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. has musculoskeletal pain

2. is using methylphenidate (Ritalin) for undiagnosed adult attention deficit disorder

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. MONA RAYMONDO**, age 43, who is new to your practice.

CASE DESCRIPTION

Introduction

You are Ms. **MONA RAYMONDO**, age 43, who recently returned to university to continue your interrupted education. You are visiting this family physician (FP) to discuss the neck pain you've developed since starting your studies. You attribute the pain to spending hours in front of a computer screen and carrying a heavy backpack.

In addition, you have discovered that methylphenidate (Ritalin) is extremely helpful to your concentration. You would like a prescription for it.

Your former family physician retired one year ago.

History of the problems

MUSCULOSKELETAL PAIN

You have always been prone to neck discomfort. In the past, working as a grocery store cashier seemed to make it worse. When you decreased your work hours, the pain also decreased.

Now you have returned to university and spend a lot of time sitting in front of a computer screen. The dull pain is back. It starts in the middle of your neck (at the spine) and radiates down to your left shoulder. It averages a 5/10 in severity ranging over the course of the day from 4-6/10), which is slightly stronger than you have had in the past. You generally wake up with hardly any pain. It starts to build with every hour you sit in front of a computer.

The pain is worst at the end of the day. You have no numbness or tingling. You have no weakness in your left arm or any loss of sensation. You are able to turn your head fully without worsening the pain. You have no changes in range of motion to your arm.

You have had no trauma or injury to your neck, and the only aggravating factors are carrying your heavy backpack to and from campus and sitting for long periods in front of the computer (which you have difficulty doing, anyway, because of trouble concentrating). Lying on the floor alleviates the pain but it never goes away completely. The pain is mild but present when you wake up in the morning. You've had to change to a much thicker pillow for support.

You haven't taken anything for the pain except a couple of acetaminophen tablets. They eased the sharp pain somewhat but did not remove the pain totally.

ADULT ATTENTION DEFICIT DISORDER

You returned to university last year, taking up your degree course where you left off 23 years ago. You hope to earn a degree in computer science, which will fulfill your lifelong dream of having a university degree.

In your 20s, you didn't leave university because you didn't want to finish, but because you couldn't finish. You had failed two courses and were dangerously close to failing another two. Overwhelmed, unable to concentrate, and lacking structure, you impulsively elected to drop out.

Now, you have no choice. You must finish this degree and start your life over, as difficult as that is. Your husband left the family recently, and working as a waitress or a checkout clerk at the local grocery store is not going to pay the bills or put four kids through post-secondary education. You have to get the qualifications for a decent job, and hence you decided to go back to school.

You were extremely lucky the university allowed you to restart and take up where you left off. You know that university entry is harder now than it was when you were young, and you're very grateful to the admissions department representatives, who listened to your request and helped you clear all the necessary hurdles.

However, becoming a student again has been extremely difficult. This semester started badly. Despite your efforts you can't concentrate long enough on the assignments. You find yourself flitting from one idea to another, rarely finishing what you start, and impulsively changing your mind about which projects you want to take on or which classes you'll attend. You have quickly fallen behind and feel overwhelmed.

The situation was steadily heading toward failure until you started taking methylphenidate. You got the first dose from your lab partner, **EYTAN**, two weeks ago. Eytan was well aware of your increasing difficulties, as he was doing most of the work on your lab assignments, and he told you he had an idea that might help. He suggested that you try methylphenidate (Ritalin). You were shocked he even suggested a drug, but the more he explained why, the more you agreed. Eytan had several reasons for thinking the drug would work. First, "everyone" on campus uses it to help with studying for exams and it is supposed to work like a charm. Second, his brother (whom he describes as very similar to you in behaviour) takes it regularly and it's helped him a lot in school and in general. Third, it has no lingering side effects, unlike alcohol, which you have used in the past.

