficulty finding time for medical appointments. You accept receiving no antibiotic prescription if the candidate explains the nature of sinus infections and has a clear plan for treatment if you do become sicker.

Cast of Characters

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

AURORA ENDERBY-SMITH:	The patient, a 32-year-old history teacher with PCOS symptoms and a sinus infection.
MARK WILSON:	Aurora's 32-year-old husband, who is a math teacher.
EDWARD SMITH:	Aurora's 60-year-old father, who is a sociology professor.
JENNIFER ENDERBY:	Aurora's 59-year-old mother, who is a social worker.

Timeline

Today:	Appointment with the candidate.
Five months ago:	Noted acne
Seven months ago:	Stopped the oral contraceptive pill.
Last year:	Married Mark
Seven years ago:	Began dating Mark

Examiner Interview Flow Sheet - Prompts

Initial statement	**“Doctor, I’m 32 years old and I have developed acne.”**
10 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not brought up the issue of the sinusitis, the following prompt is to be used: **“I also need to get antibiotics for the sinus infection I am getting.”**
7 minutes remaining* Optional, use only if you feel it’s needed	If the candidate seems to have forgotten about the PCOS, the following prompt is to be used: **“Do you think anything should be done about my periods?”** (This prompt is often not 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: PCOS Symptoms

<table>
<tr><th>Issue #1</th><th>Illness Experience</th></tr>
<tr><td>Areas to be covered include:

1. history of the current problem:
• Cystic acne
• Onset of problems seven months ago.
• Hirsutism.
• Irregular menstrual cycles.

2. previous history:
• Acne in adolescence resolved.
• Menses regular before starting oral contraceptives (OCs).
• No family history of hirsutism.

3. potential contributing factors:
• Discontinuation of OCs.
• Has taken OCs for 14 years.

4. other relevant symptoms:
• No change in voice.
• No galactorrhea.
• No change in ring or shoe size.
• No symptoms of hypothyroidism (e.g., weight loss, cold intolerance, bowel changes).</td><td>Description of the patient’s illness experience.

You feel embarrassed because of your acne, especially in front of your students. You don’t know why the acne is present, but you think you are too old for it and want it gone. You are also upset that you have not been able to get pregnant. You are hoping that the doctor will be able to give you advice on how to deal with the acne and reassure you about your ability to get pregnant.</td></tr>
</table>

<table>
<tr><td></td><td></td><td>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</td></tr>
</table>

		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: Sinusitis

Issue #2	Illness Experience
Areas to be covered include: 1. prior sinus infections: • Antibiotics eight times in the past two years (not just eight infections). • Since the second bad episode, she has been getting antibiotics within two to three days of symptoms starting. • Symptoms are always better within four days of starting antibiotic treatment. • She has yeast infections after antibiotic use. 2. current symptoms: • No fever. • Sinus pressure. • Clear nasal discharge. • Symptoms began two days ago. • No face/jaw pain. 3. other treatments: • Has not used over-the-counter treatments. • No herbal remedies. 4. possible related factors: • No rhinorrhea between infections. • No history of allergies. • No chronic cough.	**Description of the patient's illness experience.** You are worried that you are about to develop another case of painful sinusitis. You believe that antibiotics are the only possible treatment. You do not want to have to miss work because of a sinus infection.

		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

<table>
<tr><th>Context Identification</th><th>Context Integration</th></tr>
<tr><td>Areas to be covered include:

1. family:
• No siblings.
• Parents live in town.
• Little contact with in-laws.

2. life cycle issues:
• Recently started a teaching career.
• Trying to get pregnant.
• Married seven months ago.

3. social support:
• Husband is her main support.
• Many friends in the community.
• Excellent relationship with her parents.

4. social factors:
• Community gardener.
• Financially secure.
• Supportive work environment.
• Organized the social activism club at school.</td><td>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:

“You are just at the start of your career and trying to start a family. You find yourself faced with infections that could affect your ability to work. At the same time, you are faced with symptoms which appear to be negatively impacting your ability to get pregnant.”</td></tr>
</table>

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: PCOS Symptoms

Plan for Issue #1	Finding Common Ground
Areas to be covered include: 1) Explain that the current symptoms mean the patient may have PCOS. 2) Arrange for a physical examination to clarify the diagnosis. 3) Discuss therapeutic options for symptoms and/or fertility enhancement if it becomes necessary. 4) Advise the patient to start taking folic acid (at least 0.4 mg a day).	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. Only asks the patient "any questions" after a management plan is presented without doing more to involve the patient.

5. Management: Recurrent Sinusitis

Plan for issue #2	Finding Common Ground
Areas to be covered include: 1) Discuss the distinction between viral and bacterial sinusitis. 2) Suggest alternative supportive measures to treat symptoms (e.g., decongestants, steam, Vicks, Vaporub). 3) Develop a plan for how the patient will receive treatment if she becomes more symptomatic. 4) Discuss antibiotic resistance.	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.

Level	Description
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

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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.
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Listening Skills
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

</td><td>
Cultural and Age Appropriateness
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)

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Non-Verbal 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

</td><td>
Language Skills
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

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• Is focused on the conversation • Adjusts demeanour to ensure it is appropriate to the patient's context • 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")	• Uses an appropriate tone for the situation, to ensure good communication and patient comfort Sample behaviours • 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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