You never thought you'd take illicit drugs—you've warned your kids about them enough over the years—but you were desperate. You just can't fail these classes. You had to scrape together the money for the courses (money you really don't have to spare), and you can't let all your money go down the drain.

You agreed to try one of Eytan's brother's pills and noticed an immediate change in your ability to concentrate and function. You were able to finish an examination and a long and complicated lab assignment. You had no side effects. You agreed to take another couple of tablets over the next week. You felt a bit guilty because Eytan paid his brother for them, and you haven't had the money to pay him back. You also know that what you are doing is illegal, but the pills have made such a huge, positive difference to your life that you really don't want to stop using them. You need a safe and regular supply.

You have noticed no recent change in your memory, coordination, or cognition to suggest that your problems are the result of a new condition. You do not have any constitutional symptoms (sweating, weight loss, fatigue, etc.) suggestive of an endocrinological condition. You have no headaches or other neurological symptoms.

Looking back, you realize you've always preferred being very active: running after the kids, volunteering at the rink, being a waitress at your sister's café, etc.

The possibility that you may have attention deficit disorder (ADD) has crossed your mind. You've looked ADD up online and you think you fit most of the criteria listed. However, don't only kids get it?

You've heard that a campus special needs office deals with students who have learning problems and things like that. You haven't seen anyone there and don't really know what they do. You would not be averse to a recommendation to see someone there.

Medical history

You've been pretty healthy all your life.

You were quite overweight as a child, but that problem seemed to correct itself in your later teens.

In the last year of high school, you used alcohol to help you calm down, but it never really helped. In fact, it may have made your concentration worse.

You do not have an eating disorder and are not hypertensive.

You have been pregnant four times and have had four vaginal deliveries, without complications. You breastfed all your babies until they were six months old. You have no signs of menopause (e.g., your periods are regular, and you have no sweats).

You have regular Pap tests, and results have always been normal.

Surgical history

You have never had surgery.

Medications

Ritalin, 10 mg, when you can get it.
Calcium and vitamin D daily.

Pertinent laboratory results

All lab results were normal at your last visit to your FP two years ago.

Allergies: None.

Immunizations: Up to date.

Lifestyle issues

- Tobacco: You do not smoke.
- Alcohol: When you were younger, you self-medicated with alcohol. You gained a lot of weight (about 10 kg) with alcohol use, and so you decreased your intake a lot. Currently you don't drink alcohol.
- Caffeine: You drink one cup of coffee per day but do not take energy drinks or colas.
- Cannabis: None

- Recreational and/or other substances: When you were younger, you tried marijuana, which didn't make you mellower; in fact, it worsened your agitation.
- Diet: You eat an average diet.
- Exercise and recreation habits: You do not exercise regularly.

Family history

No significant medical issues are present in your family. Looking back, you think that one brother, **TOMÁS**, had an attention deficit problem similar to yours.

Personal history

- Family of Origin

You were the fourth of five children and the second girl. Your parents emigrated from Eastern Europe after their first child, **EMILIA**, was born. You and your three brothers were born in Canada.

Your parents opened a grocery store, which provided a living for the family. They were very busy when you were growing up. Running the store meant long hours, constant issues with which they had to deal (the dairy's failure to make a delivery, fruit spoiling before it was placed on the shelves, etc.), and minimal income. Your father was rarely home, and your mother was frequently working at his side. As a consequence, Emilia, who was nine years older than you, provided a great deal of your care.

You are relatively close to all your siblings except Tomás, who is 11 months younger than you. You remember him as a disruptive, unruly child with a quick temper. He has been in and out of trouble with the law since his teen years.

He found school more problematic than you did and often disrupted home life with his impulsive behaviour. Looking back, you think he probably had ADD. He didn't go on to post-secondary education. Currently he is in jail for assault in the United States. You and the rest of the family have little involvement with him.

Your parents are now retired, and your second-eldest brother, **TAO**, and his wife own and run the store.

- Marriage/Partnerships

You met **LIAM**, the father of your eldest child, in your first year of university. He was a couple of years older and studying philosophy. He was a teaching assistant for your humanities elective course. You dated during your time at university and for nearly a year after you dropped out.

You thought the relationship was pretty serious, and when you became pregnant, you fully intended to marry Liam. He didn't share this sentiment, and so at 21 you gave birth to your son, **RIO**, remaining unmarried and living with your parents.

Despite their old-world values, they permitted you to live at home, rent free, and your mother helped with Rio in exchange for your unpaid work at the store.

At 25 you met **ESTEBAN**, the newly hired butcher in the family store, and you married four months later. Marrying him seemed a good idea at the time. Because you had a small child, you weren't attracting too many eligible men, and the long hours as a cashier left you little opportunity to date.

Esteban is from a large Mexican family and grew up in circumstances similar to yours. Your daughter, **JULIETTA**, was born when you were 28, **JULIO** when you were 35, and **GABRIEL** when you were 37. Esteban formally adopted Rio. He was a decent husband until the birth of your last child. He became increasingly distant as the years passed, and, six months ago, he announced out of the blue that he was afraid he was growing old prematurely and wanted to "start over and find himself." He moved out, has settled on the far coast, and seems to have disappeared from your life.

Your four children seem to have escaped any semblance of ADD. None have difficult behaviours (outside of normal) and none have had trouble with school.

- Children

You have four children: Rio, born when you were age 21, Julietta who was born when you were 28, Julio who was born when you were 35 and Gabriel who was born when you were 37.

Education and work history

You gave your sister, Emilia, a hard time when you were growing up. You hated to sit for any length of time and argued constantly about doing household chores or homework (or even going to school). You know your parents were aware of the difficulties you caused, but they had so many other issues (the bills, the store, your brother Tomás) that they hardly acknowledged your disruptive behaviour. You do remember one occasion when your father became very angry about your skipping classes. He lost his temper and threatened to take the belt to you. You don't remember actually being strapped.

You've always had difficulty concentrating on long tasks or multitasking, and you've also always been an impulsive, fidgety person. When you were a kid, reading books or sitting down to watch an entire movie was always a chore and one in which you had little interest. Although you enjoyed learning new things, school was a significant challenge because it involved too much sitting at a desk and having to be quiet. You managed to earn pretty good grades despite the concentration problems, but mostly because you had a lot of help from your older sister and the academic standards at your school weren't too high.

You passed all your high school courses and graduated, which your parents said you were required to do. Any post-secondary education was optional. If you didn't want to study, you would be expected to work in the store. As you finished high school you thought a career in computer science might be really interesting. You like computers because they generally do what they're programmed to do and manage to do so very quickly. Besides, you didn't want a future in groceries because you'd had enough of being an unpaid helper and a job working with computers would pay better. You had always wanted to earn a degree, and so you applied to university and were accepted.

However, when you went to university the first time, you couldn't manage. It all seemed so confusing. You had assignments due, classes to attend, reading to complete, and no way to keep it all organized. If you had had to take just computer classes, you might have managed—barely, but all first-year students had to take an English course and an elective in humanities. The English class reading list alone was nearly too much for you. You started missing classes and failed to hand in several assignments. (You'd forget to save them on the computer or would lose the papers, etc.) You remember two of your professors trying

to talk to you about it. Both thought you were really bright, but fidgety and scattered. They suggested that you drop out and rethink your decision.

After you left university and had your son, you worked for your parents as a cashier in the grocery store. You cut back the hours you worked significantly after Julietta was born. When the kids were a bit older, you helped one of your friends at the hockey rink canteen. Your sister has a café in town, and you sometimes help there as a waitress, if one of her regular employees is ill.

Finances

You haven't received any support payments or money from Esteban, and you have engaged a lawyer to start divorce proceedings. Money is really tight right now. You haven't paid off the mortgage on the house you and Esteban purchased 10 years ago, and you have car payments. Rio, who is in college, lives with you. Julietta takes several dancing classes and the cost of the costumes alone is horrific.

Currently you are enrolled full time in a four-year computer programming course of study at the local university. You are not taking a co-op program, and so you have no opportunity to earn money while you study. You did receive a small government bursary to help you return to university.

Your parents provide after-school babysitting for your youngest children. They have been very helpful in sending over meals and assist a bit financially. However, you really need some cash soon. You don't believe you have any private medical insurance, unless your university fees provide some coverage you haven't heard about.

Social supports

Your parents and elder sister are supportive. You have several good friends in town. Currently you are not dating anyone. In fact, the idea of dating hasn't really crossed your mind.

Religion

You are a non-practising Roman Catholic.

ACTING INSTRUCTIONS

You are casually dressed and wearing little jewellery.

You are quite nervous at being in the FP's office and worried that he or she will be angry about your illegal drug use. You are hesitant to bring this up and keenly watch for signs of a negative reaction. If the candidate is non-judgmental, you are very forthcoming and relieved.

You fidget in your seat, bouncing your leg or tapping your fingers on the arm of the chair, etc. You are not excessively restless and are able to pay attention to the discussion easily.

You rub your neck to indicate pain but have a normal range of motion in the arm and neck.

You are quite open about your family situation (your kids, the failed marriage, your parents, etc.) and speak matter-of-factly about Esteban. You do not get upset about the fact he has left, and you aren't overly stressed about your financial situation. (You are sure that, if you can get through this degree program, your future will be set.)

If the candidate explores possible contraindications to methylphenidate use, state that you don't have an eating disorder or hypertension.

You **FEEL** the neck pain is muscular spasm and would like the FP to confirm that it is not something serious. You **EXPECT** the FP will prescribe a pain medication that can help, but you do not want any opioid medication. You would not be averse to having massage or physiotherapy, but you cannot afford this if you have to pay out of pocket. You don't know if any health benefits are associated with your university fees (such as payment for medications, physiotherapy, etc.), but if they are, you would be pleased to receive a referral for treatment.

You **FEEL** you may have something similar to adult ADD. You **EXPECT** the doctor will agree and prescribe the methylphenidate for you. You are not averse to having any sort of testing done. You are willing to wait for the medication to be prescribed but need the medication soon in order to finish your school year. This is very important to you. You **WORRY** that the doctor will not prescribe this for you.

Cast of Characters

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

MONA RAYMONDO:	The patient, age 43, a university student with neck pain and adult ADD.
ESTEBAN RAYMONDO:	Mona's estranged husband.
RIO RAYMONDO:	Mona's son, age 22.
JULIETTA RAYMONDO:	Mona's daughter, age 15.
JULIO RAYMONDO:	Mona's son, age eight.
GABRIEL RAYMONDO:	Mona's son, age six.
LIAM:	Rio's biological father.
TOMÁS:	Mona's younger brother, who likely has ADD.
EMILIA:	Mona's older sister.
TAO:	Mona's second-eldest brother.
EYTAN:	Mona's university lab partner.

Timeline

Today:	Appointment with the candidate.
2 weeks ago:	Tried methylphenidate.
Several months ago:	Went back to school.
6 months ago:	Esteban left.
6 years ago:	Gabriel born.
8 years ago:	Julio born.
15 years ago:	Julietta born.
18 years ago:	Married Esteban.
22 years ago:	Rio born.
23 years ago:	Quit university.
43 years ago:	Born.

Examiner Interview Flow Sheet - Prompts

Initial statement	**“My neck is really bothering me.”**
10 minutes remaining* Optional, use only if you feel it’s needed	If the candidate has not brought up the issue of the attention deficit, the following prompt is to be used: **“I’d like a prescription.”**
7 minutes remaining* Optional, use only if you feel it’s needed	If the candidate seems to have forgotten about the MSK pain, the following prompt is to be used: **“What about my neck?”** (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: Musculoskeletal Pain

Issue #1	Illness Experience
Areas to be covered include: 1. pain: • Located over spinal bones. • Radiation to shoulder. • Better when she is lying down. 2. history of pain: • Episodic manifestations since childhood. • Worse with carrying backpack, sitting in front of computer. • Acetaminophen (Tylenol) ineffective. • Hasn't tried heat/ice. 3. pertinent negative factors: • No numbness or tingling. • No change in range of motion. • No trauma. • Not intensified by stress.	**Description of the patient's illness experience.** You are annoyed about the pain that you have been experiencing. It is a pain you have experienced in the past. You have had to purchase a new pillow and to take frequent breaks from work due to the pain. You are hoping that you will receive medication to help with the pain during this FP visit.

		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: Adult Attention Deficit Disorder

<table>
<tr><th>Issue #2</th><th>Illness Experience</th></tr>
<tr><td>Areas to be covered include:
1. previous history:
Always felt restless.
Failed first attempt at university.
Tried alcohol/marijuana to relieve symptoms.
Impulsive decisions.
2. current troubles:
Trouble completing classes and assignments.
Difficulty concentrating.
In danger of failing.
3. Ritalin:
Lab partner gave his brother's methylphenidate (Ritalin) for her to try.
She may have to get methylphenidate (Ritalin) from
an unreliable source in the future.
Calming.
Able to study.
4. family history:
Brother had many behaviours suggestive of ADD.</td><td>Description of the patient's illness experience.
You are feeling nervous and desperate because you believe you might have adult ADD. You have noticed that the medication you have been using is helping you. Currently there is no impact on your function at work or in your family life, but you are having trouble at school. You hope that the FP will give you a prescription for the medication.</td></tr>
</table>

		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 of origin:
• Immigrant family.
• Parents owned a grocery store.
• Family supportive of her situation.
2. current situation:
• Has four children.
• Esteban has left.
• Good relationship with her kids.
• Money is very tight.
3. goals for the future:
• Wants to finish university.
• Goal is to work as a computer programmer.
• Goal is to be financially stable.</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 at a point in your life where you really need to take control and create a career for yourself, for both your self-esteem and to take care of your kids. But your longstanding issues of poor concentration and impulsive behaviour are jeopardizing this goal. To make matters worse, your neck pain limits the time you can devote to studying.".</td></tr>
</table>

Superior Level	Covers points 1, 2, and 3.	Demonstrates initial synthesis of contextual factors, and an understanding of their impact on the illness experience. Empathically reflects observations and insights back to the patient.
Certificate Level	Covers points 1 and 2.	Demonstrates recognition of the impact of the contextual factors on the illness experience.
Non-Certificate Level	Does **not** cover points 1 and 2.	Demonstrates minimal interest in the impact of the contextual factors on the illness experience or often cuts the patient off.

4. Management: Musculoskeletal Pain

Plan for Issue #1	Finding Common Ground
Areas to be covered include: 1) Arrange for an examination. 2) Reassure her that this is likely benign muscular strain. 3) Advise rest, heat, ice, physiotherapy, massages. 4) Recommend nonsteroidal anti-inflammatory drugs/analgesics. 5) Advise her to return if neurological symptoms or signs begin.	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 OR 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, 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: Adult Attention Deficit Disorder

Plan for issue #2	Finding Common Ground
Areas to be covered include: 1) Suggest she may have adult attention deficit disorder. 2) Discuss objective evaluation to confirm the diagnosis (e.g., rating scales, referral to a formal testing centre, etc.). 3) Discuss the role of methylphenidate and other medications. 4) Discourage use of an illegal/online source of medications.	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

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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

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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
- Is focused on the conversation
- Adjusts demeanour to ensure it is appropriate to the patient's context

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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
- Uses an appropriate tone for the situation, to ensure good communication and patient comfort

Sample behaviours

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• 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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